

## About CEPH

The Council on Education for Public Health (CEPH) is an independent agency, recognized by the US Department of Education (USDE) to accredit schools of public health and programs in public health, including those offered via distance education. Degrees include those offered at the baccalaureate, master's and doctoral levels.

### **Mission**

CEPH assures quality in public health education and training to achieve excellence in practice, research and service, through collaboration with organizational and community partners.

### **Goals and Objectives**

The goal of the Council is “to enhance health in human populations through organized community effort.” The Council’s focus is the improvement of health through the assurance of professional personnel who are able to identify, prevent and solve community health problems. The Council’s objectives are to:

1. promote quality in education for public health through a continuing process of self-evaluation by the schools and programs that seek accreditation;
2. assure the public that institutions offering accredited instruction in public health have been evaluated and judged to meet standards essential to conduct such educational programs; and
3. encourage through periodic review, consultation, research, publication and other means improvements in the quality of education for the field of public health.

### **Values**

CEPH protects the interests of students and the public by supporting the development of successful public health schools and programs. We value the following:

- Quality and innovation in process and outcomes;
- Consistency, fairness and transparency; and
- Collaboration and inclusion to support positive environments in our own organization and in those we accredit.

42                   **Section 1: Establishment & Revision of Accreditation Criteria and Procedures**  
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44 CEPH is an autonomous organization that establishes its own accreditation policies. These policies  
45 are incorporated in two types of publications:

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- 47       1) the procedures manual, which establishes fair and equitable processes for accreditation  
48       review and ongoing monitoring for quality assurance and improvement (this document) and
  - 49       2) criteria, which identify the standards by which schools and programs are evaluated.
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51 The procedures are supplemented by policy documents, as noted throughout.

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53 Procedures and criteria are adopted by the CEPH Board of Councilors (“the Council”) after review,  
54 discussion and comment by public health practitioners, educators, students, alumni and other  
55 stakeholders.

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57 Procedures and criteria are evaluated and revised periodically. The Council provides stakeholders  
58 with an opportunity of at least 60 days to review and comment on any proposed changes of a  
59 substantive nature. Review and revision of procedures and criteria is scheduled approximately  
60 every five years, or more frequently as needed.

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62 A wide range of information may be considered by the Council as a basis for change including, but  
63 not limited to, comments from school or program representatives, site visit team members or other  
64 stakeholders; adjustments for good practice as determined by recognized agencies in the  
65 accrediting community; and changing situations in education, legislation, regulation and in the  
66 practice of public health.

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68 The Council will define an implementation date or schedule for all adopted changes of a substantive  
69 nature. The implementation date or schedule will balance best practice in accreditation and the  
70 need for consistency with schools’ and programs’ practical considerations.

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## Section 2: CEPH Board of Councilors

The Council is the decision-making body of CEPH. As an independent body, the Council is solely responsible for the following:

- establishing policies and procedures
- adopting accreditation criteria
- making accreditation decisions
- managing the business of the corporation

Council members are appointed by the agency's two corporate sponsors, the American Public Health Association (APHA), a professional membership organization, and the Association of Schools and Programs of Public Health (ASPPH), an association of schools and programs.

Councilors include the following:

- Individuals who are or have been public health practitioners
- Individuals who are or have been faculty or administrators<sup>1</sup> at schools of public health
- Individuals who are or have been faculty or administrators<sup>1</sup> at public health programs
- Public members, who are not affiliated with public health academia or practice

The details of this appointment process are outlined in CEPH's policy statement titled Protocols for Selection of Members of the CEPH Board of Councilors.

Four members are elected by their fellow councilors to serve as officers: president, vice president, secretary and treasurer. These four individuals serve as CEPH's Executive Committee.

The agency maintains and makes publicly available on its website a list of current board members and principal staff, including their names, academic and professional qualifications and relevant employment and organizational affiliations.

Councilors who have a conflict of interest in relation to the school or program under review are expected to abstain from any associated decisions. Additional information is available in CEPH's Policy on Conflicts of Interest.

CEPH staff orient new Council members upon their appointment to the board. Each new councilor receives documents and publications describing the agency's history, procedures, policies (including conflict of interest policies), criteria and recent activities.

Each year, CEPH schedules a formal training session for new councilors in conjunction with regular board meetings and prior to their participation in a decision-making meeting. New councilors must also attend site visitor training and observe a site visit if they are not already experienced site visitors. Council members receive ongoing training to ensure continued familiarity with CEPH policies, procedures and criteria. A complete description of councilor training is outlined in CEPH's Policy on Orientation and Training of Councilors.

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<sup>1</sup> In the context of a school or program in public health, an "administrator" is an educator and researcher who also has an administrative appointment and/or duties in the school or program.

121 **Council meetings and associated deadlines**

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123 The Council typically meets three times a year to discuss the organization's strategy, policies and  
124 finances and to make accreditation decisions. Council subcommittees may meet more frequently.

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126 The Council establishes dates for all decision-making meetings approximately one year in advance,  
127 and all available meeting dates are posted on CEPH's website.

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129 When the Council establishes meeting dates, it also defines and publishes, on its website,  
130 submission deadlines for all materials (eg, interim reports, IAS documents) to be considered at each  
131 meeting.

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133 Submission deadlines are approximately two months before the meeting date. Materials received  
134 after the submission deadline will be placed on the docket for the next available decision-making  
135 meeting.

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137 In addition to attending all regular CEPH meetings, the CEPH Executive Committee meets at  
138 regular intervals throughout the year in person or by teleconference. The Executive Committee,  
139 working with CEPH staff, adopts an updated fee schedule for the following year and prepares an  
140 annual draft budget for approval by the full Council. The Executive Committee may make other  
141 policy and/or accreditation action decisions, as needed and appropriate.

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### Section 3: Site visitors

In addition to the Council, CEPH's operations rely extensively on a pool of volunteer peer reviewers, whose primary job is to conduct site visits, as described in this document, critically evaluate schools and programs against CEPH's accreditation criteria and prepare reports that inform the Council's accreditation decisions.

CEPH maintains a roster of potential site visit team members, including academic and practitioner members. The list is developed by the Council and staff and is designed to seek competent and knowledgeable individuals who are qualified by experience and training.

The site visit roster is reviewed and periodically updated by the Council and staff. Recruitment of new site visitors for the roster may be targeted toward specific categories of volunteers who support operational needs.

The Council seeks **SPH and PHP site visitors** who meet the following criteria:

- Hold or held a position as a senior academician at a CEPH-accredited SPH or PHP. In most cases, individuals must serve as the dean, associate dean, department chair or MPH/DrPH director in an SPH or the program director or department chair in a PHP AND
- Have a doctoral degree or an appropriate professional master's degree with extensive academic experience, including faculty roles.

OR

- Hold or held a position as a senior public health practitioner AND
- Are or were primarily employed in a non-academic setting relevant to public health AND
- Possess at least 10 years of professional experience in public health AND
- Have a master's degree in public health or a closely related field, at a minimum.

The Council seeks **SBP site visitors** who meet the following criteria:

- Hold or held an academic position with significant focus at the undergraduate level AND
- Have a master's degree in a public health discipline, at a minimum.

OR

- Hold or held a position as a public health practitioner AND
- Are or were primarily employed in a non-academic setting relevant to public health AND
- Possess at least 10 years of professional experience in public health AND
- Have a bachelor's degree, at a minimum.

**All site visitors** must possess strong writing, communication and analytical skills.

**All site visitors** must have adequate time to devote to preparation for and participation in the site visit, including time allocated for reviewing materials, participating in a conference call and drafting sections before the site visit.

CEPH periodically conducts in-person and online programs to train its site team members, in accordance with its Policy on Site Visitor and Site Visit Chair Training. The primary objectives of these training sessions are to ensure that site visitors are fully knowledgeable about CEPH accreditation policies, procedures and criteria, and are clear about their roles as agency representatives. Materials are provided for orientation and training purposes as needed, and

199 CEPH distributes reference and guidance documents to each team member prior to each site  
200 visit. Finally, staff and experienced site visitors provide situation-specific training and guidance  
201 during a pre-visit team conference call and an executive session of the team the evening before  
202 the site visit.  
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## Section 4: Consultation and technical assistance

CEPH staff contact information appears on the website, and staff are available at all times to answer individualized questions and provide technical assistance to accredited units and units considering accreditation. CEPH periodically hosts webinars or live technical assistance sessions, and the CEPH website contains resources for accredited units and units considering accreditation. Several specific opportunities, which are mandatory for units progressing toward and through the applicant period (defined in this document's section on initial accreditation) and available to other units, are described below.

### **Pre-Application Orientation Workshop (P-AOW)**

The P-AOW is offered approximately four times a year, generally via webinar, and focuses on key components and requirements of CEPH accreditation, including information on preparing a successful initial application submission (IAS). The IAS is a mandatory step in pursuing initial accreditation. This document's information on initial accreditation provides information on the sequence of requirements preceding initial accreditation, including the P-AOW and the IAS.

### **Accreditation Orientation Workshop (AOW)**

The Accreditation Orientation Workshop is typically offered annually in Washington, DC and is required of all applicants. The AOW is also recommended to representatives of units undergoing the reaccreditation process. The purpose of the workshop is to explain CEPH accreditation policies, procedures and criteria; to discuss the self-study process and expectations for the resulting document; and to elucidate guidelines for hosting a site visit. There is a fee for the workshop to cover expenses, and attendees are responsible for covering the cost of their own travel and accommodations.

### **Consultation visits**

All applicants must host an on-site consultation visit by a CEPH staff member before the due date of the preliminary self-study. The CEPH website provides additional information on consultation visits, and staff are available to provide recommendations on optimal timing.

On-site, distance-based and CEPH office consultation visits are available to schools and programs at other stages in the accreditation process (and to applicants who have already hosted an on-site consultation visit).

The consultation visit focuses on CEPH accreditation criteria and procedures and aims to answer the school or program's specific questions and concerns. Fees are associated with each consultation visit option and are outlined in CEPH's Fee Schedule.

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## Section 5: The accreditation unit

Throughout this document, the term ‘accreditation unit’ is used to refer to one, or all, of CEPH’s three available categories of accreditation: SPH, PHP and SBP, defined below.

### 1. School of Public Health or College of Public Health (SPH)

- SPH must include master’s- and doctoral-level public health degrees.
- SPH maintain organizational structures that comply with CEPH criteria for SPH-specific administration, leadership and status (see criteria document for details).
- In SPH, accreditation covers all degrees that are located in the school or college, including baccalaureate, master’s and doctoral degrees, as well as degrees in non-public health fields, when applicable.
- In general, institutions outside of North America are not structured in ways that are amenable to SPH accreditation. In exceptional cases in which an institution outside North America meets ALL of the requirements outlined in this document and the criteria document for SPH, an institution outside of North America may be accredited in this category. Otherwise, institutions outside of North America may pursue accreditation in the PHP category.

### 2. Public Health Program (PHP)

- PHP must include a professional master’s-level public health degree.
- PHP may also include baccalaureate, doctoral or academic public health master’s degree programs, if such programs share a single governance structure and leadership with the professional master’s degree.
- PHP may be housed in any organizational setting EXCEPT one that includes the phrase “School of Public Health” or “College of Public Health.” Organizations or entities that operate within units with those titles are eligible solely for accreditation in the SPH category.

The one exception is for PHP outside of North America, which, in some circumstances, may be accredited when housed in a school or college of public health. This exception reflects the differing terminology, history and context of public health higher education outside of North America.

Non-North American PHP that are housed in a school or college of public health must follow strict public disclosure protocols, as defined in this document, which clearly indicate the category of accreditation (PHP) and degrees included in the unit of accreditation.

### 3. Standalone Baccalaureate Program (SBP)

- SBP include ONLY baccalaureate public health degree programs, with no graduate public health degree programs included in the unit of accreditation.
- Majors and degree programs that may be eligible for inclusion in an SBP include the following:
  - bachelor of public health (BPH)
  - bachelor of arts or bachelor of science in public health (BAPH, BSPH)

- 300 • bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in public  
301 health
- 302 • bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in a  
303 discipline of public health, such as epidemiology or health promotion
- 304 • bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in a  
305 closely related field, such as global health, international health or health  
306 sciences/studies
- 307
- 308 • The following are not eligible for inclusion in an SBP:
  - 309 • minors in public health, related fields or disciplines
  - 310 • certificates in public health
  - 311 • associate degrees in public health
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### 313 **Defining the accreditation unit**

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315 For SPH, the accreditation unit is defined to include all degree programs, majors, concentrations,  
316 etc. that are functionally housed in the school or college. No degree programs may be excluded  
317 from the accreditation review. The term “functionally housed” relates to the fact that, in some  
318 cases, another school or college (eg, the graduate school) may perform administrative functions  
319 for one or more of the SPH’s degree programs. For example, the graduate school may officially  
320 render decisions relating to admissions and/or conferral of degree for an MS or PhD that is housed  
321 in an SPH, or the university may admit public health bachelor’s degree students through a  
322 centralized structure. In these cases, the degree would still be functionally housed in the SPH and  
323 would be included in the accreditation unit. The actual operations of the degree program(s) and  
324 curriculum, along with the manner in which the SPH presents its degree offerings to the public on  
325 websites and other media, define the SPH’s accreditation unit.

326

327 For PHP and SBP, CEPH works with the program to define the accreditation unit. PHP and SBP  
328 are typically offered through an academic unit (or units) that are part of a larger organization. For  
329 example, PHP and SBP may be offered 1) through a department located in a college or school,  
330 other than a school or college of public health, 2) by several departments operating in cooperation  
331 or 3) through a non-departmental structure, such as a center or institute.

332

333 There can be variations in the organizational structure of PHP and SBP across institutions. In  
334 recognition of this, the first step in establishing the scope of accreditation is to reach agreement  
335 on the definition of the accreditation unit.

336

337 A regionally accredited institution may contain one or more CEPH accreditation units. A PHP or  
338 SBP may draw from multiple departments, colleges and schools while still operating as a single  
339 accreditation unit if, and only if, it can designate 1) a single program director (PHP) or designated  
340 leader (SBP) and 2) a single governance structure (ie, structure for decision making on matters  
341 such as curriculum) for the accreditation unit as a whole.

342

343 A regionally accredited institution would *only* have multiple accreditation units in cases in which  
344 the accreditation units do not share a governance structure and single leader. It is not the role of  
345 CEPH to mediate internal university discussions regarding the accreditation unit. A wide variety  
346 of options are possible, and university, school and program leadership must determine how best  
347 to serve campus needs.

348

349 The following are examples of structures that could exist in a single regionally accredited  
350 institution (this list is not intended to be exhaustive):

- 351
- 352 • an accredited SPH that includes bachelor's, master's and doctoral public health degrees
- 353 in the school
- 354 • an accredited SPH that includes bachelor's, master's and doctoral public health degrees
- 355 and an applicant SBP that is located in the university's School of Arts and Sciences
- 356 • two accredited PHP: one located in the School of Medicine and one located in the College
- 357 of Education and Human Sciences
- 358 • an accredited PHP that offers two MPH concentrations and draws primary faculty and
- 359 required courses from three different departments, which are located in two separate
- 360 colleges
- 361 • an accredited PHP that offers three MPH concentrations and two bachelor's degrees and
- 362 draws faculty and courses from several departments
- 363 • an accredited SBP located in the College of Health and an applicant PHP in the School of
- 364 Social Work
- 365 • an accredited SBP with two major options that draws faculty from across the institution
- 366 • an accredited SBP located in the College of Undergraduate Studies and an unaccredited
- 367 MPH located in the College of Nursing
- 368

369 Two additional principles relate to defining the accreditation unit in PHP and SBP and serve to  
370 ensure consistency and transparency around public-health-specific degrees.

- 371
- 372 1) PHP must define the accreditation unit to include all MPH and DrPH offerings that operate
  - 373 within the same governance and leadership structure.

374

375 For example, a department that offers MPH concentrations in both global health and

376 health promotion may not seek accreditation for one concentration but not the other. A

377 department that offers an MPH in rural health and an MS in health administration might,

378 in agreement with CEPH, define an accreditation unit that includes the MPH but excludes

379 the MS.

- 380
- 381 2) SBP must include all BPH, BSPH, BAPH, BS in public health or BA in public health
  - 382 degrees that operate within the same governance and leadership structure. This rule does
  - 383 not apply to BS, BA or other degree offerings that are not in public health.

384

385 For example, a department that offers BS degrees in public health, with concentrations in

386 health promotion and environmental health, must include both concentrations in the unit

387 of accreditation. Such a department may not seek accreditation for one concentration but

388 not the other. A department that offers BS degrees in health sciences with multiple

389 concentrations may, in consultation with CEPH, define a unit of accreditation that includes

390 some concentrations and does not include others.

391

392 In applying these principles at the time of application (or when changes occur after award of

393 accreditation), the Council evaluates the totality of the circumstances, including implications on

394 transparency for students and other stakeholders.

395

396 CEPH approves a specific list of all degree offerings included in the PHP or SBP at the time of  
397 application.<sup>2</sup> The review process and accreditation decision(s), when applicable, will examine only  
398 those degree programs defined by agreement between CEPH and the institution before the  
399 accreditation review takes place. CEPH accreditation will be designated only for the agreed-upon  
400 concentrations, majors and/or degree programs.

#### 401 **Multi-partner accreditation units**

402 SPH, PHP or SBP that involve more than one regionally accredited institution working together to  
403 operate a single accreditation unit may seek accreditation as a multi-partner school or program.  
404 Multi-partner SPH, PHP and SBP are shown in CEPH's published list of accredited schools and  
405 programs as a single listing, with each sponsoring institution identified.

406 Many SPH, PHP and SPH engage in collaboration, cooperation and formal affiliation without  
407 pursuing a shared (multi-partner) accreditation status. Two examples of cooperation that do not  
408 constitute multi-partner accreditation follow. These examples are not intended to be exhaustive.

- 409 • Multiple regionally accredited institutions pursue or maintain accreditation separately while  
410 maintaining active collaboration around instruction (eg, facilitating transfer credits, co-teaching),  
411 scholarship or service. These institutions may or may not have formal agreements with one  
412 another. Each regionally accredited institution is responsible for individually fulfilling all  
413 requirements defined in CEPH criteria.
- 414 • An institution with a CEPH-accredited unit engages in collaboration or affiliation with an  
415 institution that does not operate a CEPH-accredited school or program. The cooperation  
416 provides a supplement or complement to the unit's offerings. All parties must be transparent  
417 about the scope and nature of the collaboration and must disclose their CEPH accreditation  
418 status accurately, as defined in this document's section on disclosure of accreditation status.

#### 419 **Changes in accreditation category**

420 Changes in category include the following:

- 421 • a change from one accreditation unit (SPH/PHP/SBP) to a different accreditation unit
- 422 • a change from a multi-partner accreditation unit to an accreditation unit housed in a single  
423 regionally accredited institution (or vice versa)

424 Units can be accredited only in one category at a time. Accredited units seeking a change in  
425 category must complete the following steps:

- 426 1. Submit an initial application submission (IAS), as defined in this document's section on initial  
427 accreditation, reflecting the desired (new) category.<sup>3</sup> The unit may not represent itself to the  
428 public in the new category until the Council has officially accepted the IAS. For example, the  
429 accreditation unit may not change its name to a name associated with the new category in any  
430 web or print-based materials until after the Council accepts the IAS. See this document's  
431 information on public disclosures for additional information.

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<sup>2</sup> PHP or SBP whose applications have been officially accepted by the Council but are not yet accredited may seek to modify the accreditation unit through the "modification of application" process, defined later in this document.

<sup>3</sup> The one-time IAS fee is waived for units that apply for a transition in accreditation category, but the unit is responsible for all other fees and costs associated with an initial accreditation review, including a one-time payment of the annual applicant fee after the IAS is accepted by the Council.

442  
443 2. Undergo a full accreditation review, including submitting a full self-study and undertaking a site  
444 visit, as described in this document, using the criteria associated with the new category. This  
445 review must occur within two years of notifying the Council *or* by the expiration of the current  
446 accreditation term, *whichever occurs first*.

447  
448 An accredited unit that plans to change its category of accreditation in the future may not promulgate  
449 any material (eg, websites, letterhead, business cards, promotional items) associated with the  
450 intended new category of accreditation until AFTER receiving official Council approval of an IAS in  
451 the new accreditation category.

452  
453 For example, an accredited PHP seeking transition to SPH accreditation may not present itself as  
454 housed in or affiliated with a unit that uses the words “School of Public Health” or “College of Public  
455 Health” until after receiving Council approval of an IAS for SPH accreditation.

456  
457 The accreditation unit following this process will be subject to an *initial* accreditation decision in the  
458 new category. For example, if successful, a unit seeking accreditation in a new category will receive  
459 a five-year accreditation term (the standard term for initial accreditation), rather than a seven-year  
460 accreditation term (the standard term for reaccreditation)

461  
462 Failure to demonstrate compliance with the set of criteria for the new category within the timelines  
463 described above will typically result in a loss of accreditation, unless the accreditation unit can revert  
464 fully and immediately to its previous accreditation category. Reverting fully to the prior category or  
465 status requires updating all print and web-based materials to reflect the original accreditation  
466 category.

467  
468 An SPH, PHP or SBP in transition from one category to another continues in its obligation to notify  
469 CEPH before making any substantive change that affects its mission or degree offerings. See this  
470 document’s section on substantive changes for additional information. Multiple substantive change  
471 notices are common during the transition period.

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475 **Section 6: Accreditation status**

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477 **A unit is either CEPH-accredited or not CEPH-accredited.** Accreditation may only be conferred  
478 after action by the Council, and all accreditation decisions are awarded for a specific time period.

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480 Two additional terms are relevant to accreditation status:

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482 **1) Applicant period**

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484 “Applicant” is not an accredited category, but all units seeking initial CEPH accreditation must  
485 complete an applicant period. The applicant period begins when the Council officially notifies the  
486 accreditation unit of its acceptance of the initial application submission (IAS). The applicant period  
487 is time-limited, as described in this document’s section on initial accreditation. Council notification  
488 of applicant status indicates that the accreditation unit has met the minimum eligibility standards  
489 to begin the accreditation process. Accreditation units that intend to seek CEPH accreditation in  
490 the future but have not received official Council notification of acceptance of an IAS may NOT use  
491 the term “applicant.” See this document’s section on required public disclosures for additional  
492 information.

493  
494 **2) Probationary accreditation**

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496 “Probationary accreditation” or “probation” is a special category of accreditation. It is conferred, in  
497 specific circumstances, to units that are already accredited and comes with a specific end date.  
498 Probationary accreditation allows the unit to maintain CEPH accreditation for the protection of  
499 students currently enrolled but signals severe concerns that must be promptly addressed to avoid  
500 loss of accreditation. The Council revokes the unit’s accreditation at the end of the probationary  
501 accreditation period unless certain conditions are met. These conditions and associated timelines  
502 are delineated in the Council’s letter communicating the probationary accreditation decision.  
503 Additional specific rights and obligations are associated with probationary accreditation and are  
504 described in this document’s sections on required public disclosures and appealable accreditation  
505 actions.

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## Section 7: Required public disclosures

The following procedures apply to all accreditation units pursuing or holding CEPH accreditation. Accreditation terminology may be confusing to the general public, and the requirements that follow reflect the Council's interest in ensuring the accuracy of information about accreditation. In the event an accreditation unit misrepresents itself or does not abide by the requirements that follow, CEPH will take corrective action.

### Units considering or planning for CEPH accreditation

A unit that does not have written notice from the Council of acceptance into the applicant period, based on the Council's review of an initial application submission (IAS), may not describe itself as an applicant for CEPH accreditation. Such units may not use CEPH's name in any way that implies an affiliation, relationship or approval.

### Applicants

Entry into the applicant period does not guarantee accreditation, and accreditation units may voluntarily withdraw from the applicant period at any time without penalty. Therefore, the following disclosure requirements apply:

- Applicants may **only** use the following language to describe their affiliation with CEPH: “\_\_\_\_ is an applicant for accreditation by the Council on Education for Public Health.”
- PHPs and SBPs must also include the following language: *“The accreditation review will address the \_\_\_\_ [list the specific degree program(s) included in the accreditation unit, as defined in the Council’s letter accepting the application]. Other degrees and areas of study offered by this institution will not be included in the unit of accreditation review.”*
- Applicants must provide CEPH's website address for additional information whenever referring to the application and accreditation process.
- CEPH encourages all applicants to disclose as much information as possible regarding their progress toward accreditation, including planned dates for the self-study submission, site visit and accreditation decision date. This information must be accompanied with a notice that all dates are subject to change.
- Applicants who wish to answer questions about projections for their initial accreditation dates must only use the following language: *“The date of initial accreditation will be whichever of the two dates occurs **later**: either 1) the date on which our application was accepted by the Council [insert date] or 2) the date on which the most recent extension of applicant status was granted, if applicable [insert date, if applicable]. The Council assigns the date of initial accreditation during the Council meeting at which the accreditation decision is made. Entry into the process and acceptance of an application are not a guarantee of initial accreditation.”*
- If the SPH, PHP or SBP elects to withdraw its application for any reason, it must remove the term “applicant,” as it relates to CEPH accreditation, from all materials, including print materials and websites, within 24 hours of providing notice to the Council.
- Applicant units may not use CEPH's logo or seal and may only use CEPH's name in the manner mentioned above.

560 **All accredited SPHs, PHPs & SBPs**

- 561
- 562 • SPH, PHP and SBP may use the official accreditation seal provided electronically by CEPH.
- 563 Use of CEPH's logo is not permitted.
- 564
- 565 • Units must disclose their CEPH accreditation status accurately, including the category of
- 566 accreditation. Additional, specific requirements relating to accredited units that plan to change
- 567 their category of accreditation (eg, PHP seeking to transition to SPH) appear in this document's
- 568 section on changes in accreditation category.
- 569
- 570 • Accredited units must provide CEPH's website address whenever referring to affiliation with
- 571 CEPH.
- 572
- 573 • PHP and SBP must clearly list the instructional programs (degree, major, concentration,
- 574 specialization or track, whichever applies) included in the accreditation unit and must ensure
- 575 that all electronic and print materials are clear in distinguishing the accreditation unit from other
- 576 degree offerings housed in the same organizational structure.
- 577
- 578 • Units must make the official accreditation report and final self-study (as submitted to CEPH)
- 579 publicly available no later than 60 days following the date of the Council's accreditation decision.
- 580 Interested parties may request copies from the SPH, PHP or SBP or from CEPH, but all
- 581 requests for accreditation report copies received by CEPH will first be referred to the
- 582 accreditation unit.
- 583
- 584 • Units that wish to facilitate such requests may make their final self-study documents and
- 585 final accreditation reports publicly available on their websites, eliminating the need for
- 586 reviewing and responding to individual requests.
- 587
- 588 • Accreditation units that plan to provide the documents in response to individual requests
- 589 must clearly indicate on their websites how to contact an appropriate person to request a
- 590 copy of the final self-study document and final accreditation report and must ensure that
- 591 such requests are honored promptly.
- 592
- 593 • The electronic resource file (ERF) materials are not included in the required public
- 594 disclosures; however, CEPH encourages units to make ERF materials available as
- 595 appropriate when helpful for providing context to readers of the self-study and report.
- 596
- 597 • The accreditation unit may append a written response to the accreditation report whenever
- 598 it releases the report. If the accreditation unit provides a copy of its written response to CEPH
- 599 within 50 days following the final accreditation decision, CEPH will append the response
- 600 whenever it distributes a copy of the full report.
- 601
- 602 • CEPH will periodically audit units' compliance with these document disclosure provisions.
- 603

604 **PHP outside of North America**

- 605
- 606 • In addition to all of the requirements defined above, accredited PHP outside of North America
- 607 must include the following statements when describing CEPH accreditation on websites,
- 608 promotional materials, etc:
- 609
- 610 *“\_\_\_\_\_ is accredited by the Council on Education for Public Health as a public health program.*
- 611 *The accreditation applies only to the following degree programs: [list the specific degree*

612 *program(s) included in the accreditation unit, as defined in the Council's letter accepting the*  
613 *application]. Accreditation does not apply to the unit as a whole, and other degrees and areas*  
614 *of study offered by this institution are not included in the unit of accreditation review."*  
615

### 616 **Multi-partner SPH, PHP & SBP**

- 617
- 618 • In multi-partner accreditation units, as defined in this document's section on categories of  
619 accreditation, each partner institution must ensure accurate representation of the category of  
620 accreditation and of the degrees included in the unit of accreditation, as defined above.

### 621 **SPH, PHP & SBP receiving probationary accreditation decisions**

- 622
- 623
- 624 • In accordance with federal regulations, CEPH notifies the US Department of Education (USDE)  
625 of any probationary accreditation decision at the same time as CEPH provides the initial notice  
626 of the probationary accreditation decision to the school or program.
- 627
- 628 • As soon as a probationary accreditation decision is finalized,<sup>4</sup> the unit must provide notice to all  
629 students and potential students about the probationary accreditation decision. The notice must  
630 indicate to students the specific date by which they must graduate (ie, the ending date of the  
631 probationary accreditation term) to guarantee graduation from an accredited school or program.  
632 The notice must be disseminated and posted in a manner that ensures transparency for all  
633 current and potential students.
- 634
- 635 • CEPH encourages the school or program to share additional information related to the  
636 probationary accreditation decision with students and the public, including plans to address  
637 identified deficiencies, timelines leading up to the end of the probationary accreditation term,  
638 etc.
- 639
- 640 • In accordance with federal regulations, CEPH notifies the relevant regional accrediting body  
641 and state-level higher education authority of the probationary accreditation decision as soon as  
642 the decision is finalized.
- 643
- 644 • In accordance with federal regulations, CEPH provides the USDE with a statement of the basis  
645 for its probationary accreditation decision as soon as the probationary accreditation decision is  
646 finalized.

### 647 **Additional CEPH disclosures**

- 648
- 649
- 650 • In addition to the information mentioned above, CEPH's website includes lists and information  
651 on applicant and accredited SPH, PHP and SBP, including those with probationary  
652 accreditation. This information includes a delineation of the degrees included in each unit of  
653 accreditation.
- 654
- 655 • All final accreditation decisions are recorded in the annual reports of CEPH, including decisions  
656 to grant or withdraw accreditation status, decisions to confer probationary accreditation status  
657 and decisions of schools or programs to voluntarily withdraw from the review process. CEPH  
658 annually submits to the Secretary of Education its annual report and a website link to the list of  
659 accredited schools and programs. CEPH's annual report is also posted on the CEPH website.

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660

<sup>4</sup> See this document's section on appealable actions for definition of a "finalized" decision in probationary accreditation.

- 661 • After each decision-making Council meeting, CEPH prepares a notice with a list of all initial  
662 accreditation decisions, reaccreditation decisions (including final decisions of probationary  
663 accreditation) and final decisions to deny or revoke accreditation. The notice also provides a  
664 link to CEPH's full list of accredited schools and programs. CEPH distributes this notice to  
665 USDE, regional accrediting bodies, other specialized and professional accrediting organizations  
666 and relevant state higher education authorities. CEPH also makes this notice available on its  
667 website.  
668
- 669 • As a recognized accrediting agency, the Council is also required to report to the USDE the name  
670 of any institution or program that the Council has reason to believe is failing in its responsibilities  
671 under Title IV of the Higher Education Amendments or is engaged in fraud or abuse and to  
672 report the reasons for the agency's concerns.  
673  
674

## Section 8: Initial accreditation

Units pursuing initial accreditation must complete a series of required procedural steps and receive an official decision by the Council that they are eligible to begin the applicant period. See this document's information on accreditation status and public disclosures for additional information on the applicant period.

The time from the beginning of the applicant period to an accreditation decision will vary based on a number of factors but typically takes approximately three years. Given that the accreditation decision is based on data and student outcomes from the applicant period, the date of initial accreditation accounts for the evidence presented during this period. This document's section on date of initial accreditation explains the parameters around the date of initial accreditation.

An accreditation unit that is not already accredited by CEPH or an accredited unit seeking a change in category must proceed through the following steps, in order. **All of these steps must be completed before the applicant period begins.**

1. Contact CEPH's director of accreditation services. Contact information for all staff members is available on the website. Initial contact may be via phone or email. During and after this initial contact, CEPH staff will work with the unit to answer questions and develop a reasonable timeline for the accreditation review.
2. Participate in CEPH's Pre-Application Orientation Webinar (P-AOW), which is described in this document's information on consultation and technical assistance.
3. Submit payment for the initial application submission (IAS) fee. See CEPH's fee schedule, available on the website, for information.
4. Submit a first draft of the IAS for CEPH staff review. The IAS is a concise document, with accompanying appendices, that demonstrates eligibility to begin the applicant period. Units must use the IAS templates available on the CEPH website. The initial submission for staff review need not include all appendices, but submitting a more complete draft will allow staff to provide more comprehensive feedback.
5. Receive staff feedback on the draft IAS. CEPH staff will acknowledge receipt of a draft IAS via email and will provide feedback via phone conference or email within two weeks of acknowledging receipt. Staff feedback will focus on making the documentation as strong as possible.  
  
Staff feedback does **not** constitute a decision on whether a unit can proceed to the applicant period. Only an official notice from the Council allows the unit to begin the applicant period.
6. Revise the IAS in response to CEPH staff feedback. Multiple rounds of drafts may be required for preparing a successful IAS.
7. Officially submit the IAS and its appendices to the Council for review.
8. Receive official notification of Council acceptance of the IAS. This notification will be provided in writing within 30 days of the Council meeting's completion.
9. Pay the applicant fee defined in the fee schedule (available on the CEPH website). Unlike the IAS fee, units should not send payment for the application fee until they have received an invoice from CEPH.

728  
729 The unit is responsible for ensuring adequate time to complete all steps by the desired date for  
730 submission to the Council, so advance planning is required. See this document's information on  
731 Council meetings and deadlines. CEPH staff are available to help units develop appropriate  
732 timelines.

733  
734 If the Council does not accept a unit's IAS and the unit wishes to revise and resubmit its IAS for  
735 consideration, the unit must repeat all required steps outlined above, unless steps are specifically  
736 waived by the Council in the letter communicating the Council's decision.

### 737 738 **Initial Application Submission (IAS) requirements**

739  
740 The IAS must follow the template provided on the CEPH website and include the following:

- 741
- 742 • A cover letter, on letterhead, that addresses items a and b:
    - 743
    - 744 a. A statement indicating that the unit understands the required components of the application
    - 745 process, including conduct of an on-site consultation visit, attendance at an Accreditation
    - 746 Orientation Workshop and prompt payment of all fees.
    - 747
    - 748 b. A request signed by administrators/leaders for CEPH to initiate the accreditation process. The
    - 749 request must be signed by the following:
      - 750
      - 751 1. the chief executive officer of the institution in which the program is located (university
      - 752 president or chancellor, in most cases)
      - 753 2. the chief administrative officer of the university unit in which the program is located
      - 754 (eg, vice president for health sciences, dean)
      - 755 3. the program director (PHP) or program lead (SBP), if applicable
      - 756

757 In the case of a program that is sponsored by more than one institution (applications for  
758 multi-partner programs), signatures must be obtained from the leaders (1 and 2) at each  
759 institution.

- 760
- 761 • Statement of Regional Accreditation
    - 762
    - 763 Documentation of location in an institution that is regionally accredited. An applicant housed in
    - 764 an institution located outside the United States that is not eligible for regional accreditation must
    - 765 demonstrate a comparable external evaluation process.
    - 766

- 767 • Degrees and Concentrations in the Unit of Accreditation
  - 768
  - 769 Documentation of the degrees and concentrations included in the unit of accreditation
  - 770

- 771 • Accreditable Curricula for All Degrees in the Unit of Accreditation
  - 772
  - 773 Documentation that each degree in the accreditation unit meets the minimum curricular
  - 774 expectations and credit hours defined in CEPH criteria. This documentation requires the
  - 775 following, at a minimum:
  - 776

- 777 • programs of study that list the courses and associated credits required to complete the
- 778 degree
- 779 • evidence of coverage of CEPH-specified foundational competencies for graduate degrees,
- 780 through curriculum mapping and syllabi

- 781 • if applicable, coverage of required domains for bachelor’s degrees in the accreditation unit,  
782 through curriculum mapping and syllabi
- 783 • articulation of appropriate concentration-specific competencies for all graduate public health  
784 degrees in the accreditation unit
- 785 • evidence of coverage of all concentration-specific competencies for graduate public health  
786 degrees in the accreditation unit, through curriculum mapping and syllabi

787

- 788 • Adequate Faculty Resources

789

790 Documentation that the unit has adequate faculty resources, as defined in the criteria.

791

- 792 • Appropriate Student Progress Toward Graduation

793

794 Documentation of one of the following:

- 795
- 796 1. Evidence that the unit has already graduated at least one student OR
  - 797 2. Strong, solid evidence that the unit will graduate at least one student by the time the  
798 preliminary self-study is submitted.

799

800 The required graduates for this documentation request must have completed the curriculum  
801 documented in the IAS or a previous version of the curriculum that would also be creditable  
802 by CEPH.

803

804 PHP and SBP must provide this evidence for all degrees and concentrations included in the  
805 unit of accreditation.

- 806
- 807 • SPH must provide this evidence for the following:
    - 808 • MPH concentrations in three areas
    - 809 • Doctoral concentrations in two areas
    - 810 • Bachelor’s degrees in public health, if applicable
  - 811
  - 812 • This difference in requirements reflects the fact that PHP and SBP have the ability to choose  
813 which degrees to include in the unit of accreditation, while SPH do not.

814

- 815 • Completion and Attrition Data

816

817 Documentation of completion rates that satisfy CEPH criteria for each degree in the unit of  
818 accreditation. For units that have not been in operation long enough to provide completion data,  
819 documentation that the unit is positioned to demonstrate compliant completion rates, through  
820 data on attrition and retention.

821

- 822 • Fiscal Support

823

824 Description of how the school or program funds the following (if multiple models are possible,  
825 indicate this and provide examples):

- 826
- 827 • Operational costs
  - 828 • Student support, including scholarships, support for student conference travel, support for  
829 student activities, etc.
  - 830 • Faculty development expenses, including travel support

831

832

833 **If the IAS is for an SBP, then it must also include the following:**

- 834
- 835 • A mission and expected student learning outcomes for the program that align with the mission  
836 statement(s) of the parent institution(s) and the regional accreditation standards of the  
837 institution(s).
  - 838
  - 839 • Evidence of a structure for collecting data on program effectiveness, including, at a minimum,  
840 regular surveys or data collection from enrolled students, alumni and relevant community  
841 stakeholders.
- 842

843 **If the IAS is for a PHP, then it must also include the following:**

- 844
- 845 • Defined Guiding Statements and Evaluation Practices
- 846
- 847 Articulation of a vision, mission and goals that comply with CEPH criteria and a clear and  
848 comprehensive statement of measures, data collection methods and responsible parties that  
849 allow the unit to continually evaluate its progress in achieving its specific mission and goals.
- 850

851 **If the IAS is for an SPH, then it must also include the following:**

- 852
- 853 • Defined Guiding Statements and Evaluation Practices
- 854
- 855 Articulation of a vision, mission and goals that comply with CEPH criteria and a clear and  
856 comprehensive statement of measures, data collection methods and responsible parties that  
857 allow the unit to continually evaluate its progress in achieving its specific mission and goals.
- 858
- 859 • Equivalent Structure and Reporting Mechanisms
- 860
- 861 Documentation that the school has an independent structure and reporting mechanism that is  
862 equivalent to other professional schools or colleges within the university. This requires the  
863 following, at a minimum:
- 864
- 865 • an organizational chart that shows the SPH leader's reporting line(s) and the reporting lines  
866 of other professional school/college leaders within the institution
  - 867 • if applicable, narrative that supports the organizational chart, including an explanation of any  
868 processes or lines of authority that differ for the SPH leader from other school/college  
869 leaders
- 870
- 871 • Degree Offerings
- 872
- 873 Documentation that the school offers, at a minimum, a professional public health master's  
874 degree in at least three distinct concentrations and public health doctoral degree programs  
875 (academic or professional) in at least two distinct concentrations.
- 876

877 **Units located outside the United States seeking initial accreditation**

878

879 CEPH will consider applicant units located outside the United States; however, due to the variable  
880 nature and scope of international accreditation activities, such activity will be undertaken on a case-  
881 by-case basis. All applications from units outside the United States must be invited by the Council  
882 through the process outlined below.

883

884 Applicants outside North America must begin the process with a written request for consideration.

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The request for consideration should include the following:

- a) a description of the university;
- b) description of the curricula and degree objectives for pertinent degree programs;
- c) student demographics;
- d) a brief description of the secondary and higher education systems in the country;
- e) description of available and used quality assurance programs for higher education in the country;
- f) assurance that the self-study will be written in English;
- g) assurance that the site visit will be conducted in English (or simultaneous interpretation provided by the unit); and
- h) any other information requested by CEPH staff.

If the Council approves the request for consideration, the unit may proceed to the pre-application, on-site consultation visit.

All applicants outside of the United States, including those in North America, must host a pre-application, on-site consultation visit before submitting an application. The consultation visit allows both parties to assess the unit's alignment with CEPH criteria and viability and interest in CEPH accreditation. After the consultation visit, the Council may issue an invitation for the unit to submit an application. Information on logistical and other requirements for the consultation visit and subsequent review are available in the Council's Policy on International Accreditation.

#### **Date of initial accreditation**

Given that the accreditation decision is based on data and student outcomes from the applicant period, the date of initial accreditation accounts for the evidence presented during this period by assigning, as the date of initial accreditation, **whichever date is later:**

- the date on which the SPH, PHP or SBP application was accepted by the Council **OR**
- the date on which the most recent extension of applicant status was granted, if applicable

The Council assigns the date of initial accreditation during the Council meeting at which the accreditation decision is made. The maximum data coverage period is three years before the accreditation decision is made.

#### **Maintenance of applicant period**

When the Council provides approval to begin the applicant period, the Council defines an end date for the applicant period, two years from the date of the Council's decision to accept the IAS. By the applicant period end date, the unit must complete the following requirements:

- Attend, in person, an Accreditation Orientation Workshop (see this document's information on consultation and technical assistance)
- Host an on-site consultation visit (see this document's information on consultation and technical assistance)
- Correspond with CEPH staff to establish site visit dates and other procedural arrangements
- Submit a self-study document for preliminary review (see this document's information on the self-study process)

Failure to complete any one of these requirements by the end date of the defined applicant period will cause the applicant period to end. No further review action will be taken, and units wishing to pursue CEPH accreditation must repeat all steps necessary for initiating a new applicant period (attend a P-AOW, submit a draft IAS, etc.).

939 **Extension of applicant period**

940  
941 The Council may, at its discretion, extend the end date of the applicant period to allow units  
942 additional time to complete one or more of the required steps. A request for extension can be  
943 submitted at any time prior to the scheduled end of the application period and must be provided in  
944 writing to [submissions@ceph.org](mailto:submissions@ceph.org). The Council will officially reply to the request.

945  
946 Extensions are typically granted in one-year increments, but the unit need not use the full extension  
947 period. Unless extraordinary circumstances exist, the Council will grant no more than two, one-year  
948 extensions of the applicant period. Units that wish to continue after this must repeat all steps  
949 necessary for initiating a new applicant period (attend a P-AOW, submit a draft IAS, etc.).

950  
951 Requests for extension are not viewed negatively by the Council and are preferable to proceeding  
952 with an accreditation timeline that is unlikely to result in a positive accreditation decision.  
953

954

955

## Section 9: Reaccreditation

956 As noted in this document's section on accreditation status, all accreditation decisions are stated  
957 as valid through a specific date. To maintain accreditation, the unit must complete a self-study  
958 process and host a site visit before the end date of the accreditation term.

959

960 Reaccreditation involves a self-study process of 18-24 months followed by a site visit and an  
961 opportunity for the school or program to respond to the site visit team's draft report. The Council will  
962 make the reaccreditation decision at the next meeting for which the docket remains open after  
963 completion of these steps.

964

965 **If an accredited school or program complies with all procedural requirements and hosts a**  
966 **site visit before the end of the accreditation term, the accreditation term automatically**  
967 **continues until the Council meets to make a decision on reaccreditation.**

968

969 Additional information on the reaccreditation process appears in this document's sections on the  
970 self-study and site visit process.

971

972 In the event an accreditation unit does not wish to maintain its accreditation status, it should advise  
973 CEPH in writing, and no further review procedures will be scheduled.

974

975 Accreditation automatically lapses on the date specified if the accreditation unit fails to schedule a  
976 timely reevaluation after proper notice. Similarly, accreditation lapses on the date of dissolution or  
977 disestablishment of an SPH, PHP or SBP by its parent institution.

978

979

## Section 10: Self-study and site visit process

980 All units in the applicant period and accredited units approaching the end of their accreditation terms  
981 must undertake a self-study and site visit process to obtain or maintain CEPH accreditation.

982

### 983 **Scheduling the self-study and site visit process**

984

985 The dates of the on-site visit, once established, provide the basis for setting other relevant  
986 accreditation review deadlines, including a number of those associated with the self-study process.  
987 Thus, establishing site visit dates is the first step in outlining the calendar for an initial accreditation  
988 or reaccreditation.

989

990 For site visit scheduling:

991

992 • CEPH staff will contact *accredited* schools and programs approximately two years before  
993 the end of the current accreditation term's expiration to invite the unit to schedule a site visit.

994

995 • CEPH staff will contact *applicant* schools and programs approximately 18 months before  
996 the preliminary self-study due date that was defined when the Council accepted the IAS.

997

998 • For *accredited* SPH, PHP and SBP that wish to maintain accreditation, a site visit must occur  
999 prior to the end of the current accreditation term.

1000

1001 • For *applicant* SPH, PHP and SBP, the key deadline is the preliminary self-study due date,  
1002 as noted in this document's information on maintaining the applicant period. CEPH staff will  
1003 work with the applicant unit to define a site visit date that allows the unit to maintain its  
1004 current applicant period, if desired and feasible, AND allows at least five months between  
1005 the preliminary self-study submission and the site visit.

1006

1007 • An *accredited* unit may request a postponement of its regularly scheduled review, but only  
1008 for extraordinary reasons. Extraordinary reasons that might lead to postponement generally  
1009 include the following:

1010

1011 • natural disasters

1012 • similarly severe and unusual circumstances

1013

1014 The Council typically does *not* consider the following reasons to be extraordinary  
1015 circumstances that warrant a postponement of a regularly scheduled review:

1016

1017 • turnover or vacancies in administrative, faculty or staff positions

1018 • planned or unplanned major revisions to curriculum, governance or operations

1019 • lack of resources to support the review

1020

1021 Postponement for extraordinary reasons must be requested in writing and requires action  
1022 by the Council to extend the current accreditation term by a specific period of time. If the  
1023 Council does not grant a postponement, and the unit does not conduct a self-study and site  
1024 visit process as required, the unit's accreditation will be revoked at the end of the current  
1025 term.

1026

1027 • An *applicant* unit may request postponement of its scheduled review, but this postponement  
1028 may require requesting an extension of the applicant period. See this document's  
1029 information on maintaining the applicant period for additional information.

1030

- 1031
- 1032
- 1033
- 1034
- 1035
- 1036
- 1037
- 1038
- All site visit dates are scheduled on a first-come, first-served basis through email and/or phone correspondence with CEPH staff. As soon as a site visit date is confirmed, CEPH staff will provide the unit with a letter that details all relevant deadlines. The accreditation review is only considered to be officially scheduled when CEPH staff issues the letter outlining the schedule. Discussions or email correspondence prior to the issuance of a letter do not constitute an official accreditation review schedule. Failure to meet any of the defined deadlines may result in serious consequences, including loss of accreditation.

1039 **Self-study process**

1040 The self-study process is one in which the unit

- 1041
- 1042
- 1043 1. Systematically evaluates its current curricula, operations, resources, etc. against the
- 1044 expectations defined in CEPH criteria
- 1045
- 1046 2. Makes modifications, where necessary, to bring its operations, curricula, resources, etc. into
- 1047 compliance with CEPH criteria
- 1048
- 1049 3. Prepares and completes a self-study document, defined below

1050

1051 The self-study process typically takes at least 18-24 months. The three components described

1052 above occur simultaneously and/or in an iterative process. Often, the act of drafting the self-study

1053 document provides a focus for the required self-analysis and evaluation. The act of self-evaluation

1054 suggests areas where modifications are required, and the self-study document can then be updated

1055 to reflect new data and practices. The unit should define a schedule for internal review and

1056 circulation of drafts prior to submission to CEPH.

1057

1058 CEPH expects that the unit will include a broad array of stakeholders in the self-study process,

1059 including administrators, faculty, students, alumni and community partners, among others. CEPH

1060 encourages units that appoint committees to lead the self-study process to include a variety of

1061 stakeholders on those committees.

1062

1063 Stakeholders may be involved in preparing the self-study document, reviewing document drafts,

1064 evaluating specific elements of policy or curriculum and developing solutions or modifications, as

1065 needed, etc. CEPH encourages units to be thoughtful regarding the involvement of students, alumni

1066 and community partners, in particular, with attention to focusing their involvement in the self-study

1067 process on their strengths and areas where they are best positioned to make contributions.

1068

1069 **Self-study document and electronic resource file (ERF)**

1070

1071 The self-study document is a document in which the unit demonstrates that it meets all CEPH

1072 accreditation criteria. The self-study document follows, exactly, the format of CEPH's criteria

1073 document. The criteria document describes the information and documentation that must be

1074 provided for each criterion.

1075

1076 In some cases, CEPH criteria direct units to provide information in an electronic resource file (ERF).

1077 The ERF functions as a set of appendices to the body of the self-study document and must be

1078 prepared and provided to reviewers on a USB drive or comparable storage device.

1079

1080 Self-study documents must be formatted as follows:

- 1081
- 1082
- 1083
- Reproduce each criterion and documentation request as the skeleton for the document.

- 1084 • Place the unit's response directly below the relevant documentation request, unless instructions  
1085 indicate otherwise.
- 1086
- 1087 • Use templates wherever requested.
- 1088
- 1089 • When the documentation request directs units to place information in the electronic resource  
1090 file (ERF), place a statement that says, for example, "See ERF A1-3" in the self-study document,  
1091 and label the electronic folder or file accordingly.
- 1092
- 1093 • Print the document double-sided.
- 1094
- 1095 • Use easy-to-read font.
- 1096
- 1097 • Use sequential page numbers throughout the document.
- 1098 .
- 1099 • Place tabs or dividers between each criterion (eg, A1, A2, A3 in the SPH & PHP criteria)
- 1100
- 1101 • Bind the document with spiral or tape binding for copies sent to reviewers and CEPH.
- 1102

1103 The ERF must be prepared as follows:

- 1104
- 1105 • Clearly organized into folders for each criterion, with subfolders and files labeled with the  
1106 documentation request to which they respond.
- 1107
- 1108 • Filenames must allow reviewers to readily identify materials.
- 1109

1110 For example, when the criteria document requests syllabi for a documentation request, the  
1111 folder that contains the syllabi will be named with the number of the documentation request (eg,  
1112 D2-3), and each individual syllabus in the folder will be named with the appropriate course  
1113 number (eg, PBH 352.pdf).

- 1114
- 1115 • In addition to all materials specifically delineated in the criteria document, the ERF must contain  
1116 the following materials. Each of these should be housed in its own, appropriately titled, folder:  
1117
  - 1118 • documentation that allows reviewers to verify that the unit solicited third-party comments.  
1119 See this document's discussion on the third-party comment requirement
  - 1120 • a schedule of courses offered, with instructor identified, for the last three years
  - 1121 • a copy, or link to, the official university catalog or bulletin that presents degree offerings
  - 1122 • for SPH and PHP only, a freestanding MS Word document that presents the budget table  
1123 as requested in the criterion on fiscal resources
- 1124

### 1125 **Self-study preliminary review**

1126

1127 As soon as the unit establishes a schedule for review with CEPH, CEPH will provide a due date for  
1128 the self-study and ERF. CEPH will communicate all dates in a letter to the unit, as noted in the  
1129 section on scheduling the self-study and site visit process. The self-study and ERF due date is the  
1130 first official deadline in the full accreditation process and allows for a process called "preliminary  
1131 review."

- 1132
- 1133 • For units seeking reaccreditation, the self-study and ERF are due for preliminary review five  
1134 months prior to the scheduled site visit (see this document's section on site visit scheduling for  
1135 additional information).
- 1136

1137 • For units seeking initial accreditation (ie, units in the applicant period), the self-study and ERF  
1138 are due for preliminary review on **whichever of the following dates is earlier:**  
1139

- 1140 • Two years after the date of the Council's acceptance of the IAS (ie, the end date for the  
1141 applicant period)
- 1142 *or*
- 1143 • Five months before the scheduled site visit  
1144

1145 Approximately a month before the preliminary review due date, CEPH will provide the unit with the  
1146 names and addresses of the preliminary reviewers to include the following:  
1147

- 1148 • A CEPH staff member, typically the same staff member who will coordinate the site visit and
- 1149 • The chair of the unit's site visit team  
1150

1151 The unit must ensure that, by the established self-study due date, each of the preliminary reviewers  
1152 receives 1) a print copy of the self-study document, 2) an electronic copy of the self-study document  
1153 and 3) an electronic copy of the ERF.  
1154

1155 Within eight weeks of receiving the self-study, CEPH staff will provide a letter summarizing  
1156 reviewers' detailed comments on the self-study and ERF. Preliminary reviewers' comments focus  
1157 on improving the utility and quality of the self-study document to allow the site visit and subsequent  
1158 review to progress smoothly. Units can expect a detailed response with specific, actionable  
1159 suggestions and questions.  
1160

1161 **The preliminary review of the self-study document does not provide decisions on**  
1162 **compliance with the accreditation criteria. Subsequent stages of the review process will**  
1163 **assess the unit's compliance with accreditation criteria.** Reviewers at the preliminary stage  
1164 may, however, identify areas in which they expect that subsequent reviewers may have difficulty  
1165 verifying compliance, based on the information presented.  
1166

1167 **For units seeking initial accreditation *only*, the preliminary review serves an additional**  
1168 **purpose. The preliminary review determines whether the document is sufficiently**  
1169 **descriptive and analytical to proceed with the site visit.**  
1170

1171 If reviewers raise concerns about the applicant unit's ability to proceed with the site visit after reading  
1172 the preliminary self-study document, the reviewers will provide the self-study and draft comments  
1173 to the CEPH president. The president must validate reviewers' conclusion that the unit may not  
1174 proceed with the site visit.  
1175

1176 The reviewers might find the preliminary document unacceptable, for example, if it is not analytical  
1177 or if it is incomplete. Reviewers may determine that an applicant unit is not yet at a developmental  
1178 stage in which a site visit would be successful, particularly in cases in which an accreditation unit  
1179 outlined plans to meet the eligibility requirements within the specified timeframe and plans were not  
1180 met.  
1181

1182 If the review is not to proceed because the reviewers deemed the self-study document  
1183 unsatisfactory, CEPH will notify the accreditation unit of the unacceptable features of the  
1184 document and of any other reasons necessitating the postponement. In this case, in addition to  
1185 providing specific feedback to the unit, CEPH staff will work with the accreditation unit to reschedule  
1186 the visit, establish new dates and repeat the process described above.  
1187

1188 **Self-study final document**

1189  
1190 After the preliminary review process, the unit must update and revise the self-study document and  
1191 ERF to produce a final self-study document. Typically, the unit will have approximately two months  
1192 to incorporate reviewers' comments and produce the final self-study document and ERF. No line-  
1193 by-line or itemized response to reviewers' comments is expected or required, but all reviewer  
1194 comments should be considered and incorporated in the production of the final self-study document  
1195 and ERF. The final self-study document (but not the ERF) is a public document, as indicated in this  
1196 document's section on required disclosures.

1197  
1198 The final self-study document provides the basis for the site visit and Council review that produce  
1199 an accreditation decision.

1200  
1201 **Required opportunity for third-party comment**

1202  
1203 Approximately three months before the scheduled site visit, the accreditation unit should notify its  
1204 major constituents that an accreditation review is scheduled and that they are invited to provide  
1205 written comments to CEPH until 30 days before the scheduled site visit. This opportunity is referred  
1206 to as the opportunity for "third-party comments."

1207  
1208 The requirement to invite third-party comments is a separate procedural requirement from the  
1209 expectation that units will involve stakeholders in the self-study process and from the ongoing  
1210 obligation, expressed in the accreditation criteria, for units to solicit input from constituents, including  
1211 students, alumni, employers, community partners, etc.

1212  
1213 The third-party comment process is a broader, more general call for comment that allows any  
1214 stakeholder to provide feedback directly to CEPH to inform the accreditation review. CEPH does  
1215 not share this feedback with the unit.

1216  
1217 Notice to constituents of the opportunity to provide comments must include the name and email  
1218 contact for the team coordinator. The form of such notice is at the discretion of the accreditation  
1219 unit. Notification methods might include the following: a notice posted in a visible location, an  
1220 announcement in a regular newsletter for constituents, a notice published on the website or email  
1221 listservs, etc. Methods of soliciting third-party comments must be documented in the ERF and  
1222 verifiable by the site visit team. See this document's description of the ERF for additional  
1223 information.

1224  
1225 **Site visit planning**

1226  
1227 No later than three months before the site visit, the accreditation unit should begin working with the  
1228 site visit's team coordinator to plan an agenda and other logistics. Beginning the agenda and  
1229 logistics planning at least three months before the visit allows for multiple agenda drafts, ensures  
1230 that university administrators will be able to participate in the visit and lessens the likelihood of the  
1231 need for last-minute adjustments.

1232  
1233 At all stages of the agenda and logistics planning process, the unit should communicate only with  
1234 the team coordinator and not directly with site visitors. The team coordinator will facilitate  
1235 communication, as needed, with the site visit chair and team members. This protocol ensures  
1236 consistency of communication.

1237  
1238 The unit should begin with the sample agenda, available on the CEPH website, and should prepare  
1239 an initial draft for the team coordinator. CEPH staff are available by phone and email for questions  
1240 throughout the agenda planning process.

1241

1242 No later than three months before the site visit, the accreditation unit should also make hotel  
1243 reservations for all site visit team members (three for PHP & SBP and four for SPH). At the hotel,  
1244 the unit must reserve a simple meeting space for use by the site visit team for each evening of the  
1245 site visit, starting at 6 pm on the evening before the team's arrival on campus. No supplies or  
1246 refreshments are required for the hotel meeting space, and the living room associated with suite-  
1247 style hotel rooms may often serve this purpose. The team only needs one meeting room, so if a  
1248 suite-style room is used, it should be reserved for the team chair. The meeting room must have a  
1249 table that seats the site visit team, with room for laptops and/or notes. The unit must complete the  
1250 Site Visit Logistics Form, available on the CEPH website, with hotel confirmation numbers and other  
1251 related information, and must return the logistics form to the team coordinator as soon as possible.  
1252

1253 Additionally, the unit must reserve meeting space on campus for the site visit. To the extent possible,  
1254 a single room should be used for all meetings, though the unit may wish to use a different room for  
1255 lunch meetings and/or the visitors' meeting with university-level leaders. Time spent traveling  
1256 between rooms should be minimized to use the team's time most efficiently. The on-campus  
1257 logistics must also include the following:  
1258

- 1259 • Each day on campus: wireless internet access for each site visitor in the main meeting room  
1260
- 1261 • Each day on campus: food for a working lunch, as defined on the agenda. Coffee, water and  
1262 other beverages throughout the day are appreciated.  
1263
- 1264 • Visit's final day (or throughout the visit, if possible): a university-supplied computer with internet  
1265 access, connected to a printer. The printer must allow for privacy so that the team can maintain  
1266 confidential documents, so a shared printer in a public space is typically not acceptable.  
1267
- 1268 • Visit's final day: a screen and projector for the exit briefing (described later in this document).  
1269

1270 In specific circumstances, site visitors may also want to inspect campus facilities such as  
1271 classrooms, library, laboratories and computer centers. The team coordinator will notify the unit if  
1272 this is required.  
1273

1274 The unit will receive a specific list of the site visit team members two to three months before the site  
1275 visit. At that time, CEPH will provide an opportunity to identify any conflicts of interest that were not  
1276 previously identified through CEPH's screening process. If a conflict of interest exists, CEPH will  
1277 seek a replacement for that team member.  
1278

1279 SPH site visit teams include four individuals, and PHP and SBP site visit teams include three  
1280 individuals. The teams are constructed as follow. See this document's information on site visitors  
1281 for additional information.  
1282

SPH site visit team	PHP or SBP site visit team
1. Team coordinator	1. Team coordinator
2. Academic member	2. Academic member
3. Academic member	3. Practitioner member
4. Practitioner member	
<p>One of the academic or practitioner members serves as the team chair.</p>	
<p>Team coordinator is typically a full-time CEPH staff member but might also be drawn from a list of specially trained consultants and/or volunteers with significant accreditation experience.</p>	

1283  
1284 A larger or smaller team may be requested of CEPH or required by CEPH, depending on the need  
1285 to properly evaluate the SPH, PHP or SBP. Units may not select the individuals who will visit their  
1286 campuses, and replacements to teams identified by CEPH will only be made in the case of verified  
1287 conflict of interest or illness, emergency or other unanticipated situation that requires a site visitor  
1288 to withdraw from the team.

1289  
1290 By one month before the site visit, the unit must ensure that each of the members of its site visit  
1291 team receives all of the following items at his or her preferred address (provided by CEPH):

- 1292  
1293       1. a print copy of the final self-study document  
1294       2. an electronic copy of the final self-study document  
1295       3. an electronic copy of the ERF  
1296       4. a copy of the CEPH Site Visit Logistics Form  
1297       5. a site visit agenda

1298  
1299 **CEPH preparation for site visit**

1300  
1301 As required by federal regulations, approximately one month before the visit, CEPH sends written  
1302 notice to the chief executive officer of the university (typically, the president or chancellor) of the site  
1303 visit dates.

1304  
1305 CEPH provides all team members with a list of the other team members, the procedures manual,  
1306 the applicable criteria document, a copy of the last accreditation report (if applicable), any interim  
1307 reports or substantive change notices since the last full review, the code of good practice for  
1308 accrediting bodies, travel guidelines and an expense reimbursement form and any other pertinent  
1309 information.

1310  
1311 CEPH also schedules a site visit team conference call one to three weeks before the visit, after the  
1312 team members have received the mailing from the accreditation unit (which is described in this  
1313 document's information on the final self-study document).

1314  
1315 Throughout the process of preparing for the visit, including during the conference call, site visitors  
1316 may identify additional information or material needed to conduct a thorough review. The team  
1317 coordinator will communicate all such requests to the unit as soon as possible, and replies should  
1318 be addressed to the team coordinator, unless otherwise indicated. Requests for additional materials

1319 are minimized, to the extent possible, to only those materials needed to ensure a thorough, fair and  
1320 accurate review. These requests may arise any time from the receipt of the final self-study through  
1321 the last morning of the site visit but will always be communicated as soon as possible.

1322

### 1323 **Site visit**

1324

1325 SPH visits require three days on campus, plus the evening preceding the arrival of the team on  
1326 campus. PHP and SBP visits require two days on campus, plus the evening preceding the visit. The  
1327 two days on campus include meetings with a variety of stakeholders. The evening preceding the  
1328 arrival on campus involves the site visit team only—no faculty or staff are present.

1329

1330 The duration of the visit may be shorter or longer if special circumstances dictate the need for less  
1331 or more time to accomplish the work of the site visit team. Unusual circumstances might include,  
1332 for example, a visit focused on a narrow set of issues, a visit to a particularly complex or multi-  
1333 partner accreditation unit or a visit to an accreditation unit where the team needs to observe more  
1334 than one geographic site. Any deviation from the standard duration will be defined by CEPH staff  
1335 and will be reflected in the fees charged.

1336

1337 Depending on the structure of the accreditation unit and the specific issues to be addressed, the  
1338 team will need to meet with a broad representation of constituents. These normally include the  
1339 following:

1340

- 1341 • university officials (president or provost)
- 1342 • accreditation unit administrators (dean, department chair, program director, designated  
1343 leader, etc.)
- 1344 • faculty of all ranks and classifications (junior and senior faculty, primary instructional faculty  
1345 and non-primary faculty, adjuncts, etc.)
- 1346 • students from all degree programs in the unit
- 1347 • recent alumni
- 1348 • community representatives, including stakeholders involved in applied practice experiences,  
1349 employers of graduates, individuals affiliated with community-based organizations that  
1350 collaborate with faculty and students and advisory committee members, as applicable

1351

1352 Typically, the team will meet with these constituent groups separately, and the sample agendas on  
1353 the CEPH website provide structure. In particular, the school dean, program director or designated  
1354 leader should not attend the meeting with university officials. All individuals attending the site visit  
1355 should be prepared for discussion and should be willing and able to discuss their perspectives and  
1356 experiences with the accreditation unit.

1357

1358 In executive sessions, which are private meetings that do not include school or program  
1359 stakeholders, the team will discuss its findings and observations and organize and prepare its  
1360 comments for succinct presentation.

1361

1362 Throughout the site visit, team members will seek information to validate the self-study document  
1363 and to assess compliance with the relevant criteria. Visits are structured as discussions and  
1364 question-and-answer sessions. The accreditation unit should not prepare presentations, opening  
1365 remarks, etc. The team chair will lead all sessions on the agenda.

1366

1367 The final session of the site visit is an exit briefing, during which the team chair will present an oral  
1368 summary of the team's findings, using material prepared by team members. This oral presentation  
1369 will include the team's assessments of the unit's compliance with each accreditation criterion. The  
1370 team coordinator will provide a summary of the next steps in the process. It is the prerogative of the  
1371 dean, director or designated leader to determine who should attend the exit briefing session.

### 1372 **Site visit team report**

1373  
1374 The site visit team uses the final self-study, ERF, supplemental materials distributed at the visit,  
1375 interviews with stakeholders, information gathered during the visit and other materials to develop a  
1376 team report. The report assesses the unit's compliance with each accreditation criterion and  
1377 provides a rationale for the finding. In cases of noncompliance, the report specifically identifies the  
1378 issues that lead to a noncompliant finding.

1379  
1380 The team coordinator will edit the report after the visit and will circulate the draft to team members  
1381 for further review and revision. The school or program will receive the team's report within eight  
1382 weeks of the site visit's completion.

1383  
1384 **Accreditation unit's response to site visit team report**

1385  
1386 The accreditation unit has 30 days to review the team's draft report. The letter accompanying the  
1387 site visit team's report will provide a deadline for submitting a reply to CEPH staff. An accreditation  
1388 unit may supply the following materials to aid in the review process:

- 1389
- 1390 1. a list or chart of any needed factual corrections (eg, typographical errors, incorrect numbers)  
1391 in the team's report
  - 1392
  - 1393 2. a written response to the team's findings. The response may note any disagreements with the  
1394 report's findings or may provide supplemental information that may be helpful to the Council's  
1395 deliberations

1396  
1397 Schools and programs that do not wish to submit either type of material should provide CEPH with  
1398 a brief written affirmation of this by the response deadline.

1399  
1400 The team coordinator will prepare an updated site visit report that includes the factual corrections.

1401  
1402 **Distribution of site visit team's report to Council and institution CEO**

1403  
1404 Staff will send the updated site visit team's report (reflecting factual corrections), along with the  
1405 accreditation unit's response to the team's report, if applicable, to each CEPH councilor 30 days  
1406 prior to the meeting at which the decision is to be made.

1407  
1408 In accordance with federal regulations, CEPH staff will also send the updated report (reflecting  
1409 factual corrections) to the chief executive officer of the educational institution (typically the president  
1410 or chancellor). The chief executive officer will be provided an opportunity to review the report and  
1411 provide his or her own written comments if desired. A letter accompanying the report will provide a  
1412 deadline for submitting these comments.

1413  
1414 The Council will review the report and responses at its next scheduled decision-making meeting for  
1415 which the docket is open.

1416  
1417 **Final accreditation report**

1418  
1419 The final report is produced and sent to the SPH, PHP or SBP within 30 days of the Council meeting  
1420 at which the accreditation decision is made.

1421  
1422 The accreditation report is not finalized and subject to public disclosure until after review and  
1423 adoption by the Council. See this document's information on public disclosures and on Council  
1424 decisions after a site visit for additional information.

1425  
1426 **Focused and/or abbreviated self-study and site visit**

1427  
1428 The Council may require an already accredited unit to undergo a focused and/or abbreviated  
1429 review that addresses a narrowly defined set of issues, rather than the criteria document as a  
1430 whole. This might occur, at the discretion of the Council, when an accreditation unit has serious  
1431 deficiencies that require on-site follow up, or if the Council determines a need for additional on-  
1432 site information.

1433  
1434 In some cases, when the Council confers probationary accreditation based on a narrow set of  
1435 deficiencies, the Council may request a focused self-study and site visit, rather than a  
1436 comprehensive review.

1437  
1438 In other cases, the Council may request a focused self-study and site visit based on information  
1439 received in an annual report, interim report, substantive change notice or any other information  
1440 received by the Council that raises sufficiently serious concerns about compliance with  
1441 accreditation criteria.

1442  
1443 While the accreditation unit must meet all of the accreditation criteria, the self-study process, site  
1444 visit and report described above may be directed at a specific sub-set of criteria identified by the  
1445 Council. When the Council authorizes an abbreviated review, it will specify the scope of the review  
1446 and may specify a site visit team composition or visit duration that differs from what is described  
1447 above, and the Council may make other procedural modifications as needed.

1448

## Section 11: Ongoing reporting and review after accreditation

### SPH, PHP, SBP annual reports to CEPH

All accredited SPH, PHP and SBP are required to submit an annual report to CEPH, using a prescribed format. Annual reporting begins in the calendar year after initial accreditation is granted, unless the Council specifically requests an annual report. The purpose of the annual report is to allow the accrediting body to monitor significant changes in the SPH, PHP or SBP between on-site visits. Annual reports must contain at least the following information: fiscal information, measures of student achievement and headcount enrollment data. Collaborative accreditation units must submit a single annual report that accurately portrays all components of the accreditation unit.

The Council will provide written notice of its receipt of the annual report and a determination of whether any further action is needed within 30 days of the completion of the meeting at which annual reports are reviewed. As a result of annual reporting, the Council may require an interim report, additional information, a consultation visit, a substantive change notice, an abbreviated review or an early full review. These terms are defined in relevant sections throughout this document.

### Prior notice of substantive change

An accredited unit must notify CEPH in writing before making any substantive change that affects its mission or degree offerings. A substantive change includes, but is not limited to, the following changes:

- a major change in the established mission or objectives of the accreditation unit
- offering a new degree
- addition, discontinuance or temporary suspension of a concentration area
- offering a degree program that differs substantially in method of delivery from those previously reviewed
- offering a degree program at a site distant from the unit
- substantial increase or decrease in the length of a degree program
- any revision of degree requirements that could impact compliance with curricular or other criteria

As a general rule, accreditation units must provide notice to the Council

1. after a curricular change has been approved through appropriate channels BUT
2. before the change has been implemented

All notices of substantive change must include the following:

- a completed Substantive Change Form, which can be found on the CEPH website
- supporting documentation that will allow the Council to evaluate the change and determine whether the change may impact continued compliance with the accreditation criteria

Curricular changes are the most common type of substantive change. When submitting a curricular change, the accreditation unit should ensure that the supporting documentation includes all of the following elements:

- number of students in the new degree/concentration (projected enrollment)
- list of required coursework with syllabi
- competencies associated with the degree/concentration for master's and doctoral degrees
- learning outcomes for bachelor's degrees
- a faculty list highlighting the faculty supporting the new degree/specialization

1503 The substantive change process does not apply when the addition or deletion of a degree program  
1504 necessitates a change in accreditation category. In this case, provisions related to seeking a change  
1505 in category would apply. For programs, the category is defined by whether a master's degree is  
1506 already offered or not. An SBP adding a master's-level degree must undergo a change in category  
1507 to PHP, while a PHP adding a baccalaureate or doctoral degree would not require a change in  
1508 category.

1509  
1510 The accreditation unit must provide one electronic copy of the letter and attachments. The Council  
1511 or the Council's Executive Committee will review the notice at the next meeting for which the docket  
1512 remains open. The Council will provide written notice of its determination relating to any substantive  
1513 changes within 30 days of the meeting's completion.

1514

1515 **Notice of adverse action by other accrediting bodies**

1516  
1517 It is the responsibility of the accreditation unit to promptly notify CEPH if the following changes  
1518 occur. These include, but are not limited to,

- 1519
- 1520 • Adverse actions by any other recognized accrediting bodies, including probation and loss of  
1521 accreditation. The obligation to report to CEPH includes accreditation actions related to  
1522 university or larger administrative units in which the accreditation unit is located.
  - 1523
  - 1524 • Loss of legal authority to operate

1525  
1526 See this document's information on Council decisions for additional information on specific actions  
1527 that the Council must take in the presence of adverse actions by other accrediting bodies.

1528

## Section 12: Accreditation decisions

1529  
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### **Compliance with criteria**

Attaining and maintaining accreditation requires documenting compliance with CEPH's accreditation criteria. Before, during and after the accreditation review process, reviewers and councilors make a determination of compliance on each individual criterion defined in CEPH's criteria documents.

The self-study and site visit provide the most comprehensive review of a school or program's compliance, but the Council also may return compliance findings or determine that it can no longer validate compliance with criteria based on a variety of submissions and events that occur after the award of accreditation.

Examples of submissions and events other than a self-study and site visit that may cause the Council to evaluate a unit's compliance with criteria include the following: notices of substantive change, annual reports, interim reports and additional information submissions (see this document's information on ongoing reporting after initial accreditation). The Council may also consider information such as the record of complaints lodged with CEPH about a school or program (see this document's information on complaints). This list is not intended to be exhaustive.

### **Decisions on compliance after a site visit**

After a self-study process, the site visit team uses evidence from the final self-study document, ERF and site visit discussions to evaluate compliance and return a finding on each criterion.

At the decision-making meeting, the Council uses the final self-study document, ERF, site visit team's report, unit's response to the site visit team's report and response from the CEO of the unit's institution, if applicable, to return a finding on each criterion that appears in the final version of the CEPH accreditation report.

The Council's findings may differ from the site visit team's findings in some circumstances:

- The Council has access to information (ie, the unit's response to the site visit team's report) that may not have been available to the site visit team.
- The Council's responsibility is to maintain consistency, ensuring that similar fact patterns result in similar findings. The Council has the perspective of examining multiple reports at each meeting, while the site visit team's focus is on the single unit undertaking the review.
- The Council is solely responsible for adopting and interpreting criteria and procedures.

When the Council makes changes to the site visit team's report and/or findings of compliance on criteria, the Council will communicate the basis for this change in the letter communicating the accreditation decision.

After the Council's review, the edited report becomes a final accreditation report that is subject to public disclosure.

1577 **Possible compliance findings**

1578  
1579 There are four possible compliance findings. A separate finding is returned for each accreditation  
1580 criterion.

1581  
1582 1. Met

1583  
1584 The accreditation unit fully complies with or exceeds the expectations embodied in the  
1585 criterion.

1586  
1587 2. Met with commentary

1588  
1589 The accreditation unit evidences the minimum characteristics expected by the criterion, but  
1590 some aspects of performance could be strengthened, or some aspect of the unit's  
1591 performance warrants discussion.

1592  
1593 3. Partially met

1594  
1595 The accreditation unit or one or more components of the accreditation unit (eg, one of multiple  
1596 concentrations or degree programs offered) fails to meet one or more aspects of the criterion.

1597  
1598 4. Not met

1599  
1600 The accreditation unit fails to meet the criterion in its entirety or performs so poorly in regard  
1601 to the criterion that the efforts of the accreditation unit are found to be unacceptable.

1602  
1603 Findings of met and met with commentary are compliant findings, and no further action is required.  
1604 Findings of partially met and not met are noncompliant findings and will require action to remediate  
1605 the issue(s) that gave rise to the noncompliant finding.

1606  
1607 **Possible Council decisions after a site visit**

1608  
1609 In all cases, the Council makes decisions on the totality of the information, rather than making  
1610 decisions based on the compliance status of any individual criterion in isolation.

1611  
1612 Following a full or focused/abbreviated self-study and site visit, the Council will make one of the  
1613 following decisions:

1614  
1615 • Grant an *initial* accreditation term for five years forward from when the Council makes the  
1616 accreditation decision. If applicable, the Council will define requirements for demonstrating that  
1617 it has remediated any criteria found to be noncompliant. Mechanisms for demonstrating  
1618 compliance and timelines and consequences associated with compliance are defined  
1619 elsewhere in this document.

1620  
1621 See this document's section on the date of initial accreditation for information on the definition  
1622 of the beginning point of a unit's initial accreditation term.

1623  
1624 • Deny *initial* accreditation to a unit in its applicant period, when the unit does not meet criteria for  
1625 accreditation and the Council deems that reasonable remedial actions will not bring the unit into  
1626 compliance within the required timeframe.

1627  
1628 • Grant a reaccreditation term for seven years forward from when the Council makes the  
1629 accreditation decision. If applicable, the accreditation unit must demonstrate compliance with

1630 any criteria found to be noncompliant. Mechanisms for demonstrating compliance and timelines  
1631 and consequences associated with compliance are defined elsewhere in this document.  
1632

- 1633 • Grant an initial accreditation or reaccreditation term for a period shorter than the maximum of  
1634 five or seven years, respectively, if the Council deems it necessary to assure continued  
1635 compliance with all criteria.  
1636
- 1637 • Grant probationary accreditation to an accredited unit that is judged deficient in resources and  
1638 procedures to continue to accomplish its stated mission and objectives, or fails to meet the  
1639 requirements for its reaccreditation review. This status is conferred for a specific length of time  
1640 and may not exceed three years in total. Typically, a unit receiving probationary accreditation  
1641 can expect an immediate requirement to begin a new full or abbreviated self-study and site visit  
1642 process, with the site visit occurring within 12-18 months of the conferral of probationary  
1643 accreditation.  
1644

1645 The three-year maximum allowable period for probationary accreditation is defined by federal  
1646 regulations. It includes up to two years in which the accreditation unit must come into  
1647 compliance with the accreditation criteria. If it fails to do so, the Council must revoke  
1648 accreditation, or it can allow up to one additional year to remedy the deficiencies if the  
1649 accreditation unit shows good cause. Extension for good cause must be based on specific  
1650 reasoning and is not guaranteed, as described in this document's information on addressing  
1651 noncompliance.  
1652

1653 Additional definitional information for probationary accreditation is available in this document's  
1654 information on accreditation status, and additional public disclosure requirements associated  
1655 with probationary accreditation also appear in the relevant section of this document.  
1656

- 1657 • Revoke accreditation of a unit that does not meet the criteria for continued accreditation, or does  
1658 not permit a reevaluation after proper notice by CEPH. Revocation also applies when an  
1659 institution disestablishes or closes an accreditation unit.  
1660
- 1661 • Defer an accreditation decision if the Council requires further information to be able to make an  
1662 appropriate decision. This occurs in rare circumstances, and the Council will define a specific  
1663 time limit for deferral. The accreditation unit will maintain its existing classification (eg, applicant  
1664 period) and/or category (eg, program) until the time of the Council's next decision.  
1665  
1666

1667 **Required Council decisions after adverse actions by other accrediting bodies or regulators**  
1668

1669 As noted in this document's information on required reporting after accreditation, the unit must notify  
1670 CEPH when a recognized accrediting body takes adverse action against the institution that houses  
1671 the unit or a component of the institution that relates to or houses the unit.  
1672

1673 Per federal regulations, CEPH will not grant initial or renewed accreditation, except as described  
1674 below, to a school or program if it knows, or has reasonable cause to know, that it is located in an  
1675 institution that is the subject of 1) a pending or final action brought by a state agency to suspend,  
1676 revoke, withdraw or terminate the institution's legal authority to provide postsecondary education in  
1677 the state; 2) a decision by a recognized agency to deny accreditation or preaccreditation; 3) a  
1678 pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw or  
1679 terminate the institution's accreditation or preaccreditation; or 4) probation or an equivalent status  
1680 imposed by a recognized agency.  
1681

1682 CEPH may grant initial or renewed accreditation to a school or program described above if the school  
1683 or program has provided evidence that the reason for the pending or actual adverse action (or  
1684 probation) against the institution or related programmatic entity does not and will not affect the ability  
1685 of the public health school or program to meet CEPH accreditation criteria. If the Council determines  
1686 that initial or renewed accreditation is warranted, CEPH will provide a thorough and reasonable  
1687 explanation, consistent with its criteria, why the action of the other body does not preclude CEPH's  
1688 grant of accreditation. This notice will be provided to the Secretary of Education within 30 days of  
1689 the Council's action.

1690  
1691 Similarly, if CEPH learns that an institution with an accredited school or program is the subject of an  
1692 adverse action or is placed on probation or an equivalent status by another accrediting agency or  
1693 recognized state agency during the course of an existing accreditation term, CEPH will request a  
1694 response from the school or program describing the action taken by the other agency and if and/or  
1695 how the action taken by the other agency impacts the accredited unit. The Council will review this  
1696 information at its next regularly scheduled meeting to determine whether it should initiate an adverse  
1697 action against the school or program or place the school or program on probation.

1698  
1699 Since public health programs are often administratively located within or related to units accredited  
1700 by other specialized accreditors (eg, in schools of medicine), any action by another specialized  
1701 accrediting agency in a public health-related unit to suspend, revoke, terminate or confer  
1702 probationary accreditation will also be considered in the same manner as described above by the  
1703 Council.

1704

#### 1705 **Adverse and appealable actions**

1706

1707 Denial of accreditation and revocation of accreditation are adverse actions. Adverse actions and the  
1708 conferral of probationary accreditation are appealable actions.

1709

1710 The following are **not** adverse or appealable actions:

- 1711
- 1712 • deferral
  - 1713 • extension of accreditation
  - 1714 • extension of probationary accreditation for good cause
  - 1715 • any decision relating to a unit that is not yet accredited, including units in the applicant period.
- 1716 Denial of initial accreditation, after a full self-study and site visit, is the only exception to this rule.

1717  
1718 CEPH notifies the dean, director or program lead and the chief executive officer of an institution,  
1719 stating specific reasons for the adverse action or probationary accreditation. Appealable actions are  
1720 not made public for 30 days following notification, during which time an accreditation unit may  
1721 appeal the decision. Appeals procedures and disclosure of appealable actions are described  
1722 elsewhere in this document.

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**Section 13: Addressing noncompliant findings**

As noted in this document’s introduction to Council decisions, the Council may identify compliance concerns after a self-study and site visit, or it may identify compliance concerns in response to submissions from the school or program or any other information available to the Council.

Federal regulations require that all units accredited by CEPH demonstrate compliance with all criteria. Units that are found to be noncompliant with one or more criteria at any time must demonstrate compliance within two years of the noncompliant finding, or CEPH will revoke accreditation, unless CEPH determines that there is a good cause for maintaining the accreditation for one additional year.

A determination of good cause must be based on specific factors. In determining whether good cause exists for an extension, CEPH may consider a number of factors, including, but not limited to, progress toward achieving full compliance, the complexity of the changes that must be made, financial considerations, logistical considerations and other circumstances internal and external to the accreditation unit that might affect the time needed to come into full compliance.

When the Council confers initial accreditation or reaccreditation with noncompliant findings on some criteria, or when the Council identifies a compliance concern or question based on submissions and events that occur after the award of accreditation (described in this document’s information on compliance with criteria), the Council will communicate the following:

- 1. the specific compliance issue
- 2. a required action (eg, submitting an interim report that provides evidence of compliance)
- 3. a timeline for the required action
- 4. a reminder of the consequences, as defined in this document, associated with failing to demonstrate compliance in the specified timeframe

**Mechanisms for addressing compliance concerns**

**1. Interim report**

In situations where the Council identifies a deficiency in compliance but determines that reasonable remedial actions could bring the SPH, PHP or SBP into compliance with the criterion, the Council will typically require an interim report. The request for an interim report will specify the areas of deficiency and the date of expected submission.

The Council will act either to accept the interim report or to not accept the interim report. Interim reports are accepted if the Council concludes, based on evidence provided in the interim report, that the accreditation unit has demonstrated full compliance with the criteria.

If the accreditation unit has not fully resolved the cited deficiencies within the timeframe specified by the Council, the Council must act not to accept the interim report and must a) revoke the accreditation of the SPH, PHP or SBP; or b) extend, for good cause, the time period by which the SPH, PHP or SBP must come into compliance. Per federal regulations, a school or program must remediate any compliance concern within a two-year period. In the rare case that good cause is demonstrated, the Council may extend that time frame for one additional year.

In no case will the accredited unit be out of compliance with a criterion for longer than three years. If the accredited unit remains out of compliance following an extension for good cause, the Council

1774 must revoke accreditation. If an SPH, PHP or SBP does not submit a requested interim report by  
1775 the specified deadline, the Council will revoke the accreditation of that SPH, PHP or SBP.

1776

1777 **2. Additional information**

1778

1779 In situations where the Council does not have sufficient information to make a determination about  
1780 compliance, the Council will require the unit to provide additional information or evidence. The  
1781 request for additional information will specify the information needed and the date of expected  
1782 submission.

1783

1784 **3. Abbreviated or full self-study and site visit**

1785

1786 The Council may require the school or program to submit to an abbreviated/focused or full self-  
1787 study and site visit, as described in this document's information on site visits, if it determines that  
1788 the self-study and site visit process are necessary to validate compliance.

1789

1790 **4. Consultative activities**

1791

1792 The Council may require an already accredited unit to conduct a phone or in-person consultation  
1793 visit with a CEPH staff member and/or CEPH councilor to support the unit's efforts to address  
1794 areas of concern and present evidence of compliance. The consultative activities do not, on their  
1795 own, give rise to a Council decision to validate compliance. Rather, they may be required in  
1796 addition to the preparation of an interim report, additional information submission or self-study.

1797

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## Section 14: Appeals

1801  
1802  
1803 If the decision of the Council is to place an SPH, PHP or SBP on probation or to deny or revoke  
1804 accreditation, CEPH notifies the school dean, program director or designated leader and the chief  
1805 executive officer of the university in writing, following CEPH's typical practices for initial notification  
1806 of accreditation decisions after a Council meeting. In the notice, a specific statement of reasons for  
1807 the action is given, as well as information about the right to appeal.  
1808

1809 The action will not be made public for 30 days (other than CEPH's obligation to notify the USDE—  
1810 see this document's information on public disclosure for additional information). During that time  
1811 period, which begins on the date the SPH, PHP or SBP receives CEPH's decision letter, the SPH,  
1812 PHP or SBP may file a notice of appeal in writing and request an appeal hearing. If the SPH, PHP  
1813 or SBP initiates the appeal within the prescribed 30 days, there is no change in accreditation status  
1814 pending disposition of the appeal and the action is not made public. If the SPH, PHP or SBP does  
1815 not file a written notice of appeal within 30 days, the Council's action becomes final and public.  
1816

1817 The SPH, PHP or SBP bears the burden of proof on appeal. The grounds for appeal are a) that the  
1818 Council's decision was arbitrary, capricious or not supported by substantial evidence in the record  
1819 on which the Council took action; or b) that the procedures used by the Council to reach its decision  
1820 were contrary to the Council's bylaws, accreditation procedures or other established policies and  
1821 practices, and that procedural error prejudiced the Council's consideration. The appeal will be  
1822 limited to only such evidence as was before the Council at the time it made its decision.  
1823

1824 The Appeals Panel will consist of three members, none of whom served on the site visit team or are  
1825 current CEPH councilors. Each member of the Appeals Panel is subject to CEPH's conflict of  
1826 interest policy. The Appeals Panel will include one public health practitioner, appointed by the  
1827 American Public Health Association; one member of the faculty or administration of an accredited  
1828 school of public health, appointed by the Association of Schools and Programs of Public Health;  
1829 and one public member, appointed by the relevant regional accrediting commission. The public  
1830 member must act as a representative of the general public and may be an educator, but may not  
1831 be associated in any way with schools or programs of public health, be engaged in public health  
1832 practice (or be a member of any affiliated public health membership organization) or be an  
1833 employee of or otherwise associated with an institution that has a school or program of public health.  
1834 This individual must also not be the spouse, parent, child or sibling of any individual who would not  
1835 meet the public member definition. The Appeals Panel will select one of its members as chair. Once  
1836 constituted, the CEPH executive director will conduct a training for the Appeals Panel on CEPH  
1837 policies, procedures and accreditation criteria.  
1838

1839 The appellant SPH, PHP or SBP shall be notified of the composition of the Appeals Panel as soon  
1840 as it is constituted and shall be afforded the opportunity to present objections to the selection of any  
1841 member of the Appeals Panel based on conflicts of interest. The SPH, PHP or SBP has the right  
1842 to be represented by counsel during the appeal process.  
1843

1844 The hearing shall occur no later than 90 days from the panel's designation. Notification of the  
1845 hearing will be made to all parties concerned. An SPH, PHP or SBP shall be required to submit a  
1846 detailed written statement setting forth its position on appeal. This statement must be provided to  
1847 the Appeals Panel at least 15 business days prior to the appeal hearing. In addition, the SPH, PHP  
1848 or SBP may, in its notice of appeal, request that the record considered by the Council in reaching  
1849 its decision be made available to it. The record shall include, but is not necessarily limited to, the  
1850 following:

- 1851  
1852 a. CEPH Procedures Manual, applicable at the time of the review;  
1853 b. CEPH Criteria for Accreditation, applicable at the time of the review;  
1854 c. Relevant self-study document of the SPH, PHP or SBP;

- 1855 d. Relevant accreditation reports and responses to those reports by the SPH, PHP or SBP;  
1856 and
- 1857 e. Relevant written communications to and from the SPH, PHP or SBP regarding the review,  
1858 including any prior decision letters.  
1859

1860 Opportunity to appear before the Appeals Panel will be extended to representatives of the school  
1861 or program and its counsel. The SPH, PHP or SBP will have 60 minutes to orally present its position.  
1862 Thereafter, the Appeals Panel will direct questions to and hear responses from the program. The  
1863 SPH, PHP or SBP will also be permitted to make a closing statement. A written transcript will be  
1864 made of the hearing. All sessions in which the Appeals Panel meets to organize its work, as well as  
1865 all deliberations of the Appeals Panel, will be conducted in closed executive session.  
1866

1867 In reaching its decision, the Appeals Panel will consider the record before the Council at the time it  
1868 made its decision, the SPH, PHP or SBP's written appeal statement, any presentation made by the  
1869 program at the hearing as well as the SPH, PHP or SBP's responses to questions from the Appeals  
1870 Panel members. The Appeals Panel will base its decision on conditions as they existed at the time  
1871 of the Council's decision and will not consider new evidence not before the Council at the time of  
1872 its decision. Consistent with the standard for review on appeal, the Appeals Panel considers  
1873 whether the decision was arbitrary and capricious or not supported by substantial evidence that  
1874 existed in the record at the time of the Council's decision, and whether the action of the Council was  
1875 in accordance with its established procedures.  
1876

1877 The Appeals Panel, on a majority vote, affirms, amends, reverses or remands the decision being  
1878 appealed. If the Appeals Panel affirms the decision, the decision becomes final at that time. If the  
1879 Appeals Panel amends, reverses or remands the decision, it must provide a detailed written  
1880 explanation of its rationale. The Council will implement the Appeals Panel's decision in a manner  
1881 consistent with any directive of the Appeals Panel and the Accreditation Procedures.  
1882 Implementation includes the ability to define the length of an accreditation term and any required  
1883 reporting or other conditions. The accreditation term, required reporting and any other conditions  
1884 must be consistent with the Appeals Panel's written rationale.  
1885

1886 The chair of the Appeals Panel will send notification, including specific findings, of the Appeals  
1887 Panel's decision to the Council within 21 business days of the hearing. The Council will notify the  
1888 SPH, PHP or SBP and the chief executive of the institution housing the accreditation unit of the  
1889 Appeals Panel's decision within 24 hours of its receipt.  
1890

1891 If the only deficiency cited in support of a final adverse action or conferral of probationary  
1892 accreditation is the SPH, PHP or SBP's failure to meet the CEPH criterion relating to finances, the  
1893 SPH, PHP or SBP may seek the review of new financial information before the Council returns a  
1894 final decision if and only if 1) the financial information was unavailable to the SPH, PHP or SBP  
1895 until after the decision subject to appeal was made and 2) the financial information is significant and  
1896 bears materially on the financial deficiencies identified by the agency. The Council will determine  
1897 whether the criteria of "significance" and "materiality" in item 2, above, are met. The school or  
1898 program may seek review of the financial information only once. The Council's decision regarding  
1899 "significance" and "materiality" is not separately appealable.  
1900

1901 If the Appeals Panel upholds denial or revocation of accreditation, the name of the SPH, PHP or  
1902 SBP will be removed from the list of accredited units and notification of the removal will appear on  
1903 CEPH's website. The USDE, appropriate state agencies and appropriate accrediting agencies will  
1904 be notified immediately. If the panel upholds probationary accreditation, the SPH, PHP or SBP will  
1905 remain on the accredited list, but notification of the probationary status will appear on CEPH's  
1906 website and the SPH, PHP or SBP must proceed with its accreditation review at the time originally  
1907 stipulated by CEPH. Failure to do so will result in revocation of accreditation.  
1908

1909 The SPH, PHP or SBP shall be responsible for the cost of the appeal as set forth in CEPH's fee  
1910 schedule. The appeal fee is due at the time the SPH, PHP or SBP files its notice of appeal.  
1911

1912 The SPH, PHP or SBP may terminate the appeal in writing at any time up until the decision of the  
1913 Appeals Panel is rendered. In so doing, the SPH, PHP or SBP foregoes any right to reassert the  
1914 appeal at a later date. If the SPH, PHP or SBP terminates the appeal, the SPH, PHP or SBP will  
1915 remain responsible for any costs of the appeal incurred up to that point. Any remaining portion of  
1916 the appeal fee shall then be refunded to the SPH, PHP or SBP. The action of the Council becomes  
1917 final upon receipt of a written request to withdraw the appeal.  
1918

1919 In addition to the foregoing appeal procedures, CEPH staff shall assume certain responsibilities  
1920 related to the appeal hearing. Those responsibilities are set forth in a separate document, "Council  
1921 on Education for Public Health – Staff Responsibilities During Appeals Proceedings." This  
1922 document is posted on the CEPH website and shall be provided to any SPH, PHP or SBP that  
1923 initiates an appeal.  
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## Section 15: Complaints

CEPH expects accredited units to remain in compliance with all CEPH standards for accreditation throughout the accreditation period granted. Therefore, one of the principal concerns of CEPH when it receives a complaint about an accredited unit is whether the accredited unit continues to be in compliance with CEPH's published standards and procedures. For this reason, CEPH requires complaints to reference the specific accreditation standards and policies that are the subject of the complaint.

Another concern involves the methods, policies, philosophy and procedures of the accredited unit for handling complaints on an ongoing basis. CEPH requires the accredited unit to have procedures for fairly and promptly resolving complaints that are raised by students and others. Therefore, in investigating complaints, CEPH also examines whether the accredited unit's methods for handling complaints and grievances are equitable, consistently applied and effective.

CEPH is concerned about the frequency and pattern of complaints about accredited units. CEPH requires the accredited unit to monitor all complaints it receives and to take steps to assure that similar complaints do not become repetitive or routine.

### Filing a complaint

A complaint against a CEPH-accredited unit may be submitted to the CEPH executive director at any time via mail or email on the Complaint Form provided on the CEPH website. Complaints must meet all of the following minimum requirements:

1. submitted in writing
2. specifically indicates which accreditation criterion or policy is allegedly being violated
3. includes documentation that the complainant has already exhausted the accredited unit's administrative complaint or grievance processes
4. is signed
5. includes the complainant's contact information

CEPH also requires a release authorizing CEPH to forward a copy of the complaint, including identification of the complainant, to the accredited unit for a response.

In rare circumstances, where credible violations of CEPH standards or policies are alleged, CEPH may, in its sole discretion, investigate complaints that are not submitted on the CEPH Complaint Form or without a release.

### Jurisdiction

CEPH is not a mediator of disputes and, generally, will not interpose itself in a manner that limits the discretion of CEPH-accredited units in the normal operation of their personnel or academic policies and procedures, unless a violation of CEPH standards or policies is specifically alleged. Such matters include admission; grading; credit transfer decisions; fees or other financial matters; disciplinary matters; and contractual rights and obligations of students and personnel. CEPH will not seek any type of compensation, re-admission or other redress on behalf of an individual. CEPH will not respond to or take action on any complaint that is defamatory, hostile or profane. In addition, CEPH will not involve itself in collective bargaining disputes.

1977 **Exhausting administrative rights**

1978  
1979 CEPH expects a complainant first to attempt to resolve a grievance through the accredited unit's  
1980 own published policies and procedures through the level of the college or university before  
1981 submitting a complaint to CEPH. Therefore, the complainant must document that all  
1982 administrative processes and appeals have been exhausted in the complaint filing.

1983  
1984 **Time limitation**

1985  
1986 CEPH will not review or act upon a complaint if it is filed with CEPH more than one year after the  
1987 circumstances leading to the complaint occurred or more than one year of the final disposition of  
1988 the complaint by the accredited unit after the application of its own grievance policies and  
1989 procedures through the college or university level.

1990  
1991 **Complaint procedure**

1992  
1993 If the complaint meets all of the above requirements, is specific and includes documentation that  
1994 administrative processes have been exhausted, the following steps will be taken by CEPH:

- 1995  
1996 1. After receipt of the complaint, CEPH staff will send a letter or email to the complainant, within  
1997 15 days, acknowledging receipt of the complaint and explaining the process CEPH will follow  
1998 in investigating the complaint.  
1999  
2000 2. CEPH staff will conduct an initial review of the complaint to determine whether it sets forth  
2001 information or allegations that reasonably suggest that the accredited unit may not be in  
2002 compliance with CEPH accreditation standards. If additional information or clarification is  
2003 required, the executive director will send a request to the complainant. If the requested  
2004 information is not received within 15 days, the complaint may be considered abandoned and  
2005 may not be investigated by CEPH.  
2006  
2007 3. If the executive director determines after the initial review of the complaint that the information  
2008 or allegations do not reasonably demonstrate that an accredited unit is out of compliance with  
2009 CEPH standards, the complaint may be considered closed and will not be investigated by  
2010 CEPH.  
2011  
2012 4. If the executive director determines, after the initial review of the complaint, that the  
2013 information or allegations suggest that an accredited unit may not be in compliance with CEPH  
2014 standards, the executive director will notify the accredited unit that a complaint has been filed.  
2015 The notice will summarize the allegations, identify the CEPH standards that were allegedly  
2016 violated and provide a copy of the original complaint to the accredited unit. The accredited  
2017 unit will be given 30 days to provide a response. A shorter response time may be required  
2018 where, in the judgment of the executive director, a complaint alleges serious violations of  
2019 accreditation standards or policies that may pose a potential risk to students and/or the public.  
2020  
2021 5. The executive director will review the complaint and the accredited unit's response. If the  
2022 executive director concludes that the allegations do not establish that there has been a  
2023 violation of standards or procedures, the executive director will consider the complaint closed  
2024 with notice to the complainant and the accredited unit and no further action will be required.  
2025  
2026 6. If the executive director concludes that the allegations may establish a violation of CEPH  
2027 standards, the executive director will report this finding, along with recommendations, to the  
2028 CEPH Executive Committee at its next regularly scheduled meeting, or sooner where  
2029 circumstances require.  
2030

- 2031 7. The Executive Committee shall be the final decision-making body on the complaint and its  
2032 decision may include any of the following:  
2033
- 2034 a. Consider the complaint resolved and continue the accreditation status of the SPH, PHP  
2035 or SBP without change;  
2036
  - 2037 b. Continue the accreditation status of the SPH, PHP or SBP, but initiate an earlier review of  
2038 the accreditation unit;  
2039
  - 2040 c. Direct an on-site visit to be conducted at the accreditation unit by a full or partial team, to  
2041 investigate the allegations;  
2042
  - 2043 d. Recommend to the Council that it place the accredited unit on probation; or  
2044
  - 2045 e. Recommend to the Council that it revoke the SPH, PHP or SBP's CEPH accreditation,  
2046 subject to appeal in accordance with CEPH policies and procedures.  
2047
- 2048 8. In all instances, the executive director will send a letter to the complainant and the accredited  
2049 unit informing it of the final disposition of the complaint.  
2050

### 2051 **Appeal rights**

2052

2053 The accreditation unit may not appeal a decision on a complaint except where accreditation is  
2054 denied or revoked. The appeals procedures described elsewhere in the CEPH policies and  
2055 procedures shall apply.  
2056

2057 If a complainant is not satisfied with the resolution determined by the Executive Committee, CEPH  
2058 will provide the complainant with the name and address of the appropriate office within the United  
2059 States Department of Education and of any other applicable recognition bodies.  
2060

### 2061 **Recordkeeping**

2062

2063 CEPH maintains a record of all complaints. The maintenance and destruction of complaint records  
2064 shall comply with CEPH's Document Retention Policy.  
2065

2066 All complaints are summarized and presented to the Council at each meeting. The summary  
2067 provides a complaint history, categorizing complaints by nature and source and a report on any  
2068 unresolved complaints against an accredited unit being considered for (re)accreditation.  
2069

### 2070 **Expenses**

2071

2072 In the event that the Council directs an on-site visit to an accreditation unit to investigate complaint  
2073 allegations, the costs of the visit will be borne by the accreditation unit.  
2074

### 2075 **Complaints against CEPH**

2076

2077 Complaints about CEPH's performance related to its own procedures, policies or criteria or about  
2078 agency conduct inconsistent with good accreditation practices as defined in its adopted code of  
2079 good practice, may be forwarded to CEPH's offices. Complaints must be in writing, must be  
2080 specific and must be signed by the complainant. The executive director will seek to achieve an  
2081 equitable, fair and timely resolution of the complaint. As necessary, complaints may be referred  
2082 to the CEPH Executive Committee and if so referred, will be considered at the Executive

2083 Committee's next regular meeting. Executive Committee decisions relative to the complaint will  
2084 be communicated to the complainant in writing within 30 days of the meeting. CEPH maintains  
2085 complete and accurate records of complaints, if any, against itself and makes those records  
2086 available for inspection upon request at the CEPH office.  
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## Section 16: Payment of fees

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The Council publishes its schedule of fees for application, consultation, accreditation reviews, continuing support and other services on the CEPH website.

In addition to the listed fees, accreditation units must reimburse CEPH for travel and expenses for site visit teams, team coordinators and consultants. CEPH reimburses each individual and invoices the accreditation unit for the total costs according to the Travel Expense and Reimbursement Policy, which is available on CEPH's website.

The fee schedule is updated at least annually and is available on the CEPH website.

Applicant and accredited units must pay all fees as required. Failure to pay required fees by the defined deadline will result in action by CEPH, including the following:

- Removal of the unit's name from its list of accredited schools and programs or list of units in the applicant period
- Suspension of all review activities, including consideration of a future IAS submitted by the unit's home institution, if applicable

Fees, including IAS and applicant fees, are not refundable if the accreditation unit later decides to withdraw from the accreditation process.

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**Section 17: Maintenance of records**

CEPH must maintain complete and accurate records of the most recent accreditation review of each accreditation unit. Records include official accreditation reports, responses from accreditation units to reports, interim reports, official correspondence between CEPH and the accreditation unit and self-study documents. Except for final self-study documents and the official accreditation report, official records are confidential and are not distributed publicly by CEPH. CEPH also maintains complete and accurate records of all accreditation decisions, including adverse actions, in formally adopted minutes and in annual reports.