ACME | ACCREDITATION COMMISSION *for* MIDWIFERY EDUCATION

ACME Policies and Procedures Manual

For the Preaccreditation and Accreditation of Midwifery Education Programs

December 2011, (Revised May 2020/Additions 2022/2024)

The mailing address for the national office for the Accreditation Commission for Midwifery Education (ACME) is 2000 Duke Street, Alexandria, Virginia 22314.

Midwifery as in the title of this document and as defined by the American College of Nurse-Midwives (ACNM) refers to the education and practice of certified midwives (CMs) and certified nurse-midwives (CNMs) who have been certified by the (ACNM or the American Midwifery Certification Board (AMCB).

Please visit the ACME website at www.theacme.org for related documents/materials and for materials referenced in this *ACME Policies and Procedures Manual*.

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GLOSSARY OF TERMS AND ABBREVIATIONS

As used throughout this document, the following terms and abbreviations are defined as follows:

Accreditation Commission for Midwifery Education (ACME)	Formerly known as the Division of Accreditation (DOA) of the American College of Nurse-Midwives (ACNM), an administratively and financially autonomous commission of the American College of Nurse-Midwives that is responsible for all aspects of programmatic accreditation in midwifery education.
ACME Staff	ACME Executive Director and ACME Administrative Assistant.
Academic Institution	Based on the definition by the US Department of Education, "an institution of higher education that is a public or private… institution… legally authorized to provide educational programs beyond secondary education…. for which it awards a…degree… for credit…" and is "accredited or preaccredited" by an agency recognized by the US Department of Education. [34 CFR Part 600 § 600.4]
Academic Unit	College/School, Institute, Department (e.g. nursing, public health, college of health-related professions) within or affiliated with an academic institution.
Accrediting Agency	As defined by the US Department of Education, " A legal entity, or that part of a legal entity, that conducts accrediting activities through voluntary, non-federal peer review and makes decisions concerning the accreditation or pre-accreditation status of institutions, programs, or both." [34 CFR §602.3 Definitions]
Accreditation	As defined by the US Department of Education, "…the status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency's standards and requirements." [34 CFR §602.3 Definitions]
Administrative Unit	The person, group or area responsible for the midwifery program budget.
Adverse Accrediting Action or Adverse Action	As defined by the US Department of Education, "the denial, withdrawal, suspension, revocation, or termination of accreditation or preaccreditation, or any comparable accrediting action an agency may take against an institution or program." [34 CFR § 602.3 Definitions]

Affiliation	A written agreement between an organization, school, or midwifery program, and an institution to offer education cooperatively.
All Faculty	Faculty who teach midwifery students in any setting.
American College of Nurse-Midwives (ACNM)	Professional association that represents Certified Nurse-Midwives and Certified Midwives in the United States. ACNM provides research, administers and promotes continuing education programs, and creates liaisons with state and federal agencies and members of Congress.
American Midwifery Certification Board (AMCB**)**	Formerly known as ACNM Certification Council, Inc.; the national certifying body for certified nurse-midwives and certified midwives.
Board of Commissioners (BOC)	The ACME governing board members who plan, implement, and evaluate the accreditation process for programs offering midwifery education.
Board of Directors (BOD)	Board of Directors of the American College of Nurse-Midwives.
Board of Review (BOR)	Board of Review of the Accreditation Commission for Midwifery Education; the body that reviews education programs in relation to ACME criteria and determines program preaccreditation or accreditation status.
Certificate	A graduate level credential awarded for successful completion of an ACME pre/accredited education program that includes all aspects of the ACNM 'Core Competencies for Basic Midwifery Practice'. An ACME pre/accredited program may award a certificate or a post graduate certificate. A post-graduate certificate may be awarded for those who already possess a graduate degree recognized by the program. Note that in accordance with the ACNM Position Statement 'Mandatory Degree Requirements for Entry into Midwifery Practice', "completion of a graduate degree shall be required for entry into clinical practice."
Certified Midwife (CM)	Individual who has met the requirements and passed the certification exam administered by the American Midwifery Certification Board.
Certified Nurse-Midwife (CNM)	Individual who is a registered nurse and has met the requirements and passed the certification exam administered by the American Midwifery Certification Board (AMCB) (formerly administered by the American College of Nurse-Midwives).

Companion Program	A program leading to a different credential than the one currently offered within an academic unit that is designed to augment the midwifery education options for students and mesh with the existing ACME accredited program. Some of the elements may be similar for the existing and companion programs, such as institutional administration, academic facilities, and the like. Students may share a number of the same classes. However, the companion program leading to its separate credential will have its own objectives, completion requirements and its own curricular path. Faculty, clinical sites, library resources, evaluation and other aspects of the companion program may be added or changed as needed from the existing ACME accredited program.
Core Faculty	Faculty, including midwives and others, as defined by the program, which are directly responsible for curriculum design, implementation, and evaluation of the midwifery program.
Correspondence Education	As defined by the US Department of Education, "Correspondence education means: (1) Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. (2) Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student. (3) Correspondence courses are typically self-paced. (4) Correspondence education is not distance education." [34 CFR §602.3 Definitions]
Distance Education	As defined by the Higher Education Opportunity Act (HEOA) of 2008, "Distance education means education that uses one or more of the technologies listed in paragraphs (1) through (4) to deliver instruction to students who are separated

Distance Education (con't.)	from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies include: (1) The internet (2) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communication devices (3) Audio conferencing; or (4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3)." [34 CFR §602.3 Definitions]
Division of Accreditation (DOA)	Previous name of the Accreditation Commission for Midwifery Education (ACME).
Institution	An academic degree-granting organization that 1) offers a midwifery education program, 2) holds legal authority from the appropriate government agency to operate a higher education institution, and 3) is accredited by an institutional accrediting agency recognized by the US Department of Education or meets the ACME policy for international accreditation.
Institutional Accrediting Agency	As defined by the US Department of Education, "an agency that accredits institutions of higher education." [34 CFR §602.3 Definitions]
Midwife/Midwifery	Throughout this document, the term "midwife" or "midwifery" pertains to certified nurse midwifery or certified midwifery.
Midwifery Core Curriculum	Those courses that contain content that fulfill the ACNM Core Competencies for Basic Midwifery Practice.
Midwifery Education Program or Midwifery Program	The administrative/academic unit that offers the education content and oversees completion of the midwifery core curriculum in conjunction with the other requirements set by the institution and/or required by ACME for earning a certificate or a degree.

Midwifery Program Director	CNM or CM with faculty status, clearly identified by title and position to direct the midwifery education program.
Midwifery Program Faculty	All certified midwives and faculty of other disciplines who teach and evaluate midwifery students. This includes faculty members with primarily or exclusively clinical teaching responsibilities.
National Office	The mailing address is 2000 Duke Street, Suite 300, Alexandria, Virginia 22314 Telephone: (703) 835-4565 Website: www.theacme.org
Preaccreditation	As defined by the US Department of Education, "the status of public recognition that an accrediting agency grants to an educational institution or program for a limited period of time that signifies the agency has determined that the institution or program is progressing towards accreditation and is likely to attain accreditation before the expiration of that limited period of time." [34 CFR §602.3 Definitions]
Preaccreditation Report (PAR)	Report submitted for programmatic preaccreditation by institutions wishing to start an education program that addresses the *Criteria for Programmatic Preaccreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation.*
Probation	Status applied by the BOR to a program that fails to meet expectations when officially warned or that fails to follow ACME criteria.
Program	As defined by the US Department of Education, "a postsecondary educational program offered by an institution of higher education that leads to an academic or professional degree, certificate, or other recognized educational credential." [34 CFR §602.3 Definitions]
Programmatic Accrediting Agency	As defined by the US Department of Education, "...an agency that accredits specific educational programs that prepare students for entry into a profession, occupation, or vocation."

	[34 CFR §602.3 Definitions]
Public Member	"A person who is not 1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by ACME or has applied for accreditation or preaccreditation; 2) A member of any trade association or membership organization related to, affiliated with ,or associated with ACME, or 3) A spouse, parent, child, or sibling of an individual identified in paragraph 1) or 2) of this definition." [34 CFR §602.3 Definitions]
Self-Evaluation Report (SER)	Report prepared by faculty of the education program seeking initial or continuing accreditation that addresses the *Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation.*

Site Visitor Panel	Group of volunteer midwives with expertise in education and/or clinical practice who are trained to conduct site visits to amplify, clarify, and verify information submitted in an applicant's PAR or SER.
Site Visitors Report (SVR)	Report of the site visit prepared by the site visit team.
Teach-out Agreement	As defined by the US Department of Education, "a written agreement between institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that provides one hundred percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study." [34 CFR §602.3 Definitions]
U.S. Department of Education (USDE)	The federal government department that grants ACME the following scope of recognition: "the accreditation and pre-accreditation of basic certificate, basic graduate nurse-midwifery, direct entry midwifery, and pre-certification nurse-midwifery education programs, including those programs that offer distance education."
Warning	Action taken by the BOR to inform a program that its pre/accreditation status is in jeopardy because the program has not complied with ACME criteria, policies or procedures.
Withdrawal of Pre/Accreditation	Action taken by the BOR to notify a program that has not resolved the issues for which it was put on probation that ACME no longer grants pre/accreditation status to the program.

I. THE ACCREDITATION COMMISSION FOR MIDWIFERY EDUCATION (ACME)

A. Mission & Introduction

The mission of the Accreditation Commission for Midwifery Education (ACME) is to advance excellence and quality in midwifery education.

The Accreditation Commission for Midwifery Education (ACME), formerly the Division of Accreditation (DOA), is an administratively and financially autonomous commission of the American College of Nurse-Midwives (ACNM), recognized by the U.S. Department of Education (USDE) and responsible for all aspects of programmatic accreditation of midwifery education. The accreditation process is a voluntary quality assurance activity conducted by both the education institution and ACME that combines self-assessment and peer evaluation. ACME services are available to any education program that meets the eligibility requirements outlined in this manual.

B. Recognition as an Accrediting Agency

The USDE grants the following scope of recognition to ACME: "the accreditation and pre-accreditation of basic certificate, basic graduate nurse-midwifery, direct entry midwifery, and pre-certification nurse-midwifery education programs, including those programs that offer distance education."

ACME informs the Secretary of the USDE of any proposed change in the agency's policies, procedures, or accreditation standards that might alter its scope of recognition or compliance with the criteria for recognition and provides the USDE with the submission of information required by the Secretary. ACME recognition can be verified with the US Department of Education on their website and at the Office of Postsecondary Education, 1990 K Street, NW, Washington, DC 20006, (202) 502-7750. Currently, ACME has recognition to accredit programs that culminate in various awards, such as in a certificate, master's degree, doctoral degree or post-graduate certificate. ACME also accredits pre-certification programs for midwives. There may be multiple paths of entry into these programs. Such programs include, but are not limited to, the following examples:

- Associate degree or baccalaureate degree to master's degree program in nurse-midwifery or midwifery
- Post-baccalaureate certificate
- A midwifery education program that leads to a master's degree in midwifery, nursing, public health or an allied health field
- Post-graduate certificate
- A midwifery education program that leads to a doctoral degree

C. Introduction to *ACME Policies and Procedures Manual*

This *ACME Policies and Procedures Manual* is the definitive document on the accreditation activities and processes of ACME. The ACME shall carry out its work in accord with the *ACME Policies and Procedures Manual* as approved by the Board of Commissioners (BOC) of this Commission. This *ACME Policies and Procedures Manual* incorporates and supersedes the *ACME Standing Rules of Procedure* (Revised May 2004; December 2007, January 2008, June 2008, July 2009, June 2013, February 2014, April 2015).

As its title implies, the manual establishes the procedures to be followed by both midwifery education programs and institutions for the attainment of preaccredited or accredited status. It includes the eligibility requirements, the rights and responsibilities of both ACME and the education program, and the appeal and grievance processes. Additionally, the manual guides the preparation of the self-study and the conduct of the site visit. The ACME BOC reviews and updates the manual every five years. The companion documents to this manual are the most recent editions of the following documents, available on the relevant ACME web pages housed on the ACNM website.

Documents Published by ACME:

- *Criteria for Programmatic Preaccreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation (Criteria for Preaccreditation)*
- *Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation (Criteria for Accreditation)*
- *The Knowledge, Skills, and Behaviors Prerequisite to Midwifery Clinical Coursework*

Documents Published by ACNM:

- *Philosophy of the American College of Nurse-Midwives*
- *ACNM* Standards for the Practice of Midwifery
- *ACNM Core Competencies for Basic Midwifery Practice*
- *ACNM Position Statement on Midwifery Education*
- *ACNM Code of Ethics*
- *ACNM The Practice Doctorate in Midwifery*
- *ACNM Competencies for Master's level Midwifery Education*
-

ACME establishes standards and processes for assessing the quality of education programs through the publication of the criteria for preaccreditation and accreditation documents. In general, the process includes a self-assessment, a site visit, review by the Board of Review and determination on granting preaccreditation or accreditation. To be preaccredited or accredited, a program is expected to meet and maintain compliance with all of the criteria in the relevant documents.

D. ACME Values Statements & General Formation

- ACME prohibits discrimination against and harassment of any employee or volunteer because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status (special disabled veterans, disabled veterans and Vietnam-era veterans), or any other characteristic protected under applicable federal or state law
- Quality assurance in the education of midwifery students as a means of guiding the graduates of those midwifery education programs in providing competent, safe midwifery care
- Accreditation of the programs that provide midwifery education as an effective process for assuring the public that standards of excellence in midwifery education are implemented, maintained and advanced
- Peer partnership in the accreditation process that includes setting rigorous criteria to be met by midwifery education providers, conducting periodic review and evaluation visits, identifying appropriate student outcomes, creating tools for conducting ongoing strategic planning and assessment for improvement and innovation, and serving the stakeholders ethically, efficiently and effectively
- Its role as the leader in the accreditation of midwifery education programs, which is best achieved by communication and cooperation with the American College of Nurse-Midwives, with other health care accrediting organizations of similar type, and with the educational institutions that offer midwifery education; and
- Accreditation of midwifery education as a means of promoting the profession of midwifery within the United States and abroad, advancing the field of midwifery education, and demonstrating the value of learning and the search for new knowledge in both the education and practice of midwifery

General Formation

- **Establishment and Purpose**

  The Accreditation Commission for Midwifery Education (ACME or Accreditation Commission) is established to plan, implement and evaluate the accreditation process for programs offering midwifery education. ACME is a not-for-profit organization.

- **Revenue and Budget**

  All revenue and income related to accreditation fees and other funds dedicated for ACME use shall be used exclusively for accreditation activities as determined by ACME, and such funds shall be used to pay the expenses of ACME and its programs of accreditation. Consistent with applicable federal laws and regulations, ACME shall have sufficient budgetary and administrative authority to carry out its accrediting functions.

- **Composition**

  The Accreditation Commission shall be composed of: at least six, and no more than nine voting Commissioners, who shall be qualified Active Members in good standing (Active Member Commissioners); and, at least one voting Commissioner who shall not derive any income from the practice of midwifery (Public Commissioner). Consistent with its policies and procedures, the ACME may establish and administer subsidiary bodies responsible for conducting appropriate ACME activities.

- **Officers**

  The Accreditation Commission shall include a Chair and one Vice Chair who shall be responsible for implementing ACME policies. The Chair shall serve as the primary Accreditation Commission Officer. The Chair and Vice Chair shall be selected every three years by the Accreditation Commission from among the voting Active Member Commissioners.

- **Election of Commissioners**

  When a Commissioner position becomes available, the Commissioners shall solicit qualified candidates with the appropriate expertise, and shall elect Commissioners considering appropriate factors, including geographic, racial, ethnic, gender, and professional diversity. Each Commissioner shall serve a three-year term. No Commissioner shall serve more than three consecutive terms or a maximum of nine consecutive years."

Additional relevant ACME and ACNM documents are identified in this manual and in the attached appendices.

E. Organization

ACME consists of four units: Board of Commissioners (BOC), Board of Review (BOR), Site Visitor Panel, and Advisory Committee.

1. General Composition

   a. Board of Commissioners
   b. Board of Review
   c. Site Visitor Panel
   d. Advisory Committee
   e. Other units as deemed necessary

2. Board Membership

   a. All ACME board members are appointed. ACME prohibits discrimination against and harassment of any employee or volunteer because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status (special disabled veterans, disabled veterans and Vietnam-era veterans), or any other characteristic protected under applicable federal or state law.

      When a commissioner position becomes available, the commissioners shall follow the by-laws in soliciting qualified candidates with expertise complementary to that of the current commissioners to meet the purpose of the commission. The expertise may be in such areas as site visiting, institutional accreditation, international midwifery, higher education, public policy, distance education or doctoral education. Every effort will be made to maintain geographical, professional preparation and practice experience, racial, ethnic and gender diversity.

When a commissioner position becomes available, the commissioners shall solicit qualified candidates with the appropriate expertise, and shall elect commissioners considering appropriate factors, including geographic, racial, ethnic, gender, and professional diversity. Each commissioner shall serve a three year term. No commissioner shall serve more than three consecutive terms or a maximum of nine consecutive years.

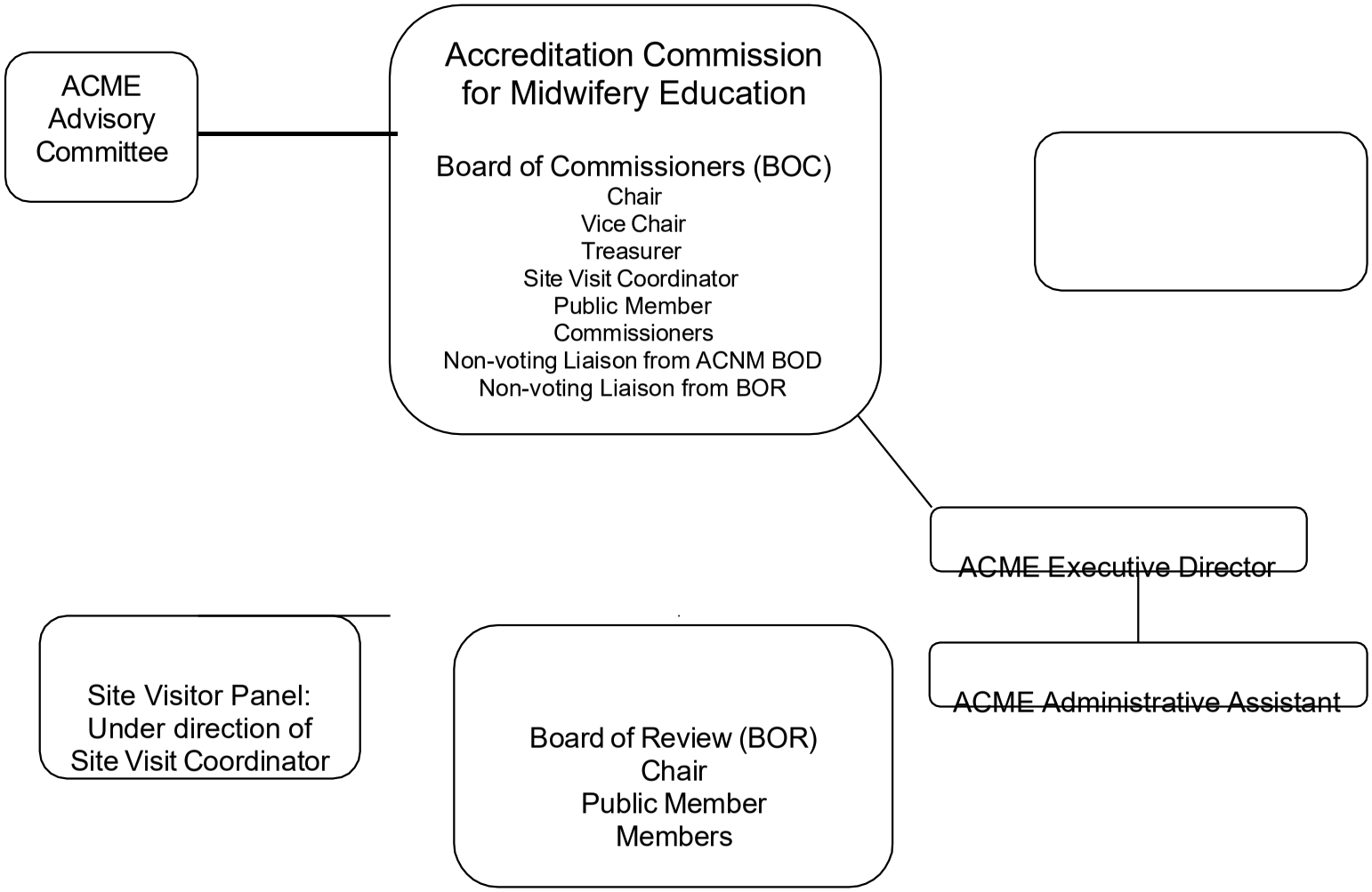
b. Approximately two-thirds of ACME membership are active members of the American College of Nurse-Midwives (ACNM).

c. All applicants to ACME must have at least one reference from a Certified Nurse Midwife (CNM)/Certified Midwife (CM).

d. Candidates who are equally qualified will be selected with the aim of ensuring a balance in geographic representation, representation from all types of programs, representation from public and private institutions, and representation of educators and practitioners.

The following chart shows the organizational structure of ACME. The selection, qualifications, responsibilities, tenure, and limitations for members in each unit are detailed in the designated sections of this manual. The names, academic and professional qualifications, and relevant employment and organizational affiliations of the current members of these units are available from ACME Administrative Assistant upon request..

Accreditation Commission for Midwifery Education Organizational Chart



As revised June 2013

F. Goals

The general goals of ACME are to:

- Assist midwifery education programs and institutions in assessing the achievement of their stated purposes and outcomes/objectives in keeping with ACME pre/accreditation criteria

- Foster the continuous development and improvement in the quality of midwifery education programs and institutions

- Assure the institution, the education program, the administration and faculty, the students and the public that the highest possible standards of education and professional competence are maintained

- Bring together midwives in practice and in education in an activity directed toward improving educational preparation for midwifery practice

- Promote an understanding and ongoing evaluation of the accreditation process among institution administrators, faculty, students, general membership of the ACNM and the public

- Provide an external peer review process for programs and institutions that offer midwifery education

- Through periodic review of the criteria with its stakeholders, ACME invites debate and discussion of accreditation issues

G. Responsibilities

The general responsibilities of ACME are to:

- Develop, approve, implement, and evaluate criteria, policies and procedures, and other related documents, for accreditation of midwifery education programs and institutions that offer midwifery education

- Maintain the Board of Commissioners as the policy-making body of ACME

- Implement the accreditation process as defined in the *Policies and Procedures Manual* and documents pertaining to the criteria for pre/accreditation of education programs

- Appoint members and coordinate the activities of the Board of Commissioners, the Site Visitor Panel, the Board of Review, the Advisory Committee, and other units as deemed necessary, such as, the Ad Hoc Appeal Panel, the Investigative Committee, the Hearing Committee, and the Ad Hoc Grievance Committee

- Disseminate information regarding the accreditation processes and accredited programs

- Review and evaluate the pre/accreditation processes as necessary

- Provide at least a 90-day notice of changes substantially affecting the pre/accreditation processes to organizations that may be affected by such changes; further, to accept formal public comments on such changes in the pre/accreditation processes

- Maintain USDE recognition of ACME as an accrediting agency

- Establish, monitor, and evaluate fiscal policies and procedures for ACME to ensure its ongoing viability and effectiveness

- Assure the pre/accreditation processes are conducted fairly and equitably, without conflict of interest or undue outside influence

- Interact with other organizations that share related interests in formal meetings and informal settings as required to represent ACME accreditation process

H. Process of Reviewing Accreditation Documents

The BOC conducts a comprehensive, formal review of ACME's accreditation documents every five years. When, during that review process, ACME determines that changes are needed in the standards, ACME initiates action within 12 months of that determination and will complete the changes in a reasonable amount of time. Revisions are also made as necessary in between formal review periods. When, at a point between the formal review processes, ACME determines that changes are needed in the standards, ACME initiates action within 12 months of that determination and will complete the changes in a reasonable amount of time.

These documents are listed and linked in Section I.C.

The process of review of ACME documents involves the following steps:

1. Solicitation of Comments

   Using a variety of communication methods, including ACNM communications (the quarterly Quickening and the weekly Quick eNews), the ACME web pages www.midwife.org/acme, and email distribution, the BOC initiates the review process by contacting multiple groups to ask for their comments and recommendations concerning the upcoming review. The groups usually contacted are: the ACME Advisory Committee; midwifery education program directors and faculty; administrators of ACME accredited institutions and/or programs; director of a representative sample of midwifery services; Chairs of ACME Committees and Divisions and Commissions; and professional groups affected by midwifery education and practice. The BOC will also solicit input from students via email solicitations sent to programs and through communication with the Chair of the ACNM's Student Committee. ACME staff continuously compiles names of individuals and organizations that have made their interest in ACME's standards known to ACME. These individuals and organizations are included among those notified of the changes ACME proposes to make and invited to comment on them. All comments received will be considered during the revision processes. The period for comment regarding criteria revision shall be set by the ACME BOC but shall be no less than six weeks. These comments and recommendations are collected and collated for review by the BOC.

2. Preparation of Draft

   Upon reviewing all the comments received, the BOC begins a full discussion of each comment made and makes modifications, additions or deletions as deemed necessary or appropriate. From this discussion an initial draft is developed. If there are still unresolved issues, these are noted at the appropriate points in the draft. The BOC acts to resolve the issues, which may include consultation with outside experts or groups. The BOC also reviews relevant US law and USDE policies to assure the criteria meets federal requirements.

3. Review of Draft

   The initial draft is then circulated to the groups as mentioned in 1 above. The comments received from this second review are submitted to the BOC.

4. Issuance of Final Document

   After reviewing the comments to the draft document, the BOC makes final modifications and adopts the final document. This document is then made available on the ACME web pages housed on the ACNM web site or by request from the ACME national office.

5. Professional Standards Documents

Seven external, professional documents are coordinated with the ACME criteria documents to ensure the didactic and clinical components of ACME accredited education programs function in concert with the professional expectations set by the ACNM. These documents are:

- ACNM *Standards for the Practice of Midwifery*, developed by the ACNM Division of Standards and Practice
- ACNM *Core Competencies for Basic Midwifery Practice*, developed by the ACNM Division of Education
- ACNM *The Practice Doctorate in Midwifery,* developed by the ACNM Division of Education Task Force
- Philosophy of the American College of Nurse-Midwives
- ACNM Code of Ethics
- ACME document *The Knowledge, Skills, and Behaviors Prerequisite to Midwifery Clinical Coursework*
- ACNM *Competencies for Master's Level Midwifery Education*

(These documents (listed and linked in Section I.C.) are reviewed periodically by the ACNM membership to ensure that current practices of the profession are reflected.)

While the ACME BOC reviews the aggregate pass/fail exam results by program as reported by the AMCB annually to assure students are being well-educated, the BOC also uses the pass/fail rates as a way to gauge the effectiveness of the criteria in guiding programs to prepare students to pass the AMCB licensing requirements.

I. Historical Context

Since its establishment in the early decades of the twentieth century, midwifery in this country has concerned itself with the issues of recruitment and education. For years midwifery was considered part of nursing, with education programs preparing nurse-midwives. With the advent of American nurse-midwifery programs during the 1930s and 1940s, efforts were begun to compile data on nurse-midwifery education programs and their graduates. These first efforts were organized through the Nurse-Midwifery Section of the National Organization for Public Health Nursing. This group formulated a professional philosophy statement, began discussion on educational curriculum content, and developed a roster of nurse-midwives working in the US. In 1952, the National Organization for Public Health Nursing was dissolved and its activities taken up by the newly created National League for Nursing and by the American Nurses Association. However, neither organization could provide an identifiable entity for the nurse-midwives within their structures.

Therefore, a separate professional organization, the American College of Nurse-Midwifery was incorporated in 1955. One of its objectives was to evaluate and approve nurse-midwifery services and education programs. At the 1957 annual meeting of the ACNM, a special Committee on Curriculum and Approval was formed. At its inception, the committee began to receive requests from established and developing nurse-midwifery education programs regarding evaluation procedures for nurse-midwifery education.

In response to requests for developing such procedures, the committee first conducted a comprehensive survey exploring the roles of nurse-midwives in delivery of care in the United States and identifying whether or not existing nurse-midwifery programs were fulfilling the needs and goals of the profession and these professionals. From the results of this survey, the committee developed the first drafts of the Criteria for Accreditation of Basic Certificate, Basic Graduate and Pre-Certification Nurse-Midwifery Education Programs. Subsequently a policies and procedures manual were developed and finalized in 1965. This entire process spanned eight years and involved members of the committee as well as representatives of the American College of Obstetricians and Gynecologists, the American Nurses Association, and the National League for Nursing and other individuals.

In 1969, the American College of Nurse-Midwifery joined with the Kentucky based American Association of Nurse-Midwives and became the American College of Nurse-Midwives. Five years later the ACNM Committee on Curriculum and Approval was reorganized as the ACNM Division of Approval, formed as a separate unit of the ACNM. In 1979 the name was changed to the Division of Accreditation (DOA) to more accurately reflect its responsibilities and its autonomy in the area.

In 1980, DOA first applied to the USDE for recognition as a national accrediting body and was formally listed in 1982 by the US Secretary of Education as a nationally recognized accrediting agency for nurse-midwifery education programs. Continuous recognition has been sought and obtained since that time.

The profession began to address the education of midwives separate from nursing education programs. In 1989, the ACNM Board of Directors (BOD) stated that "The ACNM will actively explore, through DOA, the testing of non-nurse professional midwifery educational routes." In 1990, DOA determined that in order to address the charge from the BOD, it was necessary to first identify those competencies essential to the practice of midwifery that were obtained in nursing education.

In 1994, DOA completed the task it begun in 1990 of identifying these competencies and concluded that they are prerequisite to midwifery practice and would need to be included in any non-nurse midwifery education program. The list of competencies to be obtained was in addition to those identified in the ACNM *Core Competencies for Basic Nurse-Midwifery Practice*. The list of competencies and the specified prerequisite courses were compiled into a DOA document titled *The Knowledge, Skills, and Behaviors Prerequisite to Midwifery*

Clinical Coursework. The ACNM BOD charged DOA in July 1994 to develop criteria and implement an accreditation process for the accreditation of non-nurse basic midwifery educational programs using, at a minimum, the same criteria as for nurse-midwifery education programs. In 1996, the first educational program for non-nurse midwives was preaccredited. The first students graduated from this program in 1997, and in 1999 the program was granted accreditation. In May 2001, DOA was granted continued recognition as a nationally recognized accrediting agency for a period of five years and also granted an expansion of scope to include the pre/accreditation of direct-entry basic midwifery programs for the non-nurse.

Meanwhile, as the popularity of distance education began to evolve, the DOA addressed issues directly related to that teaching method. In the 1980's and early 1990's nurse-midwifery programs began to adopt an increasing amount of distance education. The DOA responded to this evolution by requiring that programs using distance education methodologies must maintain the same high accreditation standards as totally campus based midwifery programs, a position they continue today. In 2002, the DOA Governing Board adopted the Alliance for Nursing Accreditation Statement on Distance Education Policies, which lists policies for programs and institutions to follow. See Appendix A.

In June 2001, the Board of Governors of DOA began to study the issue of becoming an institutional as well as a programmatic accrediting agency. Various individuals and groups were consulted about the process and costs of adding this accrediting authority, including the DOA Advisory Committee and the USDE. At the annual meeting of the ACNM in 2003, members voiced support for DOA to seek expanded recognition from the USDE as an institutional as well as a programmatic accrediting agency. One institution was recognized by ACME, but later in the decade it notified ACME that, because they had accreditation from a regional body, they would not seek continuation of ACME institutional accreditation. In 2011, it was determined that since no other institution was forthcoming, ACME would not request continuing Department of Education recognition of scope for the accrediting body, although it may seek such in the future should institutions with interest emerge.

In 2003, the ACNM membership present at that meeting approved a motion that allowed DOA to accept gifts through the A.C.N.M. Foundation, Inc. an action that enabled the DOA to have an expanded and more flexible budget for support of future activities.

In 2008, the DOA changed its name to the Accreditation Commission for Midwifery Education (ACME). Current ACME operations and documents stem from this historical context.

II. ACCREDITATION OVERVIEW

The overall accreditation process, as defined and used by ACME, is a periodic review by which a midwifery education program that offers midwifery education is recognized as possessing the organizational characteristics, the professional orientation, and the resources necessary to provide an educational experience of high quality for its students to become competent, safe midwives. Within this framework, the program conducts a self-evaluation study that analyzes its activities in relation to its stated philosophy, purpose, and outcomes/objectives and in relation to the standards and criteria established by ACME; hosts a site visit from ACME; and is reviewed by the ACME BOR for determination on granting pre/accreditation status. The education program uses the results of this process to maintain or improve program performance.

ACME implements its pre/accreditation of programs based on the USDE definition: “Program means a postsecondary educational program offered by an institution of higher education that leads to an academic or professional degree, certificate, or other recognized educational credential.” ACME may accredit multiple programs at an institution, each leading to its own degree or certificate credential.

ACME distinguishes between pre/accreditation review of an initial or primary midwifery education program, a companion program, and a separate, additional new program. Additional information distinguishing these three may be found in Section VII ‘Monitoring Changes In and/or Actions of the Program related to Pre/Accreditation Status’ of this manual.

1. Review of an initial or primary *midwifery education program* proceeds on the standard process of submitting an application PAR for preaccreditation and subsequent application SER for ongoing accreditation, hosting a site visit for each review and undergoing review by the BOR on a periodic basis. A fee for ACME review of the program will be assessed according to the current fee structure.

2. An institution may wish to augment student options for midwifery education by offering another program, referred to as a *companion program*. A companion program is one that leads to a different credential than the one/s currently offered within an academic unit that is designed to augment the midwifery education options for students and mesh with the existing ACME accredited program. Some of the elements may be similar for the existing and companion programs, such as institutional administration, academic facilities, and the like. Students may share a number of the same classes. However, the companion program, leading to its separate credential, will have its own objectives, completion requirements and its own curricular path. Faculty, clinical sites, library resources, evaluation and other aspects of the companion program may be added or changed as needed from the

existing ACME accredited program. Adding a companion program would require the program to conduct a comprehensive review of the programmatic criteria regarding the companion program and submit that as a report to ACME. Action by the BOR will be taken as indicated by the information submitted. Once added, the companion program would be included in the ongoing periodic review of programs by the BOR. A fee for ACME review of the proposed companion program will be assessed according to the current fee structure.

3. A *separate, additional new program* would be distinct from any existing ACME pre/accredited program at the institution. It would not only lead to a separate credential, but virtually all aspects of the program would be different, including different institutional administration, admission and completion requirements, faculty, library resources, program objectives, student outcomes, etc. A new, separate program will require a formal application for preaccreditation and subsequent ongoing accreditation by ACME, a site visit and review by the BOR. Once added, the separate, additional program would be reviewed for accreditation by the BOR on a periodic basis. A fee for ACME review of the separate, additional new program will be assessed according to the current fee structure.

A. Accreditation Designations

1. Preaccreditation Status

This is the designation granted by the BOR for an education program that intends to initiate a midwifery curriculum or an institution that has met the *Criteria for Programmatic Preaccreditation* established by ACME, to assure the development of a high-quality education program. Programs are evaluated for preaccreditation status before the admission of students.

2. Accreditation Status

This is the designation granted by the BOR for a midwifery education program that offers midwifery education that is recognized as carrying out the philosophy, purposes and outcomes/objectives set forth by its faculty and having met the standards established by the profession for the preparation of competent midwives outlined in the *Criteria for Programmatic Accreditation* as relevant. This includes initial accreditation reviews and continuing accreditation reviews.

B. Procedural Steps

Programmatic accreditation includes three major steps: preaccreditation, initial accreditation and continuing accreditation. Each step has its own requirements for eligibility, implementation and maintenance.

This section of the *ACME Policies and Procedures Manual* describes the steps in general terms. Section VI of the manual provides in depth information and guidance on how to proceed with each required step. Appendix F provides directions on the preparation of reports.

1. Preaccreditation

The process of preaccreditation is ACME's initial review and consideration of the proposed midwifery education program. The program should plan to meet all of the criteria in the *ACME Criteria for Programmatic Preaccreditation*. In summary, the process includes notifying ACME that the program is interested in seeking preaccreditation status; preparing a PAR; hosting a site visit; if requested, providing additional information for the BOR; being granted preaccreditation by the BOR; and maintaining compliance with the ACME preaccreditation criteria.

Programs may not give the impression that ACME has conducted a favorable review of the program or advertise that a program is preaccredited until the BOR has granted preaccreditation. Once the BOR has granted the program preaccreditation status, the program may advertise the program, admit students and implement the program under the oversight of ACME.

A program may have preaccredited status for no more than five years. Students who graduate from a program that was preaccredited at the time of their admission are eligible to take the national certification examination administered by the AMCB to become a certified midwife or certified nurse-midwife.

2. Initial Accreditation

The process of initial accreditation is ACME's first review and consideration of the midwifery education program as it is being implemented. The program should plan to meet all of the criteria in the ACME *Criteria for Programmatic Accreditation*. In summary, the process includes notifying ACME that the program is about to graduate its first class and is interested in seeking accreditation status; preparing a SER; hosting a site visit; if requested, providing additional information for the BOR; being granted accreditation by the BOR; and maintaining compliance with the ACME accreditation criteria. Education programs that have been preaccredited by ACME are revisited and evaluated for accreditation within six months after graduation of the first class. The time frame for continuation of accreditation of education programs is at an interval specific to the individual program. The maximum interval between evaluations for accreditation is ten years after a successful initial five year accreditation period.

Programs may not give the impression that ACME has conducted a favorable review of the program or advertise that a program is accredited until the BOR has granted

accreditation. Once the BOR has granted the program accreditation status, the program is expected to maintain compliance with all accreditation criteria and will operate under the oversight of ACME.

A program may have initial accreditation status for no more than five years. While some of the policies and procedures differ between initial accreditation and continuing accreditation, the accredited status holds the same rights and responsibilities. Students who graduate from a program that was granted initial accreditation are eligible to take the national certification examination administered by the AMCB to become a certified midwife or certified nurse-midwife.

3. Continuing Accreditation

Continuing the process of accreditation is ACME's ongoing, periodic review of the midwifery education program as it is being implemented. The program should plan to continue to meet all of the criteria in the *ACME Criteria for Programmatic Accreditation*. In summary, the process includes arranging with ACME to continue its accreditation status by undergoing periodic ACME evaluation on the schedule set by the BOR; preparing a SER; hosting a site visit; if requested, providing additional information for the BOR; being granted accreditation by the BOR; and maintaining compliance with the ACME accreditation criteria.

Programs may not give the impression that ACME has conducted a favorable review of the program or advertise that a program is accredited until the BOR has granted accreditation. The program is expected to maintain compliance with all accreditation criteria and will operate under the oversight of ACME.

While some of the policies and procedures differ between initial accreditation and continuing accreditation, the accredited status holds the same rights and responsibilities at either stage. Students who graduate from a program that was granted accreditation are eligible to take the national certification examination administered by the AMCB to become a certified midwife or certified nurse-midwife.

C. Academic Eligibility for Participation in the Pre/Accreditation Processes

Currently, ACME is recognized to accredit programs that culminate in various awards, such as in a certificate, master's degree, doctoral degree or post-graduate certificate. ACME also accredits pre-certification programs. There may be multiple paths of entry into these programs. Such programs include, but are not limited to, the following examples:

- Associate degree or baccalaureate degree to master's degree program in midwifery
- Post baccalaureate certificate
- A midwifery education program that leads to a master's degree in midwifery, nursing, public health or an allied health field

- Post graduate certificate
- A midwifery education program that leads to a doctoral degree
  Note that programs planned to culminate in a practice doctorate are expected to conform to the competencies in the ACNM document *The Practice Doctorate in Midwifery*

ACME wishes to underscore its commitment to midwifery education being offered within or affiliated with institutions of higher education. This commitment is consistent with the history of accreditation in midwifery and with the philosophy of affording individuals upward mobility through the attainment of academic degrees.

1. Programmatic Eligibility

An education program is eligible for ACME pre/accreditation if:

a. The education program is designed to prepare individuals at the graduate level, who would then be eligible to take the national examination of the AMCB

b. The education program has the essential elements for program implementation as defined in the *ACME Criteria for Programmatic Preaccreditation* and *ACME Criteria for Programmatic Accreditation* for initial and continuing accreditation

c. The program exists within or is affiliated with a degree-granting institution accredited by a USDE recognized accrediting agency or meets the ACME *Policy on International Accreditation for Degree-Granting Institutions Based Abroad.* See Appendix B for the full policy

2. Denial or Nonrenewal of Pre/accreditation by States or Accrediting Agencies

ACME does not grant preaccreditation, initial accreditation, or continued accreditation to a midwifery education program(s) during any period in which the institution in which the midwifery program resides is the subject of the actions in (a.) - (d.) below:

a. The institution is the subject of a pending or final action brought by a state agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the state

b. The institution is the subject of a decision by a USDE recognized institutional or programmatic accrediting agency to deny accreditation or preaccreditation

c. The institution is the subject of a pending or final action brought by a USDE recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation

d. The institution has been placed on probation or an equivalent status by a USDE recognized institutional or programmatic accrediting agency

ACME does not grant or renew the pre/accreditation status of an education program during any period in which the institution offering the program:

a. Is the subject of an interim action by a USDE recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of pre/accreditation status

b. Is the subject of an interim action by a state or national agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide post-secondary education

c. Has been notified of a threatened loss of accreditation, and the due process procedures required by the action have not been completed; or

d. Has been notified of a threatened suspension, revocation, or termination by the state or other agency granting the institution's legal authority to provide post-secondary education, and the due process procedures required by the action have not been completed

3. Eligibility of Distance Education Format for Programs

When distance education of any type is used as the primary mode of educational delivery for a program, access to programmatic and institutional resources and opportunities must be equitable for students regardless of learning location; communication between/among faculty and students must occur on a regular basis; credit awarded for coursework must conform to generally accepted practices and/or the legal authorizing agency's requirements; and procedures must be implemented to assure student identity and the integrity of student work.

D. Expenses Related to Participation in Pre/Accreditation

ACME implements its pre/accreditation processes by volunteers who are professionals in various fields, such as midwives, health care providers, educators and clinicians. The participants on the BOC, the Advisory Committee (AC), the BOR, and the Site Visitor Panel (SVP) contribute their time to the oversight of the various aspects of these processes. However, in order for ACME to carry out its quality assurance review and monitoring, funds are needed to cover basic functional costs, such the salaries of the ACME Executive Director and part-time Administrative Assistant, phone, mail, and reimbursement of volunteers' expenses. Current ACME fees may be found on the ACME website, www.midwife.org/acme, and in this manual see Appendix I, Fee Schedule. All fees and expenses are to be paid promptly when due. Nonpayment of invoiced fees will result in a late fee. The late fee will be charged if an invoice is not paid within 45 days of receipt. Failure to pay any fee within 60 days will result in a warning to pre/accreditation status.

1. Pre/accreditation Fees

   ACME sets and assesses preaccreditation fees for education programs seeking preaccreditation status. Upon submission of the PAR, the program will be billed the preaccreditation fee by the ACME Administrative Office, according to the current fee schedule as established by the ACME BOC. The fee is payable upon receipt of the bill. The BOR may elect not to review a program for preaccreditation if the fee has not been paid. Failure to pay the fee in a timely manner may result in delay in BOR review. See Appendix I, Fee Schedule.

2. Annual Fees

   Pre/accredited programs will be billed an annual administrative fee by ACME according to the current fee schedule as established by the ACME BOC. See Appendix I, Fee Schedule.

3. Site Visit Fee

   All costs related to a site visit for pre/accreditation process will be handled by ACME. ACME will be responsible for handling the reimbursement of expenses related to site visitor travel which include hotel, air/ground transportation, and per diem for meals. All past due invoices billed from ACME must be paid in full prior to the site visit. See Appendix I, Fee Schedule.

4. Off-Cycle Review Fee

   If the BOR must conduct a meeting by conference call or other electronic means at the request of the program between the regularly scheduled February and July meetings, the program will be responsible for the off-cycle review fee. See Appendix I, Fee Schedule.

5. Substantive Change Review Fee

   For the BOR to review a substantive change, the program will be responsible for the substantive change review fee. See Appendix I, Fee Schedule.

6. Fees Associated with Closing of Program

   For education programs that are closing, the annual administrative fee will be pro-rated if the accreditation period remaining is less than one year in length See Appendix I, Fee Schedule.

7. Late Payment Fee

   Failure to pay invoiced fees within 45 days will result in a late fee. See Appendix I, Fee Schedule.

8. Companion Program Fee

   A program leading to a different credential than the one currently offered within an academic unit that is designed to augment the midwifery education options for students and mesh with the existing ACME accredited program. Some of the elements may be similar for the existing and companion programs, such as institutional administration, academic facilities, and the like. Students may share a number of the same classes. However, the companion program leading to its separate credential will have its own objectives, completion requirements and its own curricular path. Faculty, clinical sites, library resources, evaluation and other aspects of the companion program may be added or changed as needed from the existing ACME accredited program. An example of adding a companion program would be a program in Midwifery that leads to a Master of Science (MS) degree that seeks to add a curricular path for those wishing to earn a Post Master's Certificate as the terminal credential. In this scenario, students from both the degree and certificate programs may take many of the same courses together, but the admissions review, the specific progression and completion requirements and ultimately the credentials earned would be different. For more information on program structure see Section VII, A,3. See Appendix I, Fee Schedule.

9. Additional/Separate Program Fee

   A school or college or pre/accredited program may wish to add one or more companion programs to its existing curriculum to give students additional educational options. Adding a companion program would entail identifying a specific curricular path that would lead to a different award or credential than the one currently awarded by the pre/accredited program. For example, a university that houses a College of Nursing that offers an accredited program in Nurse-Midwifery leading to a Master of Science in Nursing (MSN) degree that prepares students for certification as a CNM may also house a College of Health Sciences that wishes to add a program in Midwifery leading to a Master of Health Sciences (MHS) degree that prepares students for certification as a CM. In this scenario, while the students may share some courses, the differences between the programs may be greater than the similarities. The new MHS degree offering would be a separate new program. For more information on program structure see Section VII, A, 4. See Appendix I, Fee Schedule.

10. Appeal of Adverse Action

See Section X. Grievance Procedures Against an Accredited Midwifery Program, for more details. See Appendix I, Fee Schedule

E. Confidentiality, Records and Conflict of Interest

All information gained in the process of accreditation is confidential. Agreement to serve with ACME in any capacity also constitutes an agreement to assure confidentiality of observations, conferences and reports. At no time may individual persons or agencies be identified in subsequent reports or research. The files of ACME and the BOR, which are maintained at the national office, are secured and may be used only at the discretion of the BOC of ACME. Files and an inventory of program and institution accreditation documents and correspondence are updated after each BOR meeting.

ACME strives to ensure that no conflict of interest occurs in the pre/accreditation processes. All commissioners sign a conflict of interest statement annually. Additionally, in addressing specific issues or aspects of the process individual members may be recused as needed.

The following documents are maintained at the national office: Records of the last two full pre/accreditation reviews of each program, including the PAR or SER; SVR; program responses to site visit reports (SVR); addenda to the PAR or SER; BOR worksheet reports, BOR actions/decision letters (including adverse actions); any specified reports required by the BOR; Annual Monitoring Reports (AMRs); Substantive Changes Reports/Records; and all related correspondence. All decision letters and supporting materials; Mandatory Progress Reports; and Substantive Change records and supporting files are permanently maintained. Inactive records from previous reviews are maintained at the ACNM archives and will not be available for public review for 50 years.

F. Publication of Pre/Accreditation Status

A list of pre/accredited programs is on the ACME website and is available upon request from the ACME Administrative Office. The following standards apply to the publication of its pre/accreditation status by a program:

1. Any reference by the education program to a pre/accreditation status granted by ACME must accurately reflect the education program's current status of "preaccredited" or "accredited."

2. When the accreditation status mentioned in published material does not reflect the current accreditation status, ACME will direct the program to correct the inaccuracies by publishing revised editions or inserting correction notices.

3. Failure to publish corrections in a timely fashion may result in unfavorable or adverse actions by ACME, including placing the program on warning or on probation, or withdrawing the program's pre/accreditation.

4. Programs are not required to take corrective action until after final action has been taken by ACME, including the completion of any appeals.

5. Whenever a program publishes in print or electronic media, that it is pre/accredited by the Accreditation Commission for Midwifery Education, the name, address, telephone number and electronic address of ACME must be included.

The following standards apply to the publication by a program of information about pre/accreditation actions taken by ACME.

1. ACME strongly prefers that information about ACME actions—other than the notification of the granting of preaccreditation or accreditation status - be released only by ACME, as required by the notification requirements detailed in this manual.

2. Should a program, however, release information about ACME actions vis a vis the program, ACME requires that the information be accurate.

3. When the actions mentioned in published material are not accurately presented, ACME will direct the program to correct the inaccuracies by publishing revised editions or inserting correction notices.

4. Failure to publish corrections in a timely fashion may result in unfavorable or adverse actions by ACME, including placing the program on warning or on probation, or withdrawing the program's pre/accreditation.

The following standards apply to the publication by a program of the contents of the Site Visit Report (SVR) or of any other communication from ACME.

1. ACME strongly prefers that SVR and correspondence between ACME and a program - other than the notification of the granting of preaccreditation or accreditation status - be held in confidence by the program.

2. Should a program, however, release information from a SVR or other correspondence with ACME, ACME requires that the information be accurate.

3. When such information mentioned in published material is not accurately presented, ACME will direct the program to correct the inaccuracies by publishing revised editions or inserting correction notices.

4. Failure to publish corrections in a timely fashion may result in unfavorable or

adverse actions by ACME, including placing the program on warning or on probation, or withdrawing the program's pre/accreditation.

ACME notifies constituents of pre/accreditation actions. These constituents include, but are not limited to the following:

- Secretary, USDE
- Licensure boards
- Accreditation agencies
- Certification agencies
- Regulatory bodies
- The public, via notice on the ACME web pages, www.midwife.org/acme

G. Information to the Public

ACME maintains and makes available to the public, on its website and upon request, materials describing:

1. Pre/Accreditation Designations

2. List of Programs with Current Status

3. *ACME* Policies and Procedures

   The *ACME Policies and Procedures Manual* and any additional procedures a program must use in maintaining pre/accreditation

4. List of Documents

   A list of documents used during the pre/accreditation process

5. Names of Members

   Lists of members of the BOC, BOR, Advisory Committee, and the ACME Administrative Office

6. Fees

Correspondence regarding questions, submission of reports, and public comments should be sent to the ACME National Office, support@theacme.org.

H. Opportunities for Public Comments

ACME continuously welcomes comments from the public and actively seeks public

comments at specific times regarding:

1. Review of Pre/Accreditation Criteria

   The ACME BOC periodically revises the criteria for pre/accreditation, which are sent out for public comment before being finalized for use in conducting the overall accreditation process. The Commissioners seek input and receive comments from a variety of stakeholders, including midwifery educators, clinicians, and others. Applicants for Pre/Accreditation

   Two months before the scheduled site visit, ACME provides notice of the opportunity for third party written comment on programs and institutions through its web pages.

   In addition, the program under review will identify its relevant constituencies, such as alumni, community members, and the like, and publish information regarding the opportunity for third party written comment before the date of the site visit.

2. Pre/Accreditation Actions

   BOR actions are published on the ACME web pages on the ACNM website, along with the year a program was most recently pre/accredited and the year of the next accreditation review. This published information provides an ample time frame for receipt of third-party comment in writing concerning the program's qualifications for pre/accreditation.

3. Actions on Third Party Comments

   Public comments are encouraged at any time regarding midwifery education programs. All comments should be in print or electronic form and sent to ACME at the national office. Email: support@theacme.org. Upon request, comments will be considered confidential.

   Unsolicited comments received outside of the pre/accreditation review process should be referred to the ACME BOR Chair. The chair will evaluate the comments and initiate an investigation as appropriate. The BOR Chair will consult with the ACME BOC Chair, and if the comment is deemed serious in nature, the BOR Chair may request a written response from the program in question, or call for an early review of its accreditation status.

   Comments received during a pre/accreditation review process should also be

referred to the BOR Chair. The chair will evaluate the comments and initiate an investigation as appropriate. If received before the site visit, the BOR Chair will consult with the BOC Chair and if deemed appropriate, notify site visitors for their consideration during their visit. If received after the site visit, the BOR Chair, after consultation with the BOC Chair, will initiate an investigation and if deemed appropriate, will share the information with the BOR members for consideration during their review.

III. BOARD OF COMMISSIONERS (BOC)

A. Purpose of the Board of Commissioners

The BOC is responsible for the administration of ACME activities, formulation of policy, and the development of the criteria used by the BOR in determining accreditation status. The BOC develops, approves, implements, and evaluates the pre/accreditation criteria; establishes the policies and procedures for pre/accreditation of midwifery education programs; reviews and evaluates the accreditation process; and publishes and disseminates information regarding the accreditation process and accredited programs. The BOC meets at least twice a year and by conference call as needed. Questions about the pre/accreditation process or any of the ACME documents should be addressed to the ACME Chair. The Chair will determine if the matter needs to be addressed by the entire BOC.

B. Composition

The BOC consists of a chair, and not fewer than six, or more than nine voting members, one of whom must be a voting public commissioner. At least two-thirds of the BOC shall be AMCB certified. A member of the ACNM BOD Executive Committee shall serve as an ex officio, non-voting liaison to the BOC. The Board of Review Chair, ACME Executive Director and/or the Administrative Assistant shall attend all BOC meetings but shall not be a voting member. Commissioners serve a three-year term. No commissioner can serve more than three consecutive terms or a maximum of nine consecutive years. However, time on the Board may be extended in exceptional circumstances by action of the BOC.

1. Chair

    a. Selection
        1) Member of the BOC for a minimum of one year excluding the orientation period prior to becoming chair
        2) Selected by the ACME BOC

    b. Qualifications
        1) Certified by AMCB
        2) Active member of ACNM
        3) Leadership ability
        4) Knowledge of ACME and ACNM's organization, philosophy, purpose, function, and documents
        5) Shall have a minimum of an earned doctorate degree with experiential knowledge of curriculum development, implementation and evaluation, and the accreditation process
        6) May not hold membership on the ACNM BOD, or be chair of any ACNM Committee or Division during the tenure as chair

7) May not hold a position in another organization that might create even the appearance of a conflict of interest

c. Tenure
   1) Minimum of three years
   2) Maximum of five years as chair; may be extended in exceptional circumstances by action of the BOC
   3) Term of office will normally commence at the conclusion of the spring meeting or as designated by the BOC
   4) The resignation of the chair may be requested at any time by action of the BOC members

d. Responsibilities
   1) Chairs the entire ACME and referred to either as BOC Chair or ACME Chair
   2) Plans activities to meet the purpose of ACME
   3) Directs the coordination of all meetings
   4) Responds to communications from the ACNM BOD
   5) Presides over all BOC meetings
   6) Available for BOR meetings as ex-officio member with voice and no vote
   7) Chairs Advisory Committee meetings
   8) Coordinates activities between ACME and the ACNM national office
   9) Directs ACME activities of the ACME Administrative Office
   10) Collaborates with treasurer and ACME Administrative Office in preparation of annual budget
   11) Handles correspondence and telephone calls referred from the ACNM national office
   12) Informs the ACNM Treasurer and BOD of the ACME annual budget
   13) Assures maintenance of ACME records at ACME national office in cooperation with ACME Administrative Office
   14) Monitors and evaluates ACME activities
   15) Appoints Site Visit Coordinator
   16) Orients the incoming Site Visit Coordinator in collaboration with the outgoing Site Visit Coordinator
   17) Orients the incoming chair of the BOR in cooperation with the outgoing chair of the BOR
   18) Communicates with other divisions/committees of ACNM as necessary
   19) Prepares an annual report to stakeholders
   20) Submits agenda items for action by the ACNM BOD, as necessary
   21) Maintains communication, submits reports, writes the petition and coordinates activities necessary to maintain recognition by the U.S. Department of Education (USDE)
   22) Maintains and facilitates functioning and communication between the units of ACME

23) Responds to inquiries from students, administrators and faculty regarding accreditation of nurse-midwifery or midwifery education programs and clarifies the ACME accreditation process
24) Serves as official spokesperson for ACME
25) Solicits/responds to applications for ACME membership
26) Responds to questions that arise during site visits about ACME policies, procedures, and criteria
27) Commits to attend all meetings as required

e. Vacated Chair and transfer of Chair
   1) Selection of a new chair shall occur six months prior to the end of the term of the outgoing chair. This should occur at the fall BOC Meeting. This six month period is designated as the orientation period of the incoming chair. The term of the incoming chair shall begin at the conclusion of the spring annual meeting.
   2) Orientation of the incoming chair will include:
      a) A minimum of three orientation sessions between the outgoing chair and the incoming chair to review policies, procedures and general operations of the BOC including the area of distance education
      b) Inclusion of incoming chair on all communications and correspondence to the BOC Chair in order to mentor the incoming chair to the general operations of the BOC
      c) Attendance at the spring annual meeting as the incoming chair while observing the management of the meeting by the outgoing chair
      d) The outgoing chair will be available for six months after the end of their term for consultation to the incoming chair.
   3) When the chair is vacated with less than one-half of a term remaining, a new chair may be appointed to a full term or to complete the remaining term
   4) The outgoing chair will plan an orderly transfer of responsibilities and records to the incoming chair

2. Vice Chair

   a. Selection
      1) Is a member of the BOC for a minimum of one year excluding the orientation period prior to becoming vice chair
      2) Is selected and agreed upon by the ACME BOC

   b. Qualifications
      1) Active member of ACNM
      2) Leadership ability
      3) Knowledge of ACNM and ACME's organization, philosophy, purpose, function, and documents

4) Shall have a minimum of an earned doctorate degree with experiential knowledge of curriculum development, implementation and evaluation, and the accreditation process
5) May not hold membership on the ACNM BOD, committee or commission during the tenure as vice chair
6) May not hold a position in another organization that might create even the appearance of a conflict of interest

c. Tenure
   1) Serves a three-year term
   2) Maximum of five years as vice chair; may be extended in exceptional circumstances by action of the BOC
   3) Term of office will normally commence at the conclusion of the spring meeting or as designated by the BOC
   4) The resignation of the vice chair may be requested at any time by action of the BOC

d. Responsibilities
   1) Vice chair of the entire ACME
   2) Supports the chair of the BOC as delegated

e. Vacated Vice Chair and Transfer of Vice Chair
   1) Selection of a new vice chair shall occur six months prior to the end of the term of the outgoing vice chair. This should occur at the fall BOC meeting. This six-month period is designated as the orientation period of the incoming vice chair. The term of the incoming vice chair shall begin at the conclusion of the six-month orientation period.
   2) Orientation of the incoming vice chair will include:
      a) A minimum of one orientation session between the outgoing vice chair and the incoming vice chair to review policies, procedures, and general operations of the BOC including the area of distance education
      b) Inclusion of incoming vice chair on all communications and correspondence to the vice chair in order to mentor the incoming vice chair to the general operations of the BOC
      c) Attendance at the monthly BOC meetings while observing the role of the vice chair.
      d) The BOC chair is available on an ongoing basis for consultation to the incoming vice chair
   3) When the vice chair is vacated with less than one-half of a term remaining, a new vice chair may be appointed to a full term or to complete the remaining term
   4) The outgoing vice chair will plan an orderly transfer of responsibilities and records to the incoming vice chair

3. Treasurer

   a. Selection
      1) Current member of the BOC
      2) Selected by the ACME BOC

   b. Qualifications
      1) Active member of ACNM
      2) Leadership ability
      3) Knowledge of ACNM and ACME's organization, philosophy, purpose, function, and documents
      4) Shall have financial acumen and experience
      5) May not hold membership on the ACNM BOD, committee or commission during the tenure as treasurer
      6) May not hold a position in another organization that might create even the appearance of a conflict of interest

   c. Tenure
      1) Treasurer is reappointed annually
      2) Term of office will normally commence at the conclusion of the spring meeting or as designated by the BOC
      3) The resignation of the treasurer may be requested at any time by action of the BOC
      4) Maximum of five years as treasurer; may be extended in exceptional circumstances by action of the BOC

   d. Responsibilities
      1) Treasurer of ACME
      2) Review financial statements monthly and in collaboration with ACME BOC chair at least quarterly
      3) Presentation of financial statements to the BOC at each annual meeting
      4) Oversee the ACME Administrative Office
      5) Present ACME budget to BOC for approval

   e. Vacated Treasurer and Transfer of Treasurer
      1) Selection of a new treasurer shall occur six months prior to the end of the term of the outgoing treasurer. This should occur at the fall BOC Meeting. This six month period is designated as the orientation period of the incoming treasurer. The term of the incoming treasurer shall begin at the conclusion of the annual fall meeting.
      2) Orientation of the incoming treasurer will include:
         a) A minimum of one orientation session between the outgoing treasurer and the incoming treasurer to review the responsibilities of the treasurer,

policies, procedures and general operations of the BOC including the area of distance education
   b) Inclusion of incoming treasurer on all communication, correspondence and budget preparation in order to mentor the incoming treasurer
   c) Attendance at the spring annual meeting as the incoming treasurer while observing the role of the treasurer
   d) The BOC Chair is available on an ongoing basis for consultation to the newly appointed treasurer
3) When the treasurer is vacated with less than one-half of a term remaining, a new treasurer may be appointed to a full term or to complete the remaining term
4) The outgoing treasurer will plan an orderly transfer of responsibilities and records to the incoming treasurer

4. BOC Members Composition & Selection

The ACME BOC is composed of at least six and no more than nine voting Commissioners and at least one Commissioner who does not derive any income from the practice of midwifery (Public Commissioners.)

a. Selection
   1) Is by application to or solicitation by a BOC member
   2) Is supported by current curriculum vitae, a letter of inquiry and two letters of reference. Letters of reference will not be accepted from current ACME volunteers (BOC, BOR, Site Visitor Panel, and Advisory Committee) and staff.
   3) Materials are reviewed for the following qualities and criteria
      a) Because the BOC strives for geographic, racial, ethnic, gender and professional diversity these qualities are considered in the review
      b) Additionally, the BOC seeks members that meet a variety of criteria including, but not limited to, familiarity to the accreditation process, commitment to quality improvement processes, integrity of character, ability to critically assess and discuss issues, and willingness and availability to commit the time necessary to perform as a commissioner. No single criterion is controlling
   4) Applicants to the BOC are encouraged to address the above qualities and criteria in their curriculum vitae and letter of inquiry and to encourage those writing letters of reference to address the same
   5) Final selection is made by the members of the BOC

b. Qualifications
   1) CNM/CM members:
      a) Certified by AMCB
      b) Minimum master's degree with evidence of academic and experiential knowledge of curriculum development, implementation, and evaluation
      c) Experience in midwifery education and practice
      d) Familiarity with the accreditation process
      e) Commitment to attend meetings and conference calls as required
      f) Able to communicate electronically

c. Tenure
   1) Minimum of three years
   2) Maximum of nine years
   3) With the agreement of the majority of the board, the chair may request the resignation of any BOC member at any time for cause, such as: missing three consecutive meetings, not contributing to the work of the commission, committing a crime or other degradation of personal integrity
   4) When membership is vacated, a new member may be appointed to a full term

d. Orientation
   New members shall have at least a three-month orientation period, including at least one face-to-face BOC meeting or virtual meeting prior to assuming the role of commissioner. The term of the incoming member shall begin at the conclusion of the three-month period. Orientation of the incoming member will include:
   1) Receipt of the following current documents:
      a) All of the documents listed in Section I.C. of this manual
      b) Minutes of the previous two BOC meetings
      c) Files or documents relevant to discussion at the next scheduled BOC meeting
   2) A minimum of one orientation session with the BOC Chair or vice chair to review policies, procedures and general operations of the BOC including the area of distance education
   3) Inclusion of incoming member in all meetings of the BOC in order to mentor the incoming member to the general operations of the BOC
   4) The BOC Chair is available on an ongoing basis for consultation to the incoming members

5. Public Members
   A public member is not a midwife, and one who shall not derive any income from midwifery related sources. Public members are selected based on the following criteria:
      a) Does not derive any income from the practice of midwifery
      b) Commitment to preparation of well qualified health care providers for women and children

c) Possesses knowledge and skills complementary to the purpose of the BOC
d) Familiarity with the accreditation process
e) Commitment to attend meetings and conference calls as required
f) Ability to communicate electronically
g) A person is ineligible to be a public member if she/he derives any income from any midwifery related sources and/or who has a real or perceived conflict of interest related to the work of ACME

This includes an individual who is:

1) A midwife
2) An employee of ACNM, AMCB, or the A.C.N.M. Foundation
3) An employee of ACME, or a member of the BOR
4) An employee, a member of the governing board, a current owner, shareholder of, or consultant to, an institution or program that either is pre/accredited by ACME or has applied for pre/accreditation
5) A member of any trade association or membership organization related to, affiliated with, or associated with the agency; or a spouse, parent, child, or sibling of an individual identified in paragraph 1) or 2) or 3) or 4) of this definition

a. Selection of Public Member

Selection

1) Is by application to or solicitation by the chair of the BOC
2) Is supported by current curriculum vitae, a letter of inquiry and two letters of reference. Letters of reference will not be accepted from current ACME volunteers (BOC, BOR, Site Visitor Panel, and Advisory Committee) and staff.
3) Materials are reviewed for the above stated qualifications
4) Applicants to the BOC are encouraged to address the above qualities and criteria in their curriculum vitae and letter of inquiry and to encourage those writing letters of reference to address the same
5) Final selection is made by the members of the BOC. The review includes:
    a) Screening for the qualities listed in this section
    b) Screening for a variety of criteria, no single one of which is controlling: familiarity to the accreditation process, commitment to quality improvement processes, integrity of character, ability to critically assess and discuss issues, and willingness and availability to commit the time necessary to perform as a commissioner

b. A subcommittee appointed by the BOC to vet the public member will follow the guide in Appendix K

c. Tenure

1) Minimum of three years
2) Maximum of nine years

d. Orientation

1) A minimum of one orientation session with the BOC Chair to review policies, procedures and general operations of the BOC including the area of distance education
2) Inclusion of incoming member in all meetings of the BOC in order to mentor the incoming member to the general operations of the BOC
3) Attendance at the spring annual meeting as an incoming member, while observing the role of the BOC public member
4) The BOC Chair is available on an ongoing basis for consultation to the incoming members

6. Student Representation

a. Students of ACME pre/accredited education programs may be invited to attend meetings of the BOC
b. Students will have a voice but no vote on BOC actions
c. Students will be expected to maintain confidentiality
d. Students may be recused while the BOC considers specific items

C. Specific Conflict of Interest Policy for the BOC

1. Conflict with Other Activities

During the term of appointment, BOC members may not also serve as:

a. A member of the ACNM BOD (Note: the ACNM BOD liaison serves as an ex-officio member to the BOC)
b. Chair of an ACNM Committee, Division or Section
c. A member of any AMCB board or committee
d. A member of the ACME BOR
e. An employee of ACNM
f. May not hold a position in another organization that might create even the appearance of a conflict of interest
g. A member of the A.C.N.M. Foundation, Inc. Board of Trustees
h. A consultant to an education program in the preparation for pre/accreditation by ACME

2. Conflict of Interest Statement

   At the time of initial appointment to the BOC, the BOR, the SVP, or the Advisory Committee the chair informs new members of ACME's conflict of interest and recusal policies. Each year, all members of the BOC, the BOR, the SVP, and the Advisory Committee will sign the agency's official conflict of interest statement. Any person hired as a consultant to ACME that has access to confidential and privileged information must sign a conflict of interest statement. The conflict of interest statement signed by the public member includes all items in IV. C. 3. g. 1) – 6)

3. Recusal

   A BOC member must report to the BOC chair any association that might create even the appearance of a conflict of interest. The BOC Chair will determine if the member should be recused from discussions.

   a. BOC members will be recused under the following conditions:
      1) A member has been a site visitor to a program under review within the five years prior to appointment to the BOC
      2) A member has been a consultant to a midwifery education program within the past five years prior to appointment to the BOC
      3) A member who holds or has held a position related to the program being considered during the last five years
      4) A member requests to be recused
   b. A member who is recused will not receive any documents related to the program or issue under discussion, will be absent during the discussion and will not be included in any shared information, such as email, related to the discussion
   c. If the BOC Chair has a conflict, she/he should report this to the vice chair and recuse themselves from the discussion. If the BOC chair is recused for any of the above situations, the vice chair will chair that portion of the meeting and sign any correspondence resulting from the discussion.

D. Specific Responsibilities of the BOC

1. Policies
   The BOC sets the policies and carries out the responsibilities of ACME

2. Voice and Vote
   All BOC members shall have voice and vote

3. Integrity
   The BOC members shall maintain confidentiality and the integrity of all aspects of the accreditation processes

4. Establishing a Quorum and Voting
   a. A quorum shall consist of 2/3 of the voting membership of the BOC. Policy decisions are reached by a majority vote of members present at meetings, once a quorum has been reached.

   b. During the intervals between meetings, necessary votes on policy changes may be taken via email, conference call, or other written means. In the case of an email, conference call, or written vote, a decision will be reached by a majority vote of those responding, once at least 2/3 of the voting membership of the Board has responded. In the case of votes taken between meetings, all reasonable effort shall be made to notify members of the proposed policy change, to give adequate rationale for the change, to allow adequate time for discussion/comment from members and adequate time to respond with a vote.
   c. Under exceptional circumstances, the Chair, after consultation with BOC members, may allow an absentee vote

5. Ongoing Training of BOC Members

   Ongoing training of BOC members occurs in the following ways:

   a. Members attend various meeting such as those presented by U.S. Department of Education (USDE), Council for Higher Education Accreditation (CHEA), and Association of Specialized & Professional Accreditors (ASPA) and other professional associations, including topics related to distance education. The attending member reports information learned back to all commissioners at subsequent meetings.
   b. The BOC Chair and other members share relevant presentations and publications related to accreditation and distance education. These are discussed at subsequent meetings.
   c. Annually at the fall meeting, a minimum of two hours of the meeting is devoted specifically to training. Sessions may include expert guest speakers or literature review by BOC members.

E. Advisory Committee

The Advisory Committee is established by the BOC to provide input and advice to the BOC on broad issues related to education and health as well as to development of policies and evaluation of ACME. The Advisory Committee is composed of members representing nursing, medicine, education, public health, allied health and the public, as well as the immediate past chair of ACME. The Board of Commissioners reserves the right to change the composition of the Advisory Committee, qualifications, and or activities of the Advisory Committee.

1. Purpose
   a. Serves as an adjunct body to the BOC
   b. Advises the BOC in the development of policies for ACME

2. Composition
   a. Past chair of the BOC of ACME is chair of the Advisory Committee
   b. At least seven members, with one each from these areas listed below:
      1) Nursing
      2) Medicine
      3) Allied health
      4) Education
      5) Public health
      6) The public
      7) Immediate past chair of ACME
      8) Representative of American College of Obstetrics and Gynecology (ACOG)

3. Selection
   a. By invitation of a member of the BOC or in response to an advertisement
   b. Is supported by current curriculum vitae (cv), a letter of inquiry or cover letter and two letters of reference. Letters of reference will not be accepted from current ACME volunteers (BOC, BOR, Site Visitor Panel, and Advisory Committee) and staff
   c. With recommendation from their national organization, if applicable
   d. A subcommittee appointed by the BOC to vet the public member will follow the guide in Appendix K

4. Qualifications
   a. Professional Members
      1) Active member of own professional organization
      2) Appropriate experience in professional education, accreditation or curriculum evaluation
      3) Appropriate professional and academic credentials
         a) Physicians shall be board certified in their area of specialization
         b) Nurses shall hold the minimum of a master's degree
      4) Supportive of midwifery
      5) Commitment to attend meetings and conference calls as necessary
      6) Ability to communicate electronically

   b. Member from the Public
      1) Interest in quality of education of health care providers
      2) Supportive of midwifery
      3) Commitment to attend meetings and conference calls as necessary
      4) Ability to communicate electronically

5. Tenure
   a. One term of three to five years based on availability and remaining a constituent (listed in 4. Qualifications above)

b. Option of a second consecutive term by mutual consent of the BOC and the members
c. The ACME Chair may request resignation of any Advisory Committee member at any time

6. Orientation
   a. Orientation of the incoming advisory committee member will be held by the ACME Executive Director via conference call and include a brief overview of ACME operations and include providing
   b. Conflict of Interest policy and document to be signed
   c. All documents listed in Section I.C. of this manual
   d. Documents including minutes from prior meetings which are relevant to next Advisory Meeting

7. Specific Conflict of Interest Policy for the Advisory Committee
   a. During the term of appointment, Advisory Committee members may *not* also serve as:
      1) A member of the ACNM BOD
      2) Chair of an ACNM Committee, Division, or Section
      3) A member of any American Midwifery Certification Board (AMCB) board or committee
      4) A member of the ACME BOR or the BOC with the exceptions of the immediate past Chair and the present Chair
      5) A member of the A.C.N.M. Foundation Board of Trustees or any committee
      6) An employee of ACNM
      7) May not hold a position in another organization that might create even the appearance of a conflict of interest
   b. If there is a potential conflict of interest in relation to any issue under discussion then that member must leave the discussion of that issue and not participate in any capacity
   c. A public member of the Advisory Committee will be screened initially through review of curriculum vitae and annually through signature of the conflict of interest document to assure that they do not derive any income from the practice of midwifery

8. Responsibilities
   a. Advise the BOC and make recommendations about policies, procedures and the operation of ACME
   b. Act as a liaison body to gather and disseminate information on ACME activities and procedures to the members' respective organizations
   c. Maintain confidentiality and the integrity of all accreditation processes

F. ACME Administrative Office

In its administration of ACME, the BOC employs an executive director and an administrative assistant who are responsible for the day to day activities related to the ACME pre/accreditation functions and assist in the financial operation of ACME.

1. Responsibilities of the Executive Director
   a. The Executive Director manages and assures the effective and efficient operations of ACME, including activities of the Board of Commissioners, Board of Review, Site Visitor Panel, and Advisory Committee; implements ACME policies and procedures; serves as channel of communication between midwifery education programs, the US Department of Education (USDE), or other organizations, and provides other administrative, research and technological services in support of the mission and purpose of ACME.
   b. Develop the budget and implement the financial operations of ACME
   c. Maintain confidentiality and the integrity of all accreditation processes

2. Responsibilities of the Administrative Assistant
   a. Provide administrative support for the ongoing activities of ACME
   b. Implement the financial operations of ACME
   c. Maintain confidentiality and the integrity of all accreditation processes

3. Specific Conflict of Interest Policies for ACME Staff
   a. May not serve as faculty or consultant to any midwifery education program or other accrediting agency
   b. May not serve as staff for any midwifery education program or other accrediting agency
   c. May not be a student in a midwifery education program

G. Financial Operations

The ACME Executive Director oversees all financial operations of ACME, supported by BOC Chair and the BOC Treasurer. The ACME Executive Director with the support of the Administrative Assistant handles day-to-day operations within the following framework:

1. Budget
   a. Develops an annual budget in collaboration with the BOC Chair, Treasurer and the financial consultant
   b. Budget is presented to the entire BOC for approval
   c. An approved budget is submitted to the ACNM Treasurer for the information of the ACNM BOD

2. Reimbursement
   a. Travel Expenses: Defined as transportation (plane, bus, car, taxi, etc.). Air travel is reimbursed at coach class, advance purchase rate including luggage fees (excluding overweight fees). Tickets that cost more than $600 must be approved in advance by the Chair. Mileage is reimbursed at the current Federal rate not to exceed advance airfare. Parking is reimbursed. Members are encouraged to use the least expensive fare possible and should be prepared to pay for expenses associated with late purchase or avoidable last minute changes in travel plans.
   b. Per Diem: $50 per day is allowed to help offset the cost of food. In circumstances where a meal is provided for the group, the per diem will be reduced, whether the individual consumes the meal or not, according to the following schedule:
      $10.00 breakfast
      $15.00 lunch
      $25.00 dinner
   c. Hotel Costs: Each person will be reimbursed for her/his room at the ACME rate. An additional hotel stay will be reimbursed if this results in savings on airfare that exceeds the room and per diem cost
   d. The ACME Executive Director approves and signs expense reports for ACME commissioners, reviewers, and any other volunteers
   e. ACME Executive Director approves and signs expense reports for the ACME Chair

3. ACME financial statements are reviewed monthly by the ACME Executive Director and ACME Treasurer and reported to the Chair of the BOC quarterly or as needed

4. The ACME Executive Director and ACME Treasurer present a financial report to the entire BOC at the bi-annual meetings or as requested by the BOC Chair

IV. BOARD OF REVIEW (BOR)

A. Purpose of the Board of Review (BOR)

The BOR is the unit within ACME whose responsibility is the evaluation of nurse-midwifery/midwifery education programs for the purpose of granting pre/accreditation status and monitoring the programs' continued compliance with pre/accreditation standards/criteria. The BOR is committed to the consistent application and enforcement of ACME criteria.

The BOR reviews a programmatic applicant's preaccreditation report (PAR) or self-evaluation report (SER), the Site Visitor Report (SVR), and additional information submitted prior to the BOR review by the applicant to determine the applicant's pre/accreditation status. The BOR also reviews: Mandatory Progress Reports (MPRs) which programs granted "pre/accreditation pending satisfactory Mandatory Progress Reports" must provide; information submitted after the BOR has deferred a pre/accreditation decision due to insufficient information; notification of planned substantive changes; and, information that reaches ACME via informal channels. Review of this information is used by the BOR in determining that the pre/accreditation criteria have been met by the program and to ascertain whether pre/accreditation status should be granted.

The BOR works cooperatively with the BOC in reviewing annual data submitted by the pre/accredited programs from their Annual Monitoring Reports (AMRs) to monitor as part of ACME's on-going quality assessment. The Board of Commissioners reserves the right to change the composition of the Board of Review, the qualifications and or responsibilities.

B. General Composition

1. Number
   a. Chair
   b. Not less than six or more than ten members

2. Site Visitor Representation
   At least two (2) members will have been site visitors

3. Education Representation
   Representative of different types of education programs, including distance education

4. Public Member
   One public member, who is not a CNM/CM, must be included in the six to ten members

C. Specific Composition

1. Chair
   a. Selection
      1) Eligible after one year of service on the BOR

   b. Qualifications
      1) Certified by AMCB
      2) Active member of ACNM
      3) Leadership ability
      4) Knowledge of ACME and ACNM's organization, philosophy, purpose, function, and documents
      5) Shall have a minimum of an earned doctorate degree with experiential knowledge of curriculum development, implementation and evaluation, and of the accreditation process
      6) May not hold membership on the ACNM BOD, or be chair of any ACNM Committee or Division during tenure as chair
      7) May not hold a position in another organization that might create even the appearance of a conflict of interest
      8) Must be or have been an ACME accredited midwifery education program director, faculty, or institutional academic officer

   c. Tenure
      1) Three year term with a reappointment for an additional term
      2) Extension in exceptional circumstances by the ACME Chair
      3) The ACME Chair may request the resignation of the chair of the BOR at any time after consultation with the BOC

   d. Responsibilities
      1) Conduct the meetings of the BOR
      2) Notify midwifery education programs of BOR decisions
      3) Orient new members
      4) Work with the ACME Chair and ACME Administrative Assistant for maintenance of BOR records and decisions
      5) Report to and communicate with the ACME Chair
      6) Continually evaluate the operation of the BOR and make recommendations to the chair, ACME on policy, procedure and criteria changes
      7) Attend BOC meetings as ex-officio member with voice and no vote at the request of the ACME Chair
      8) Communicate with midwifery education programs for appropriate clarification following a site visit and as needed until the accreditation status has been decided

9) Communicate with the senior site visitor for appropriate clarification after the site visit and until the status decision has been made
10) Communicate BOR decisions to programs and institutions
11) Communicate BOR decisions and comments regarding site visits to the site visit coordinator

e. Vacated Chair and Transfer of Chair
1) Selection of a new chair shall occur six months prior to the end of the term of the outgoing chair. This six-month period is designated as the orientation period of the incoming Chair
2) Orientation of the incoming chair will include:
a) One orientation session with the chair of the BOC to review policies, procedures and general operations of ACME including the area of distance education
b) A minimum of three orientation sessions between the outgoing chair of BOR and the incoming chair of the BOR to review policies, procedures and general operations including the area of distance education
c) Inclusion of incoming chair of BOR on all communications and correspondence to the BOC chair in order to mentor the incoming chair of BOR to the general operations of the BOR
d) Attendance at the last meeting prior to the end of the six-month orientation period as the incoming chair of BOR while observing the management of the meeting by the outgoing chair
e) The outgoing chair of BOR will be available for six months after the end of their term for consultation to the incoming chair of BOR
f) The chair of BOC is available to the chair of the BOR on an ongoing basis for consultation
3) When the chair position is vacated with less than one-half of a term remaining, a new chair may be appointed to a full term
4) The outgoing chair will plan an orderly transfer of responsibilities and records to the incoming chair

2. Members
a. Selection
1) By application to or solicitation by the BOC
2) Supported by current curriculum vita (CV), letter of inquiry or cover letter, and two letters of recommendation. Letters of reference may not be from ACME volunteers (BOC, BOR, Site Visitor Panel and Advisory Committee) and staff.
3) Reviewed and selected by the BOC
4) Application is reviewed for a variety of criteria, no single one of which is controlling: geographic, racial, ethnic, gender, and professional diversity; integrity of character; ability to critically assess and discuss issues, and willingness and availability to commit the time necessary to perform as a board

member

b. Qualifications
   1) CNM/CM members:
      a) Active or associate member (two-thirds shall be active members of ACNM)
      b) Minimum of a master's degree
      c) Five years of midwifery practice or education (including as a clinical preceptor) experience, at least two of which is within the five years preceding appointment
      d) Familiarity with the accreditation process
      e) Commitment to attend meetings and conference calls as necessary
      f) Willing to serve as chair if qualified and elected
      g) Able to communicate electronically
      h) Must submit written consent to serve on the BOR

3. Public Members
   A public member is one who shall not derive any income from the practice of midwifery. Public members are selected based on the following criteria:
      a) Does not derive any income from the practice of midwifery
      b) Commitment to preparation of well qualified health care providers for women and children
      c) Possesses knowledge and skills complementary to the purpose of the BOR
      d) Is familiar with the accreditation process
      e) Has a commitment to attend meetings and conference calls as necessary
      f) Is able to communicate electronically
      g) A person is ineligible to be a public member if she/he has a real or perceived conflict of interest related to the work of ACME. This includes an individual who is:
         1) A CNM/CM
         2) An employee of ACNM, AMCB, A.C.N.M. Foundation
         3) An employee of ACME, member of the BOC
         4) An employee, a member of the governing board, a current owner, shareholder of, or consultant to, an institution or program that either is pre/accredited by ACME or has applied for pre/accreditation
         5) A member of any trade association or membership organization related to, affiliated with, or associated with ACME
         6) A spouse, parent, child, or sibling of an individual identified in paragraph 1) or 2) or 3) or 4) of this definition.

   a. Selection of Public Member
      1) Is by application to or solicitation by the Chair of the BOC
      2) Is supported by a current curriculum vitae and two letters of reference
      3) Is reviewed and selected by the members of the BOC. The review includes:
         a) Screening for the qualities listed in this section

b) Screening for a variety of criteria, no single one of which is controlling: familiarity to the accreditation process, commitment to quality improvement processes, integrity of character, ability to critically assess and discuss issues, and willingness and availability to commit the time necessary to perform as a BOR member
c) A subcommittee appointed by the BOC to vet the public member will follow the guide in Appendix K

b. Tenure
1) Three-year term preceded by a six-month orientation
2) CNM/CM members may be reappointed for an additional two years for the purpose of serving as chair
3) The chair of ACME may request resignation of any member of the BOR at any time for cause, such as: missing three consecutive meetings, not contributing to the work of the board, committing a crime or other degradation of personal integrity
4) No member shall serve more than three consecutive terms or a maximum of nine consecutive years
5) When membership is vacated, a new member may be appointed to a full term

c. Orientation
1) A minimum of one orientation session with the BOR Chair to review policies, procedures and general operations of the BOR including the area of distance education
2) Inclusion of incoming member in all meetings of the BOR in order to mentor the incoming member to the general operations of the BOR, including observing the role of the BOR public member
3) The BOR Chair is available on an ongoing basis for consultation to the incoming members

4. Specific Conflict of Interest Policy for the Board of Review (BOR)

a. Conflict with Other Activities

During the term of appointment, BOR members may not also serve as:
1. A member of the ACNM BOD Chair of an ACNM Committee, division or section
2. A member of any AMCB board or committee
3. A member of the ACME BOC
4. A site visitor for ACME
5. An employee of ACNM
6. May not hold a position in another organization that might create even the appearance of a conflict of interest

7. A member of the A.C.N.M. Foundation, Inc. Board of Trustees
8. A consultant to an education program in the preparation for pre/accreditation by ACME

b. Recusal

A BOR member must report to the BOR chair any association that might create even the appearance of a conflict of interest. The BOR Chair will determine if the member should be recused from discussions.

1) BOR members will be recused under the following conditions:
    a) A member has been a site visitor to a program under review within the five years prior to appointment to the BOR
    b) A member has been a consultant to a midwifery education program within the past five years prior to appointment to the BOR
    c) A member who holds or has held a position related to the program being considered during the last five years
    d) A member requests to be recused
2) BOR members who are recused will not receive any documents relative to the program under discussion, will be absent during the discussion and will not be included in any shared information, such as email, related to the discussion
3) If the BOR Chair is recused for any of the above situations, another BOR member will serve as temporary chair for that portion of the meeting and sign any correspondence resulting from the discussion

5. Responsibilities

a. Make decisions regarding pre/accreditation and take additional actions as appropriate based on ACME criteria and policies and procedures
b. Maintain the confidentiality of the review process
c. All information gained through the process of accreditation is confidential. Acceptance of the appointment to serve on the BOR constitutes an agreement to assure confidentiality of observations, conferences and reports. At no time may persons or agencies be identified in subsequent reports or research. The files of the Accreditation Commission for Midwifery Education (ACME) and the BOR may be used only at the discretion of the BOC of the Accreditation Commission for Midwifery Education.

6. Ongoing Training of BOR Members

   Ongoing training of BOR members occurs in the following ways:

   a. The BOC and BOR Chair and other members share relevant presentations and publications related to accreditation and distance education. These are discussed at subsequent meetings
   b. Two hours a year will be devoted specifically to training. Sessions may include expert guest speakers, literature review and presentations by BOR members

D. Meetings

The BOR meets twice yearly, in February and July. Each meeting may be up to two days not including travel time. Planning for meetings will be done by the BOR at the close of the previous meeting. BOR members should anticipate approximately one to six programs being reviewed per meeting, excluding progress reports and other materials. The Chair of the BOR or her/his designee will plan and facilitate functions of the BOR. Business will be conducted by electronic correspondence and telephone conference calls as much as possible according to established procedures.

A quorum will consist of a simple majority. The Chair of the BOC is a non-voting liaison to the BOR and not counted toward a quorum. Action will be taken on consensus of BOR members. If a consensus cannot be reached, a vote will be taken of the members present. Action will be taken on the basis of a simple majority vote. The Chair of the BOR will have designated a first and a second reader for each program being reviewed. These designations will have been made as program documents are received by the ACME Administrative Assistant.

At BOR meetings, members are responsible for determining whether or not nurse-midwifery/midwifery education programs are to be granted pre/accreditation, or may defer action in light of the established accreditation criteria. Comments and recommendations are formulated regarding the programs being evaluated.

1. Review Procedures

   Prior to each meeting or conference call, all members of the BOR are sent PARs or SERs with the accompanying SVRs and any Mandatory Progress Reports for programs under consideration for accreditation action. Each member of the BOR is expected to review all materials submitted by each program.

   The chair of the BOR appoints two people, a first and second reader, to assess a program in depth and facilitate presentation at the meeting. These BOR members are appointed in advance, and this process should rotate among members. Additional materials such as school catalogues may be sent to the first and second readers.

In addition to the list of first and second readers, an agenda is sent to BOR members prior to the meeting. The agenda begins with approval of the minutes of the previous meeting, a report from the ACME chair or executive director a review of the confidentiality statement in this manual (Section II.E.) the list of programs to be reviewed beginning with programs seeking preaccreditation and then accreditation, and the first and second readers; and the programs that have submitted Mandatory Progress Reports (MPRs) to the board. The meeting usually continues with evaluation and selection of the dates for the next meeting.

The meeting concludes with creating a final draft of the letter to be sent to the academic institution (or the institution with which the program is affiliated), describing the pre/accreditation actions.

2. Electronic meetings

BOR members are expected to participate in conference calls as the need arises. The need for conference calls is determined by the BOR Chair. A letter is then sent to the program director stating that a minimum of three days is required after the conference call for the BOR to report on its final action.

If a decision is made by the BOR via conference call, the chair of the BOR will take responsibility for drafting the letter according to the BOR consensus with input from the chair of the BOC. Every effort will be made to get the letter to the appropriate executive officer in a timely manner, e.g. within ten days.

3. Preparation for Meetings

BOR members are expected to read each PAR, SER, SVR, Mandatory Progress Report (MPR), and or other materials. Since these documents, when submitted, become the properties of the Accreditation Commission for Midwifery Education, members of the BOR may make notes on them. They may also use the site visitor worksheet for making notes and comments.

PARs, SERs, SVRs, Mandatory Progress Reports and other materials are absolutely confidential and should not be read by or discussed with any other person. The confidential status includes use of any curricular material or innovative teaching techniques outlined in the reports. All materials must be marked confidential and kept in a secure location.

Each member of the BOR is to then (1) determine whether or not each program meets each of the criteria set forth by ACME and (2) formulate an opinion regarding ACME action. All questions and recommendations the member may have should be listed on the document or the worksheet in preparation for the meeting of the BOR.

The first reader should prepare an electronic draft of a letter, in the standard format, for all parts except the BOR decision. The draft should be addressed to the appropriate individuals to be notified. This draft is to be brought to the meeting in order to facilitate the process.

Members of the BOR should have with them, in addition to this manual; the documents listed in Section I.C. during the meeting as it is helpful to review them frequently, especially when unusual situations are encountered.

4. Communication with Programs and Site Visitors

BOR members should contact the chair of the BOR with any questions about any PAR, SER, SVR, Mandatory Progress Report (MPR) and/or other materials. BOR members other than the chair should not have communication with the program directors of programs under review.

a. The ACME Administrative Assistant will notify the programs under review and the senior site visitor for each when the BOR will be meeting to determine the respective pre/accreditation status. In the month prior to the BOR meeting, they should be available to provide additional information to the BOR if requested.

b. Procedure for requesting additional information in the time between the site visit and the BOR Meeting
   1) For Mandatory Progress Reports (MPRs):
      If either of the assigned readers determines a need for more information that will answer questions about evidence submitted and if this information will enable the BOR to reach a final decision, the BOR Chair is to be consulted and the information needed is to be discussed. The BOR Chair will make a judgment about what is appropriate clarifying information and will make a determination whether to contact the program director or appropriate institutional representative. Contacts to program directors or appropriate institutional representatives are to be made at least two weeks prior to the BOR meeting date, and two copies of all information must be submitted to the BOR Chair by the program directors or institutional representatives no later than one week before the first day of the BOR meeting.
   2) For Preaccreditation Reports (PARs) and Self-Evaluation Reports (SERs):
      If either of the assigned readers determines a need for more information that will answer questions that emerged during the review, the BOR Chair is to be consulted and the issues discussed. The BOR Chair will make a judgment about the type, amount and/or complexity of missing or unclear information and will determine whether to call either the program director, appropriate institutional representative or the senior site visitor for clarification and obtain additional evidence in writing. If the senior site visitor clarifies the information,

this should be submitted in writing, immediately, to the BOR Chair. Contacts to program directors, appropriate institutional representatives or senior site visitors are to be made at least two weeks prior to the BOR meeting date and two copies of all information must be submitted by the program directors or appropriate institutional representatives to the BOR Chair no later than one week before the first day of the BOR meeting.

5. Presentation of the Programs

Using the most recently approved edition of the appropriate ACME Criteria (listed and linked in Section I.C), the first reader names each criterion and comments on whether or not there is evidence in the PAR, SER, SVR and/or Mandatory Progress Report to document that the criterion has been met. The first reader also names any recommendations made to the program in the previous letter of accreditation received from the BOR and comments on whether the recommendation was addressed. All members of the BOR should participate in this discussion. Any member may, and should, introduce criteria-based questions in regard to the program under review. Any additional information received from programs or site visitors is presented. The second reader usually takes notes of decisions and/or questions on those criteria about which there is BOR concern as well as adding comments for discussion. The notes taken by the second reader are the basis for summative discussion AND actions of the BOR. Detailed notes also are taken during this process by the BOR Chair in support of the second reader.

6. Decision Making

Once all criteria have been discussed, the first reader makes a recommendation about the action the BOR should take. The possible actions are listed in Section IV.E. below. Both readers, using the letter drafted by the first reader, draft the correspondence from the BOR to the academic institution reflecting the decision of the BOR and any comments, recommendations or other pertinent information. Once the first and second readers have drafted the letter, they present it to the entire board for its approval. This procedure is facilitated by the use of an LCD projector or similar technology. The finalized letter is signed by the chair of the BOR.

The BOR member assigned as the first reader for a program whose accreditation letter requires specific criteria to be addressed in a mandatory progress report will also take responsibility for leading the discussion on the progress report and will bring the letter containing BOR accreditation action with specific conditions to the BOR meeting. If the first reader’s term on the BOR expires prior to the receipt of the progress report, the second reader will assume this responsibility. If both readers’ terms expire, the BOR Chair will assign a new reader for the progress report.

7. Notification of Decision to Program

   a. Notification of results of reviews of PARs, SERs, MPRs, other decisions – people to notify, schedule of mailings

      All accreditation letters are addressed to the appropriate officer of the academic institution as designated in the PAR/SER and copied to the dean of the institution, program, or academic unit, the midwifery program director, the chair of the ACME Board of Commissioners, the site visit coordinator, and any other institutional administrator as deemed appropriate by the BOR. A copy of the final letter and a copy of the BOR worksheet are mailed immediately to the program director and the original and additional copies are mailed to the other individuals addressed on the letter within two days.

   b. Notification of decisions of reviews of PARs, SERs, MPRs – content of letters

      1) Letters notifying of preaccreditation granted without recommendations or progress reports will contain the BOR's decision
      2) Letters notifying of preaccreditation granted with recommendations will contain the BOR's decision and a description of the recommended actions
      3) Letters notifying of preaccreditation granted pending satisfactory Mandatory Progress Reports (MPRs) will contain the decision of the BOR, a list of the criteria to be addressed, and the information to be provided, along with a due date for the report
      4) Letters notifying of preaccreditation denial (an adverse action) will contain the decision of the BOR and a statement detailing the reasons for the BOR action. The program director will also receive notice of the right to appeal
      5) Letters notifying of deferral of action on an application for preaccreditation will contain the decision of the BOR to defer and will inform the program that it will be asked to submit additional specific information
      6) Letters notifying of accreditation granted without recommendations or progress reports will contain the decision of the BOR
      7) Letters notifying of accreditation granted with recommendations will contain the decision of the BOR and a description of the recommended actions
      8) Letters notifying of accreditation granted pending satisfactory Mandatory Progress Reports (MPRs) will contain the decision of the BOR and a list of the criteria to be addressed and the information to be provided, along with a due date for the report
      9) Letters notifying of accreditation denied (an adverse action) will contain the decision of the BOR and a statement detailing the reasons for the BOR's action. The program director will also receive notice of the right to appeal.

10) Letters notifying of deferral of action on an application for accreditation will contain the decision of the BOR to defer and will inform the program that it will be asked to submit additional specific information

c. Notifications of decisions to warn, place on probation, or withdraw preaccreditation - content of letters
   1) Letters notifying of a BOR decision to place a pre/accredited program on warning status will contain the BOR's decision, a statement detailing the reasons for the decision, and a reasonable deadline for remediating the decision that resulted in the warning
   2) Letters notifying of a BOR decision to place a pre/accredited program on probation will contain the decision of the BOR, a statement detailing the reasons for the decision, and an expected timeframe for the program to correct the problem
   3) Letters notifying of a BOR decision to withdraw the preaccreditation of a preaccredited program (an adverse action), or to withdraw the accreditation of an accredited program (an adverse action) will contain the decision of the BOR and a statement detailing the reasons for the decision. The program director will also receive notice of the right to appeal

E. Actions that may be taken

The BOR may take various actions when assessing a program for pre/accreditation status during the pre/accreditation period. Action is taken by the BOR based on the information presented.

The BOR may also take action at other times, such as during the review of a program's Annual Monitoring Report (AMR). Requesting the AMR does not constitute imposing a sanction. The AMR is used as a tool to monitor a program's compliance with the ACME Criteria for Programmatic Pre/Accreditation.

A program found to be out of compliance with the ACME criteria must correct the deficiencies or be put on one of the two sanctions; warning or probation. The sanctions are not necessarily imposed sequentially. The BOR may place a program on either sanction with or without reviewing a Site Visit Report (SVR) and with or without having requested a monitoring report, depending on the seriousness and extent of noncompliance. In extreme cases, a program may have its accreditation withdrawn without having previously been placed on sanction.
Actions that the BOR may take will result in a program being placed in one of four categories:

1) Pre/accredited (granted without recommendations, granted with recommendations, or granted with specific criteria not fully met to be addressed in a Mandatory Progress Report)
2) Deferred a pre/accreditation decision pending submission of additional information

3) Adverse action against a program addressing serious concerns about compliance with ACME criteria or policies and procedures, which means placing a program on warning or probation, or
4) Further adverse action to change a program's pre/accreditation status, this would mean the denial or withdrawal of pre/accreditation

Failure to be in compliance with the pre/accreditation criteria or policies and procedures will result in ACME immediately initiating an adverse action against the program or will result in ACME immediately initiating a requirement that the program take appropriate action to bring itself into compliance within a time period specified by the BOR. Initial or continuing program accreditation cannot be granted while a program is on sanction. For actions that are appealable, the BOR letter will state that the BOR action will not take effect until the time period for filing an appeal has expired or until final action has been taken on the appeal.

Compliance is required by the time specified by ACME. The time period available for coming into compliance starts on the day that the program is officially notified that it is out of compliance with one or more criteria. If the full time program is less than one year in length, the program may have no more than 12 months to come into compliance. If the full time program is more than one year but less than two years in length, the program may have no more than 18 months to come into compliance. If the full time program is at least two years in length, the program may have no more than 24 months to come into compliance.

If a program has not come into compliance within the designated time period, ACME will either 1) withdraw accreditation or 2) grant an extension if reasonable cause is provided. During an extension, the program will be placed on or remain on probation.

ACME will withdraw its pre/accreditation from a program if the program has not demonstrated compliance with all ACME criteria within the specified monitoring period or provided reasonable cause for an extension to be granted.

In all cases in which the BOR requires the program to provide additional evidence of its compliance with the criteria, the BOR sets a reasonable time period for the program to come into compliance and to submit the required reports providing evidence of compliance. In general, the original time period may be extended only one time and may be extended for no more than six months. Program directors or administrators of the institution who request an extension are required to provide a sufficient and reasonable rationale that demonstrates that circumstances have caused the need for the extension. In order to grant the extension, the BOR must determine that no harm will come to currently enrolled students if the extension is granted. A program will be placed on Probation when an extension is granted for reasonable cause. If the program is granted an extension but remains out of compliance at the end of the extension period, ACME will withdraw its pre/accreditation.

1. Preaccreditation Actions

   a. Preaccreditation granted without recommendations or progress reports required

   b. Preaccreditation granted with recommendations. The recommendations are not binding on the program, but reflect suggestions for improvement. These recommendations should be addressed in subsequent accreditation reports.

   c. Preaccreditation granted with specific criteria to be addressed in a Mandatory Progress Report (MPR) with set date(s) for meeting the requirements where areas in the stated criteria are not fully met. The BOR will make a decision regarding the continuation of preaccreditation status after reviewing the progress report. A reasonable time period is set for fully meeting the criteria and for submitting the required MPR to the BOR. The time period available for fully meeting the criteria starts on the day that the program is officially notified that it has not fully met one or more criteria. If the full time program is less than one year in length, the program may have no more than 12 months to fully meet the criteria. If the full time program is more than one year but less than two years in length, the program may have no more than 18 months to fully meet the criteria. If the full time program is at least two years in length, the program may have no more than 24 months to fully meet the criteria.

   d. Preaccreditation denied indicates that a program has not demonstrated sufficient evidence of meeting the established criteria and is significantly out of compliance with multiple criteria. The Program Director and appropriate Chief Executive Officer will receive a written statement detailing the reasons for the BOR's action. Programs have the right of appeal; see Section IX. Appeal Procedure for Denial or Withdrawal of Preaccreditation or Accreditation Status. A program denied preaccreditation may reinitiate the preaccreditation process at any time.

   e. Deferral of action should the evidence submitted to the BOR be insufficient for the BOR to make a decision, the BOR may defer action for six months or until the next BOR meeting. A decision may not be deferred more than once. During the deferral period, the BOR will request that the program submit additional specific documentation. After study and consideration, a decision will be made.

   f. Warning is less serious than probation. Warning status will usually, but not necessarily precede probation, but it cannot follow probation. The BOR will put a program on warning if it has not complied with ACME criteria, policies or procedures. Examples may include noncompliance with meeting ACME pre/accreditation criteria; failing to submit a Mandatory Progress Report or an Annual Monitoring Report when due; initiating substantive changes without notifying

ACME; or failing to pay invoiced ACME fees on time. The BOR will establish a plan for the program to report and document its coming into compliance.

A program's warning status will be placed on the ACME website pages to notify the public. ACME will provide written notice to the USDE, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the program of the decision, but no later than 30 days after it reaches its decision. If appropriate steps are not taken under warning, further BOR action may be taken. Under warning status, accreditation is retained, during which time the failures are to be addressed and rectified.

The BOR will set the expected time frame for the program to correct the failure in accordance with the policies found in the introduction to IV.E. Actions that may be Taken.

g. Probation is more serious than warning. It may be used if a program's noncompliance is multifaceted and/or serious, whether or not the program has previously been placed on warning. The BOR may place a program on probation that has failed to meet expectations when officially warned and/or that fails to follow ACME criteria, policies or procedures. The BOR will establish a plan for the program to report and document it's coming into compliance.

A program's probation status will be placed on the ACME website pages to notify the public within 24 hours. ACME will provide written notice to the USDE, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the program of the decision. Under probation status, accreditation is retained, during which time the failures are to be addressed and rectified. Programs must notify current students and prospective students of its probation status or ACME's intent to initiate adverse action within 7 days of being notified by ACME. If appropriate steps are not taken under probation, further BOR action may be taken.

a. Withdrawal of Preaccreditation. ACME may withdraw its preaccreditation of a program at any time, if a program is deemed to be in serious non-compliance with ACME criteria or its policies and procedures. If a program fails to resolve the issues for which it was placed on probation within the time frame set by the BOR, the BOR will withdraw its preaccreditation of a program. A program's withdrawal of preaccreditation status will be placed on the ACME website pages to notify the public within 24 hours of its notice to the program. ACME will provide written notice to the USDE, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the program of the decision, but no later than 30 days after it reaches its decision. Once

preaccreditation is withdrawn, a program cannot claim to be preaccredited by ACME. Programs must notify current students and prospective students of this negative action within 7 days of being notified by ACME. No later than sixty days after a final decision, ACME makes available to the Secretary of the USDE, the appropriate state licensing or authorizing agency, appropriate accrediting agencies, and the public, a brief written statement that summarizes the reasons for ACME's determination to deny or withdraw the pre/accreditation of a program; and provides the official comments, if any, that the affected program may wish to make with regard to the decision, or provides the evidence that the affected program has been offered the opportunity to provide official comment.

This action is likely to have negative implications for students currently in the program. Programs have the right of appeal; see Section IX. Appeal Procedure for Denial or Withdrawal of Preaccreditation or Accreditation Status. In all cases, the program bears the burden of proof to show why the BOR should not withdraw its accreditation.

2. Accreditation Actions

   a. Accreditation granted without recommendations for a specified interval and with a date for the next visit, calculated from the date of the previous site visit for which accreditation was most recently considered.

   b. Accreditation granted with recommendations for a specified interval and with a date for the next visit, calculated from the date of the previous site visit for which accreditation was most recently considered. The recommendations are not binding on the program, but reflect suggestions for improvement. These recommendations may be addressed in subsequent accreditation reports.

   c. Accreditation granted with specific criteria to be addressed in a Mandatory Progress Report and with date(s) for meeting the requirements where areas in the stated criteria are not fully met. The BOR will decide regarding the continuation of accreditation status after reviewing the progress report at its next meeting.

      A reasonable timetable is set for fully meeting the criteria and for submitting the required Mandatory Progress Report(s) to the BOR. The time period available for fully meeting the criteria starts on the day that the program is officially notified that it is has not fully met one or more criteria. If the full-time program is less than one year in length, the program may have no more than 12 months to fully meet the criteria. If the full-time program is more than one year but less than two years in length, the program may have no more than 18 months to fully meet the criteria. If the full-time program is at least two years in length, the program may have no more than 24 months to fully meet the criteria.

d. Accreditation denied (Initial or Continuing Accreditation) indicates that a program has not demonstrated sufficient evidence of meeting the established criteria and is significantly out of compliance with multiple criteria. The program director or appropriate institutional representative and appropriate Chief Executive Officer will receive a written statement detailing the reasons for the BOR's action. The program director or appropriate institutional representative will also receive notice of the right to appeal. Any previous preaccreditation or accreditation status is terminated unless an appeal is instituted. If the program decides to appeal the decision of the BOR and gives notice of such intent within the thirty-day limit, all actions by ACME concerning the change in status will be delayed until the end of the appeal process. Programs have the right of appeal; see Section IX. Appeal Procedure for Denial or Withdrawal of Preaccreditation of Accreditation Status. A program denied accreditation may reinitiate the accreditation process at any time.

e. Deferral of Action should the evidence submitted to the BOR be insufficient for the BOR to make a decision, the BOR may defer action for six months or until the next BOR meeting. A decision may not be deferred more than once. During the deferral period, the BOR will request that the program submit additional specific documentation. After study and consideration, a decision will be made. The program retains its accreditation status during the deferral period.

f. Warning is less serious than probation. Warning status will usually but not necessarily precede probation, but it cannot succeed probation. The BOR will put a program on warning if it has not complied with ACME criteria, policies or procedures. Examples may include noncompliance with meeting ACME pre/accreditation criteria; failing to submit a Mandatory Progress Report (MPR) or an Annual Monitoring Report(AMR) when due; initiating substantive changes without notifying ACME; or failing to pay invoiced ACME fees on time. The BOR will establish a plan for the program to report and document it’s coming into compliance. If the institution within which the program resides has filed for bankruptcy, the BOR may place the program on warning but it will not withdraw accreditation of the program for failure to pay invoiced fees during the pendency of bankruptcy.

   A program’s warning status will be placed on the ACME website pages to notify the public within 24 hours of its notice to the program. ACME will provide written notice to the USDE, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the program of the decision, but no later than 30 days after it reaches its decision. If appropriate steps are not taken to come into compliance, further BOR action may be taken. Under warning status, accreditation is retained, during which time the failures are to be addressed and rectified.

The BOR will set the expected time frame for the program to correct the failure in accordance with the policies found in the introduction to IV.E. Actions that may be Taken.

g. Probation is more serious than warning. It may be used if a program's noncompliance is multifaceted and/or serious, whether or not the program has previously been placed on warning. The BOR may place a program on probation that has failed to meet expectations when officially warned and/or that fails to follow ACME criteria, policies or procedures. The BOR will establish a plan for the program to report and document it's coming into compliance.

   A program's probation status will be placed on the ACME website pages to notify the public within 24 hours of its notice to the program. ACME will provide written notice to the USDE, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the program of the decision. Under probation status, accreditation is retained, during which time the failures are to be addressed and rectified. Programs must notify current students and prospective students of its probation status or ACME's intent to initiate adverse action within 7 days of being notified by ACME. If appropriate steps are not taken under probation, further BOR action may be taken.

h. Withdrawal of Accreditation. ACME may withdraw its accreditation of a program at any time if a program is deemed to be in serious non-compliance with ACME criteria or its policies and procedures. If a program fails to resolve the issues for which it was placed on probation within the time frame set by the BOR, the BOR will withdraw its accreditation of a program. A program's withdrawal of accreditation status will be placed on the ACME website pages to notify the public within 24 hours of its notice to the program. ACME will provide written notice to the USDE, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the program of the decision. Once accreditation is withdrawn, a program cannot claim to be accredited by ACME. Programs must notify current students and prospective students of this negative action within 7 days of being notified by ACME. No later than sixty days after a final decision, ACME makes available to the Secretary of the USDE, the appropriate state licensing or authorizing agency, appropriate accrediting agencies, and the public, a brief written statement that summarizes the reasons for ACME's determination to deny or withdraw the pre/accreditation of a program; and provides the official comments, if any, that the affected program may wish to make with regard to the decision, or provides the evidence that the affected program has been offered the opportunity to provide official comment.

This action is likely to have negative implications for students currently in the program. Programs have the right of appeal; see Section IX. Appeal Procedure for Denial or Withdrawal of Accreditation Status. In all cases, the program bears the burden of proof to show why the BOR should not withdraw its accreditation.

3. Actions Arising from Notification of Proposed Changes, Annual Monitoring Reports (AMR), or Requests for Information Initiated by ACME

   a. When a program notifies ACME that it intends to make a change that would impact how it meets the pre/accreditation criteria, the BOR will initiate a process of investigation to clarify which criteria are involved and how the change will impact the program's ability to meet the criteria. Programs may be asked to address these criteria in detail and in writing. The BOR will establish a reasonable time frame for submission of this information to the BOR. Programs may be told that an SER and a site visit will be necessary.
   b. When a program, through the information provided on its AMR, indicates that a change has occurred or will occur that impacts its ability to meet the pre/accreditation criteria, the BOR will initiate a process of investigation to clarify which criteria are involved and how the change will impact the program's ability to meet the criteria. Programs may be asked to address these criteria in detail and in writing. The BOR will establish a reasonable time frame for submission of this information to the BOR. Programs may be told that an SER and a site visit will be necessary.
   c. When ACME learns, through informal channels, that a change has occurred or will occur that impacts its ability to meet the pre/accreditation criteria, the BOR initiates a process of investigation to clarify which criteria are involved and how the change will impact the program's ability to meet the criteria. Programs may be asked to address these criteria in detail and in writing. The BOR will establish a reasonable time frame for submission of this information to the BOR. Programs may be told that an SER and a site visit will be necessary.

The pre/accreditation actions that may be taken as a result of information gained through mechanisms a, b, c above are as stated in IV. E. 1. and IV. E. 2.

F. Mandatory Progress Report

The letter sent by the Chair of the BOR to the program will delineate the accreditation criteria that require a response. The Mandatory Progress Report is expected to address each criterion separately and in order as written in the relevant document, *Criteria for Programmatic Preaccreditation* or *Criteria for Programmatic Accreditation.* See Appendix F for details on the proper preparation of a mandatory progress report.

G. Notification and Publication of Actions

1. Notification of Pre/Accreditation
   a. Within two weeks following the BOR meeting, the BOR Chair will communicate its decision(s) to the midwifery program director and to the institutional officers where the midwifery program resides. Copies of this communication will be sent to the ACME BOC Chair and ACME Site Visit Coordinator. The letter, certificate, and BOR worksheet to the program director or appropriate program contact will be postmarked two days prior to the other letters of notification.
   b. Notice of accrediting actions will be submitted within 30 days of taking the action to: The Secretary of the USDE, the appropriate state licensing or authorizing agencies, the appropriate accrediting and credentialing agencies, and the public.
   c. The listing of ACME pre/accredited programs is updated after each regularly scheduled meeting of the BOR and is available on the ACME web pages.
      1) A copy of this listing is submitted to the Secretary of the USDE
      2) If requested by the Secretary, a summary of major accrediting activities during the previous year in the form of an annual data summary will be submitted to the Secretary of the USDE.
2. Notification of Probation, Denial or Withdrawal of Pre/Accreditation
   a. pre/accreditation is denied, revoked, suspended, terminated, or withdrawn, or if a program is placed on probation, ACME will provide written notice to the Secretary of the USDE, appropriate state licensing or authorizing agencies, and appropriate accrediting agencies, at the same time that it notifies the program of the decision. The notifications must be sent no later than 30 days after the decision is reached. ACME will provide written notice to the public of decisions within 24 hours of its notice to the program by publishing the notice on the ACME web pages. Programs must disclose negative decisions described herein to current and prospective students within seven business days of receipt of notification.
   b. ACME routinely shares with other appropriate recognized accrediting agencies and recognized state approval agencies, information about the pre/accredited status of a program and any adverse actions that ACME has taken against a pre/accredited program. In addition, ACME will share, upon request from other appropriate recognized accrediting agencies and recognized state approval agencies, information about the pre/accredited status of a program and any adverse actions that ACME has taken against a pre/accredited program.
   c. No later than sixty days after a final decision, ACME makes available to the Secretary of the USDE, the appropriate state licensing or authorizing agency, appropriate accrediting agencies, and the public, a brief written statement that:
      1) summarizes the reasons for ACME's determination to deny or withdraw the pre/accreditation of a program; and
      2) provides the official comments, if any, that the affected program may wish to

make with regard to the decision, or provides the evidence that the affected program has been offered the opportunity to provide official comment.

d. ACME respects decisions of states and other accrediting agencies. ACME will, within 30 days of BOR action, provide to the Secretary of the USDE, a written, thorough and reasonable explanation, consistent with ACME's standards, if the BOR grants preaccreditation or accreditation to a program when the institution or a program in the institution, has been subject to:
   1) a pending or final action brought by a state agency to suspend, revoke, withdraw or terminate the institution's legal authority to provide postsecondary education in the state;
   2) a decision by a USDE recognized institutional or programmatic accrediting agency to deny accreditation or preaccreditation;
   3) a pending or final action brought by a USDE recognized accrediting agency to suspend, revoke, withdraw or terminate the institution's accreditation or preaccreditation; or
   4) a placement on probation or an equivalent status by a USDE recognized institutional or programmatic accrediting agency. ACME's statement will explain why the previous action by the other body does not preclude ACME's grant of pre/accreditation.
e. ACME will notify the USDE if there is reason to believe that the program or the institution in which the program is housed is engaged in fraud or abuse

H. Delay in Schedule of Site Visit

Programs wishing to continue their accreditation status must have a visit and BOR action prior to the termination of the current period of accreditation. A request for delay of the site visit may be made by writing to the ACME Chair at least six months before the termination of the current period of accreditation with specific reasons for the change. The requested delay may not exceed one year. Delays up to six months may be granted by the ACME Chair in consultation with the Chair of the BOR. Grants for delays longer than six months must be made by the BOR at its next scheduled meeting. Delays will not be granted for programs accredited with specific criteria to be addressed in a Mandatory Progress Report. When a site visit delay has been granted, the program is responsible for writing the PAR or SER and adhering to the ACME policies and procedures in accordance with the most recently established ACME documents.

I. Noncompliance Due to Special Circumstances

The Board of Review, at its discretion, may grant exceptions to a program that is out of compliance due to circumstances out of its control as longs as the program has the resources to become compliant and no harm in any form will be experienced by students.

V. SITE VISITOR PANEL (SVP)

A. Purpose of the Site Visitor Panel (SVP)

To amplify, clarify and verify the evidence that a program has submitted to ACME in its PAR or SER by going directly to the site(s) of the applicant's operation.

To propose policies and procedures related to conducting site visits for BOC approval.

B. Composition of the Site Visitor Panel (SVP)

Composition consists of the Site Visit Coordinator and a flexible number of volunteer site visitors depending on the number and type of midwifery education programs seeking accreditation.

C. Site Visitors

1. Selection

    a. Supported by current curriculum vita (CV), letter of inquiry or cover letter, and two letters of recommendation. Letters of reference may not be from ACME volunteers (BOC, BOR, Site Visitor Panel and Advisory Committee) and staff. The BOC will appoint this position.
    b. Selection will be guided by the goal of composing a panel with sufficient expertise in education and/or clinical practice to amplify, verify and clarify reports authored by the diverse types of programs in which midwifery education occurs. This diversity includes, but is not limited to: the geographic spread of programs across the U.S.; programs at the post-master's certificate, master's, and doctoral levels of education; programs conducted using a variety of educational methodologies including distance education methodologies; programs housed in a variety of institutions, including public, private non-profit, and private for-profit institutions; and, programs housed in a variety of disciplines, including but not limited to: nursing, health sciences, and public health.
    c. If a BOC or BOR member would like to serve on the site visitor panel upon completion of their board term, they must submit a letter of interest and current curriculum vitae to be approved by the BOC

2. Qualifications

    a. Active or associate member of the ACNM (two-thirds of the Site Visitor Panel shall be active members
    b. Minimum of a Master's degree
    c. Experience in midwifery education and/or practice

d. Available for one site visit per year
e. Able to communicate electronically
f. May be designated a senior site visitor after achieving requisite experience, evaluation and confirmation by the site visit coordinator using the following process:
    1) Site visit coordinator identifies site visitor for promotion
    2) A site visitor serves in the role of senior site visitor under the guidance of an experienced senior site visitor
    3) The experienced senior site visitor completes the evaluation form, [See Appendix J]

3. Tenure

    a. Five years, subject to reappointment by the BOC based on the evaluation and recommendation of the site visit coordinator
    b. The site visit coordinator, in consultation with the ACME Chair, may request the resignation of any site visitor at any time
    c. The site visit coordinator, in consultation with the ACME Chair, may reinstate former senior site visitors who left in good standing when the current site visitor panel is insufficient to meet the anticipated site visit schedule needs

4. Specific Conflict of Interest Policy for Site Visitors

    a. Active members of the BOR may not serve as site visitors. Former members of the BOR may apply to join the site visitor panel after completion of their term on the board. (See D. Site Visitors 1. Section, for more information)
    b. Current members of the BOC who hold senior site visitor status may conduct site visits in exceptional circumstances as determined by the BOC Chair.
    c. A site visitor may not have been associated with or a consultant to the educational program being visited within the five years prior to a proposed site visit
    d. A site visitor must not have any other association with the educational program that might create even the appearance of a conflict of interest (e.g. recently interviewed for a faculty position)
    e. A site visitor may not be an ACNM employee
    f. During the planning of a site visit, during the visit itself, and prior to the issuance of a decision by the BOR, a site visitor may not act as a consultant to an education program which she/he will visit, is visiting, or has visited
    g. Site visitors may not accept any honoraria or any form of remuneration in conjunction with a site visit from a program

5. Orientation

    a. A minimum of one orientation session with the Site Visit Coordinator and ACME staff to review policies, procedures, and general operations of the site visitor panel including the area of distance education
    b. Review and discussion of the training materials and the role and responsibilities of a site visitor
    c. The Site Visit Coordinator is available on an ongoing basis for consultation to the incoming members
    d. Required to attend a site visitor workshop or complete other BOC approved forms of site visitor training:
        1. Prior to making first site visit

2. At least once every three years unless has participated in a site visit
3. When criteria revisions and policy changes have occurred

6. Responsibilities

a. Read a program's materials in preparation for a site visit, including the PAR or SER and any other related materials
b. Amplify, verify and clarify the accuracy of those materials during a site visit
c. Prepare and submit a report of a site visit to ACME according to criteria, policies, and procedures established by ACME
d. Maintain confidentiality and the integrity of all accreditation processes
e. If a visitor will be unavailable to participate in a site visit for one year or longer, the visitor should submit written notification via email to the Site Visit Coordinator identifying the anticipated time frame of absence

D. Site Visits

1. Collaborative Site Visits

Site visits must be conducted in conjunction with the preaccreditation, initial accreditation, and continuing accreditation review of all midwifery education programs. The program may request an ACME site visit be conducted in conjunction with site visits from other accrediting bodies. See *Guidelines for Collaborative or Joint Site Visits by ACME and Other Accrediting Bodies* in Appendix C. The BOR may require a site visit at other junctures, as needed, such as in the case of a proposed substantive change in an already accredited program.

2. Purpose of the Visit and the Site Visitors Report (SVR)

The purpose of the site visit is to supplement the PAR or SER submitted by the program faculty so that the BOR will have a complete picture of the program. The site visit is conducted by a consistent, objective process. It is the responsibility of the site visitors to verify the accuracy of, clarify, and amplify data prepared by the faculty, and to seek additional information that may be pertinent to the BOR's evaluation. The information obtained in these activities constitutes the body of the Site Visit Report (SVR). The SVR is presented in a standardized report format to the BOR to use in its review of the program's pre/accreditation status.

3. Scheduling Process

a. Initiation of site visit schedule for preaccreditation

1. An administrative officer, such as president, provost, chancellor or dean, is to notify ACME that the organization wishes to initiate the programmatic preaccreditation process. The notification may occur as early as twelve months prior to the site visit and must occur no less than six months prior to the site visit.
2. For initial and continuing accreditation an administrative officer, such as president, provost, chancellor or dean, is to notify ACME that the institution wishes to initiate the accreditation process. The initial accreditation notification must occur no later than six months in advance of graduation of the first class.

b. Proposing site visit dates

The following should be considered in establishing the dates for the site visit:

1. At least six months prior to the desired visit, the program director or appropriate institutional representative should send an electronic letter to the site visit coordinator, via the ACME National Office. The letter should contain the timeframe for a review, as well as the programs that will be visited (MS, DNP, etc.,) and three sets of proposed dates, each three days in length. The program director or appropriate institutional representative should indicate the institution's first, second, and third order of preference among the sets of dates. Please send the electronic letter to ACME at Support@theacme.org.
2. The initial site visit must be scheduled after the graduation of the first class of students but no later than six months after
3. The site visit must be made no later than ten weeks prior to a regularly scheduled February or July meeting of the BOR, or ten weeks prior to a BOR meeting scheduled at any other time
4. Publishing notice of opportunity for third party comment:
   The program must identify its relevant constituencies, e.g. alumni, community members, and must publish notice prior to the date of the site visit of the opportunity for third party written comments which should be sent directly to ACME. Suggested venues for public notice could include alumni newsletters and local newspapers. Contact ACME, Administrative Assistant at the National Office for suggested text for the notice.

4. Appointment of Site Visitors

a. Criteria:
Visitors are chosen from the site visitor panel by the site visit coordinator when a site visit is to be scheduled. Visitors are chosen on the basis of experience, availability, type of program, and special needs (geographic location, joint accreditation visits, etc.) At least one of the visitors must have attended an ACME site visitor workshop or training on the latest criteria. When the visit involves a program with a significant utilization of distance education methodologies, at least one site visitor on the team must have experience with distance education.

b. Team size:
The site visit team will include a minimum of two members of which one will be a senior site visitor.
c. Timing of appointment of site visitors:
Within three months of the receipt of the requested dates, but no more than six months before the dates of the scheduled visit, the site visit coordinator will submit the names of the visitors to the program director for approval.
d. Veto by the program:
If the program finds a site visitor unacceptable for any reason, the site visit coordinator should be notified, via the ACME administrative office, by telephone or email within one week, and another name/s will be submitted. No more than two vetoes will be allowed. Vetoes of proposed visitors may delay the scheduled site visit.

5. Site Visit Arrangements

a. Expenses:
ACME administrative staff will handle the travel and hotel arrangements for site visitors. Each visitor will be allocated a per diem of $50 to cover meal expenses.
b. Travel Arrangements:
1. Air/Rail/Bus:
ACME Administrative Staff will work with site visitors to make travel reservations. Site visitors should confirm travel plans and arrival times with the program director or appropriate institutional representative once ACME has arranged travel plans.
2. Private Car:
Travel by a privately owned automobile will be reimbursed at the mileage reimbursement rate as set by the federal rate plus tolls and parking. ACME administrative staff will advise site visitors of the current rate. Site visitors should confirm travel plans and arrival times with the program director or appropriate institutional representative.
3. Arrival and departure times:
Both site visitors should plan to arrive the evening before the visit begins with sufficient time to allow for any final planning needed surrounding the visit. For the final day, both visitors should plan accordingly to allow enough time to review the site visit report (SVR) to allow for corrections and production of the final draft of the SVR.
4. Transportation to/from airport/campus:
ACME administrative staff will provide site visitors with a list of local transportation options. Site visitors will submit their original receipts for reimbursement to ACME.

5. Accommodations:
   Once the dates for the site visit are definitive and the visitors have been approved, the ACME administrative staff will make hotel arrangements for the visitors. The accommodations will be close to the institution and consist of a single room for each site visitor with a work area and internet access in each room. The ACME administrative staff will discuss the arrangements with each visitor; and provide the name, location, and telephone number of the hotel.
6. Meals:
   ACME will provide a $50 per diem to cover meal related expenses. The program director or appropriate institutional representative may provide lunch for the visitors during the visit. If a lunch is not provided, the site visitor will need to have a scheduled lunch break.
7. Computers and technological support:
   The computer needs of the site visitors should be discussed with the program director or appropriate institutional representative prior to the visit. The program director or appropriate institutional representative shall make two laptops available 24 hours a day, on and off site, for site visitors to prepare their SVR with internet access. The program director or appropriate institutional representative should also make arrangements for technical support if necessary. A screen, projector, and computer should be available for reviewing the report.

6. Site Visit Agenda

   a. Tentative schedule: The program director or appropriate institutional representative sends a tentative schedule to the site visitors and the ACME administrative staff no later than four weeks before the visit. The senior site visitor confirms the schedule with the program director or appropriate institutional representative prior to the visit.
   b. Scheduled activities include, but are not limited to:
      1. Conference with program director or appropriate institutional representative alone
      2. Conference with faculty group alone
      3. Conference with student group alone
      4. Conference with chief executive officer of the institution and other appropriate administrative officers
      5 Observation of teaching and learning resources in the academic and clinical settings
   c. Meal time meetings: Meetings should not be planned during meal times unless specifically requested by the site visitors
   d. Evening/social activities: No evening or social activities should be planned for the site visitors

7. Site Visitor Preparation

Site visitors receive the following documents from the ACME administrative assistant with the program's PAR or SER for review:

- *ACME Criteria for Programmatic Preaccreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation*
- *ACME Criteria for Programmatic Accreditation of Midwifery Education*
- *Programs with Instructions for Elaboration and Documentation*
- *ACME Policies and Procedures Manual*
- *ACME The Knowledge, Skills, and Behaviors Prerequisite to Midwifery Clinical Coursework*
- *ACNM Standards for the Practice of Midwifery*
- *ACNM Core Competencies for Basic Midwifery Practice*
- *ACNM Philosophy of the American College of Nurse-Midwives*
- *ACNM The Practice Doctorate in Midwifery* (if the program to be reviewed culminates in a practice doctorate, such as, but not limited to, a DNP or DMP)
- *ACNM Competencies for Master's Level Midwifery Education*

Site visitors must thoroughly prepare for the visit. Preparation includes reading the SER well before the visit and preparing questions which will need to be answered to amplify, verify, and clarify information in the report. The interview topics and questions should relate to the interviewee's relationship and responsibility to the program and should encompass appropriate accreditation criteria. The Site Visitor Worksheet, a blank Site Visit Report, and the Criteria for Programmatic Pre/Accreditation will be provided to visitors for the purpose of reporting on their observations of the program. Although the site visitors may divide responsibilities for preparation of the Site Visit Report, both visitors must read and be familiar with all aspects of the report.

8. Use of Reports

a. ACME property: Upon submission to ACME, all SER/PARs become ACME property. Copies will not be returned to the program. ACME's copy will be kept in the files until it is sent to the archives.
b. Site visitor use of reports: Site visitors may make notes or annotate the report as reminders of areas to verify, amplify and clarify. The annotated SER/PAR in the possession of a site visitor is considered privileged communication and is not to be made available to the program. Professional communication is expected. Site visitors should appropriately dispose of any information on the visit or the program, (e.g. paper shredder and /or away from the site visit).
c. Concerns about the PAR/SER: In preparing for the site visit, the visitors should discuss together any concerns they have about the information in the report. If the

visitors determine that these concerns warrant further discussion prior to the visit, they should contact the Site Visit Coordinator, the Chair of the BOR, or the Chair of the BOC, via the ACME Administrative Office.

9. Exhibits

   a. Purpose of exhibits: Exhibits are the supporting evidence that documents the statements made in the report. Exhibits to be reviewed by the site visitors should be compiled in one room, labeled, and organized according to the criteria they document.
   b. Document review schedule: The site visitors will determine the most expedient method to review materials, but document review should begin on the first day of the visit and all documents should be ready for review.
   c. Exhibits cited in report: The title of the exhibit should appear in the report along with the criterion number. For example: Criterion I.E.2.e. Transfer of Credit Policy.

10. Site Visit Conduct

    Site visitors should arrive in ample time to allow them to discuss and make any necessary last minute plans for the visit. The senior visitor will then coordinate any changes in the schedule with the program director or appropriate institutional representative.

    a. Attendance at Meetings with Site Visitors:
       1. Administrators are not to be present when site visitors meet with the program director or appropriate institutional representative
       2. The program director or appropriate institutional representative or other administrators are not to be present when site visitors meet with faculty and student groups
       3. The presence of the program director or appropriate institutional representative or other administrators at other meetings is negotiable at the senior site visitor's discretion
    b. Minimal Impact on Ongoing Activities: During the visit, site visitors should be considerate of ongoing activities of the program
    c. Daily Activities: Each day should include time for the visitors to gather additional data, review exhibits, organize notes and make adjustments in planned activities. Time should be allowed toward the end of the first day to start writing the SVR.
    d. Security of the Site Visit Report (SVR): Site visitor materials and the written report in progress should be secured while site visitors keep scheduled appointments. The PAR or SER in the possession of a site visitor is considered privileged communication and is not to be made available to the program or institution. Site visitors may make notes on the report as reminders of areas to verify, amplify and clarify.

e. Site Visitor Evaluation: The ACME Administrative Assistant will send the *Site Visitor Evaluation links for faculty, students and administrators* to the program director or appropriate institutional representative. The program director or appropriate institutional representative should copy as many forms as necessary and distribute them to faculty, students and administrators to be completed and then return the completed forms to the ACME Administrative Assistant. These evaluation forms are forwarded to the site visit coordinator for quality assurance purposes and are not shared with the BOR as part of the review process.

11. Functions of Site Visitors

a. Appropriate criteria: Site visitors study the PAR or SER in accordance with the appropriate *Criteria for Programmatic Preaccreditation* or *Criteria for Programmatic Accreditation* used in writing the PAR or SER
b. Objectivity: Site visitors make objective observations, viewing each program in light of its own philosophy, outcomes/objectives and purposes
c. Professional distance: Visitors are not consultants and must refrain from making recommendations to the program about any aspect of the program's functioning
d. Clarifications needed during a site visit: Clarifications about either the criteria or the policies and procedures should be directed to the ACME Chair, the chair of the BOR, the site visit coordinator, or the ACME Administrative Assistant, as appropriate
e. Allocation of site visitors' time: Both site visitors attend conferences, meetings and any activities that are scheduled during the visit. Other site visit activities, such as review of documents, tour of facilities, class and clinical visits may be assigned as individual responsibilities to assure coverage of all aspects of the program. However, for the most part, visitors work together.
f. HIPA/FERPA: Site visitors will adhere to all HIPA and FERPA regulations
g. Senior visitor as spokesperson: The senior site visitor interprets the purpose of the visit to administrators, faculty, students and others; explains the definition and purpose of accreditation; and, addresses any concerns raised relating to the accreditation process
h. Decisions on the application for pre/accreditation: The decision on the program's application for pre/accreditation rests solely with the BOR. Site visitors do not make recommendations about the outcome of the application. Site visitors should refrain from offering opinions about actions that the BOR may take.
i. Additional documentation: Site visitors may request additional documentation during the site visit. Additional documentation will be reviewed and original copies sent to the ACME National Office to be kept in the program's file in accordance with the ACME document retention policy.
j. Changes to the PAR/SER: Site visitors may not suggest or require that the program make any changes in the PAR/SER

12. Site Visitor Responsibilities

a. Name badges: ACME staff will provide program directors with name badges for each site visitor prior to the visit. Name badges should be worn throughout the site visit and then retained by visitors for future site visits.
b. Introductions at each meeting: Begin sessions with introductions. The program director may make introductions, but the senior site visitor will interpret the purpose of the visit to administrators, faculty, students and others, i.e. verify, amplify and clarify the PAR/SER but not make recommendations related to the accreditation status nor comments about the quality of the program. As appropriate, the second site visitor may take the lead in introductions and stating the purpose of the visit.
c. Last minute schedule changes: Adhere to the schedule mutually established by the program director and the site visitors. Last minute changes are usually undesirable and should occur only in an emergency and with compelling rationale, taking the program into consideration.
d. Review of documents, records and materials:
   Review will be conducted according to the following specifications:
   1) Core competencies:
      Randomly verify at least two core competencies from each of the six sections of the *Core Competencies*
   2) Faculty credentials:
      a) Determination of the number of files for review:
         This review includes both voluntary and compensated faculty. It includes all academic faculty and any CNMs/CMs who serve as clinical preceptors. In the case of thirty or fewer files, all must be examined. Random sampling of faculty who are identified as CNMs/CMs may be used if there are more than thirty faculty files. The rule is ten files or 10%, whichever is greater. If verification is not found for any of the files examined, then the site visitors must look at all files.
      b) Alternatives to AMCB Certificates:
         Refer to Criterion III. B. 1. a. Elaboration and Documentation for additional documents which may be used instead of the AMCB certificate
      c) Verification of highest degree earned:
         Site visitors must see copies of diplomas or official transcripts verifying faculty members' highest earned degrees
   3) Contracts for clinical sites:
      a) Contracts for all clinical sites in use during the identified SER time frame are required. The contracts should be signed and in alphabetical order in an exhibit.
      b) Random sampling of contract files may be used if there are more than thirty contract files. The rule is ten files or 10% whichever is greater. If verification is not found for any of the files examined, then the site visitors must look at all files. In the case of thirty or fewer files, all must be verified.

c) The PAR/SER should include a list of sites and dates when students were assigned to the clinical sites

4) CNM/CM practice guidelines:
   a) Complete practice guidelines for **all** clinical sites listed above do not need to be available, but the site visitors must see either the practice guidelines or documentation of one of the following for each site utilized: written evidence of peer review of the practice, or faculty confirmation of the appropriateness of the site for students, either through review of the policies and practice guidelines or another appropriate mechanism.
   b) Each clinical practice guideline should be reviewed for currency, consistency with current ACNM *Standards for Midwifery Practice*, and signatures
5) Evidence of evaluation site visits to clinical facilities:
   a) Initial and periodic evaluation site visits to clinical facilities by the program director or a designee of the program director will be documented by written reports and may be shared among ACME accredited education programs. Random sampling of evaluation site visits may be used if there are more than thirty files. The rule is ten files or 10% whichever is greater. If verification is not found for any of the files examined, then the site visitors must look at all files. In the case of thirty or fewer files, all must be verified.

e. Preparation of the SVR: Site visitors prepare and write the SVR using the appropriate format. The program is to be reviewed only on the basis of the criteria. The PAR or SER must provide specific and sufficient evidence to the BOR that each criterion has been met.

f. Addressing each criterion: Site visitors must write an entry for each criterion. Whenever possible, at least two sources of evidence must be specified by the site visitors for each criterion through verification of information in the PAR/SER or through clarifying or amplifying statements made to the site visitors.

g. If evidence is not cited in the PAR or SER, the site visitors should review program materials and other evidence in order to verify the criterion is met. That additional information should be included in the SVR. Merely stating that criteria have been met or have not been met does not constitute evidence. Some factual data regarding the program or the visitors' observations are essential. For example: Criterion I.C.2. The midwifery program has sufficient fiscal resources to ensure that program objectives can be met. Visitors note: "There is adequate documentation of financial support in the SER... review with the Dean revealed... etc." If it appears that there is conflicting documentation, as many clarifying and amplifying sources as necessary should be sought and documented. The report is a supplement rather than a duplicate of the PAR or SER.

h. SVR shared with the program director privately: Site visitors share the report privately with the program director in advance of the public reading.

i. The public reading:
   1) Site visitors read the prepared SVR to the academic institution officials, program director or appropriate institutional representative, faculty and guests invited by

the program. The public reading will be facilitated if the program has appropriate technology available to project the report.

2) Purpose of the public reading: This reading provides an opportunity for those involved to make corrections or clarify misinterpretations. Substantive changes will not be made if the report accurately reflects the visitors' observations.

E. Additional Information

1. Submission of Additional Information

   If the program director or appropriate institutional representative needs to submit additional information to amplify, clarify, and verify the findings of the site visit report, one electronic copy may be submitted to the ACME Administrative Assistant support@theacme.org for the BOR's consideration. The site visitor may also recommend that additional materials be submitted.

2. Options for Submitting Additional Information

   Programs have two options for submitting additional information.

   a. Addenda submitted with the SVR: Additional information may be submitted as addenda to the SVR when the SVR is transmitted at the conclusion of the site visit
   b. Addenda submitted following the site visit: The program director or appropriate institutional representative may submit one electronic copy of the additional information to the ACME Administrative Assistant support@theacme.org within seven days following the site visit for BOR's consideration. The original PAR/ SER is retained intact and additional information is added to the program documents. Post site visit and prior to BOR meeting, the BOR Chair may request additional information to verify criteria from the program.

F. Additional Responsibilities of the Senior Site Visitor

1. Spokesperson

   Act as official spokesperson for the team. Both visitors, however, share in the conduct of interviews, observations in clinical sites, review of documents and the reading of the report.

2. Site Visit Organizer

   Coordinate planning of the site visit, including observations of program or institutional activities. Initiate contact with the other visitor soon after the assignment is made. Plan for site visit schedule and for orientation of other visitor as required.

3. Orientation of New Site Visitors

   When the senior site visitor is accompanied by a new site visitor, the senior site visitor orients the new visitor. The orientation includes a review of the conduct of the visit the evening before the site visit, briefing before interviews or observations, assistance with preparing the report, and planning the reading of the report to the program. A site visitor is considered in orientation until there has been opportunity for the new visitor to participate in and achieve competence in all facets of a site visit.

4. Arrange Orientation

   Arrange and conduct the team's orientation sessions and subsequent conferences, observations and meetings

5. Site Visit Scheduling

   Plan and coordinate the visit schedule with the program director, seeking the consultation of the other visitor

6. Site Visit Conduct

   Conduct the interview and group sessions during the site visit unless the visitors agree that the second visitor will conduct a session
   a. Request that the program director prepare the list of the names and titles of all persons interviewed for the SVR
   b. Assure that the SVR is complete in its verification, clarification and amplification of all criteria
   c. Consult with the chair of the BOC, the site visit coordinator, or the chair of the BOR on procedural or other problems encountered during the visit
   d. Arrange with the program director the mechanism for addenda to the PAR/SER to be submitted by the program
   e. Assume leadership in the reading of the SVR to the program faculty and invited guests
   f. Finalize the handling of the Site Visit Report. The senior site visitor should handle the SVR in this manner:
      1) Send SVR via email to the ACME Administrative Assistant for distribution to the BOR. Electronic copies will be sent to all members of the BOR.
      2) Provide a copy to the program director or appropriate institutional representative
      3) Provide a copy to the dean or the institutional chief executive officer
      4) Retain one hard copy of the SVR in case it is lost in transit

5) The senior site visitor may be called prior to the BOR meeting for additional clarification about the SVR. The SVR copy should disposed of in a confidential manner following completion of the BOR review and decision
6) The senior site visitor verifies that the program director has the site visitor evaluation links for faculty, students and administrators, which the ACME administrative assistant sends to the program director prior to the visit and insures that the program director will distribute them

g. Throughout the entire site visit process site visitors will:
1) Maintain confidentiality
2) Not write on program materials except the PAR/SER
3) Maintain objectivity in seeking information during interviews, making observations and reviewing documents, i.e. view each program in light of ACME criteria and in light of its own philosophy, objectives and purposes
4) Use caution in interpreting or offering information about ACME policy or procedures. Any questions about the policies and/or procedures should be directed to the ACME BOC Chair or Executive Director.
5) Arrange travel schedule to allow for pre-visit planning by the two site visitors and to allow the site visitors' report to be presented by both site visitors. In rare circumstances exceptions may be necessary.
6) Negotiate the planning of personal and professional activities with the other site visitor
7) Be economical in travel arrangement requests and meal expenses
8) Use discretion with information that is available during the site visit, such as access to learning materials, job openings, etc. Whenever possible, it would be preferable to make inquiries and requests after the BOR has completed its deliberations about the program's accreditation status.
9) Dress professionally

VI. APPLICATION FOR PRE/ACCREDITATION PROCESSES

A. Preaccreditation

1. Procedure for Initiating the Process and Scheduling a Site Visit

    a. Letter of Intent — An administrative officer, such as President, Provost, Chancellor or Dean, is to notify ACME in writing by hard copy letter via US Post that they wish to initiate the programmatic preaccreditation process. This notification may be sent as early as twelve months but no later than six months prior to the site visit dates proposed by the institution. See Appendix E, Workflow to Initiate Midwifery Education Program.
    b. ACME Administrative Assistant will acknowledge receipt of this notification, will send the institution information about the timeline for submission of the PAR and conduct of the site visits, and will request that the institution send ACME three proposed sets of alternate dates, each set three days in length. The site visit must be made no later than ten weeks prior to a meeting of the BOR. At this time, current documents and manuals, and a list of current fees will be sent.
    c. Upon receipt of the proposed site visit dates, the Site Visit Coordinator will solicit volunteers for the proposed dates and will select two visitors from among the volunteers. ACME Administrative Assistant will communicate the chosen dates and proposed visitors to the institution.
    d. The institution must approve or veto the proposed site visitors in a timely manner. The institution may veto up to two visitors. If the institution's response is received so late that the chosen site visitors will not have at least eight weeks to read the PAR and prepare for the visit, and/or if the rescheduling would leave less than ten weeks after the site visit for BOR members to prepare to review the proposed program, ACME may reschedule the visit to a later date. Such rescheduling may cause the BOR's review of the proposed program to be rescheduled to the following February or July meeting, or to be scheduled for a meeting by conference call prior to the next regular BOR meeting.

2. Accreditation Standards

    The program will be reviewed according to the *ACME Policies and Procedures Manual* and the *Criteria for Programmatic Preaccreditation* in effect at the time the letter of intent is submitted, unless the program requests a review according to more recently revised versions of these documents.

3. Professional Standards

   As established in the *Criteria for Programmatic Preaccreditation*, the program will be reviewed for its congruence with standards for the profession of midwifery established by the ACNM that were in effect at the time the letter of intent is submitted, unless the program requests a review according to more recently revised versions of these documents. See Section I.C. for the document list and their links.

4. The Preaccrediation Report (PAR)

   The program must prepare and submit a PAR using the *Criteria for Programmatic Preaccreditation* and the information in the *Policy and Procedure Manual*. See Appendix F for specific information on the preparation of the PAR.

5. Off-Cycle BOR Consideration

   If needed for financial or recruitment purposes to initiate the program, the program may request in writing to the ACME Chair that the BOR meet between regular meetings of the BOR via telephone conference call to determine whether preaccredited status will be granted. Upon receipt of the request, the ACME Chair confers with the BOR Chair.

6. Granting of Preaccreditation Status

   The BOR will grant preaccreditation status to a program that gives evidence of being consistent with the *Criteria for Programmatic Preaccreditation*. See Section IV.E. for the types of actions that may be taken by the BOR. The program will be notified in writing by the BOR Chair. The BOR Chair will notify the institution and its designated officials in writing of the BOR decision on preaccreditation. Preaccredited programs will be listed as such on the ACME website.

7. Maintenance of Preaccreditation Status/Reporting Requirements

   Preaccreditation is maintained by having a favorable ongoing review by ACME via the annual monitoring process for a maximum of five years. After preaccreditation status has been granted, the program director must notify the ACME Chair in writing of any of the circumstances listed below. If the changes occur in the two months prior to the date of submission of the annual monitoring form, they may be submitted via that form. If the changes occur at any other time of the year, the program director must communicate in writing with the ACME Chair:

   a. More than one year elapses from the time of receiving preaccreditation status and the enrollment of students
   b. There are substantive changes in the program, as discussed in Section VII in this document
   c. There is an interruption in the admission of classes of students

8. Maintenance of Preaccreditation Status of Unreported Changes

   If the ACME Chair becomes aware of unreported changes or new information occurring in a preaccredited program that could cause the program to be out of compliance with the preaccreditation criteria, the ACME Chair will request clarification from the program director. The ACME Chair consults with the BOR Chair to determine whether a program change or new information is substantive enough to be addressed by the BOR. If reviewed by the BOR, the BOR will determine what documentation is necessary and whether additional review by the BOR or a site visit will be required. The BOR may determine whether preaccreditation status will be continued or revoked.

9. Denial of Preaccreditation and Appeal Rights

   A program that has been denied preaccreditation status has the right to appeal the decision. The appeal process is outlined in this document in Section IX below.

B. Initial and Continuing Accreditation

1. Procedure for Initiating the Process and Scheduling a Site Visit

   a. Letter of Intent - An administrative officer, such as President, Provost, Chancellor or Dean, is to notify ACME in writing by hard copy letter that they wish to initiate the initial programmatic accreditation process
      1) For initial accreditation, this notification must be sent no later than six months prior to the graduation of their first class. The SER for initial accreditation may not be submitted prior to the time the first class of students has completed all basic theoretical and clinical requirements of the program. The site visit must occur after graduation of the first class, but no later than six months after such graduation.
      2) For continuing accreditation, the process may be initiated as early as twelve months prior to the proposed site visit dates. The process must be initiated no later than six months prior to the proposed site visit dates. Absent extenuating circumstances, the program should plan for review by the BOR at the regularly scheduled BOR meeting immediately prior to the expiration date of the program's current accreditation. For example, if the program is accredited through September of 2016, it should submit its SER and have its site visit in time for consideration at the June 2016 BOR meeting.
   b. ACME administrative staff will acknowledge receipt of this notification, will send the institution information about the timeline for submission of the SER and conduct of the site visit, and will request that the institution send ACME three proposed sets of alternate dates, each set three days in length. The site visit must be made no later than ten weeks prior to a meeting of the BOR.

c. The institution must respond no later than six months prior to the proposed dates of the site visit
d. Upon receipt of the proposed site visit dates, the Site Visit Coordinator will solicit volunteers for the proposed dates and will select two visitors from among the volunteers. ACME administrative assistant will communicate the chosen dates and proposed visitors to the institution.
e. The institution must approve or veto the proposed site visitors in a timely manner. The institution may veto up to two visitors. If the institution's response is received so late that the chosen site visitors will not have at least eight weeks to read the SER and prepare for the visit, and/or if the rescheduling would leave less than ten weeks after the site visit for BOR members to prepare to review the proposed program, ACME may reschedule the visit to a later date. Such rescheduling may cause the BOR's review of the proposed program to be rescheduled to the following February or July meeting, or to have an off-cycle review. The program seeking accreditation will be required to pay an off-cycle review fee. See Appendix I for the fee schedule.

2. The Self-Evaluation Report (SER)

The education program must prepare and submit a SER using the *Criteria for Programmatic Accreditation*. Detailed directions for the preparation and submission of the SER are found in Appendix F of this manual. The SER for initial accreditation may not be submitted prior to the time the first class of students has completed all basic theoretical and clinical requirements of the program.

3. Off-Cycle BOR Consideration

If needed for financial, recruitment or other fundamental purposes, the program may request in writing to the ACME Chair that the BOR meet between regular meetings of the BOR via telephone conference call. Upon receipt of the request, the ACME Chair confers with the BOR Chair. If the request is granted, the program is responsible for paying an off-cycle review fee. See Appendix I for the fee schedule.

4. Site Visits

A site visit is conducted in conjunction with the initial accreditation and with the continuing accreditation process

5. Granting of Accreditation Status

The BOR will grant accreditation status if a program gives evidence of being consistent with the *Criteria for Programmatic Accreditation*. See Section IV.E. for

the types of actions that may be taken by the BOR. The program will be notified in writing by the BOR Chair or ACME representative and will be listed as such on the ACME website. If the program does not present evidence of meeting the *Criteria for Programmatic Accreditation* and will not be granted accreditation status, the program will be notified in writing by the BOR Chair.

6. Maintenance of Accreditation Status/Reporting Requirements:

    a. Initial accreditation is maintained by having a favorable ongoing review by ACME via the annual monitoring process for a maximum of five years
    b. Continuing accreditation is maintained by having a favorable review via the annual monitoring process for a maximum of ten years after an initial successful five year period of accreditation. After accreditation status has been granted, the program director must notify the ACME BOR Chair of any changes of how a program meets ACME criteria. If the changes occur in the two months prior to the date of submission of the annual monitoring form, they may be submitted via that form. If the changes occur at any other time of the year, the program director must communicate in writing with the ACME Chair. See Section VII of this manual for information on identifying and reporting substantive change.

7. Collaborative or Joint Site Visits

    If the program desires to coordinate the ACME site visit with that of another accrediting agency's site visit, they must request such activity at least six months in advance or at time of their letter of intent. Details on such coordinated events can be found in Appendix C.

8. Maintenance of Accreditation Status/Unreported Changes

    If the ACME Chair becomes aware of unreported changes or new information occurring in an accredited program that could cause the program to be out of compliance with the accreditation criteria, the ACME Chair will request clarification from the program director. The ACME Chair consults with the BOR Chair to determine whether a program change or new information is substantive enough to be addressed by the BOR. If reviewed by the BOR, the BOR will determine what documentation is necessary and whether additional review by the BOR or a site visit will be required. The BOR may determine whether accreditation status will be continued or revoked.

9. Denial of Accreditation and Appeal Rights

    A program that has been denied accreditation status has the right to appeal the decision. The appeal process is outlined in this document in Section IX.

10. AMCB Exam Eligibility

    Graduates of the accredited program are eligible to take a national examination from AMCB if the program was accredited at the time of the graduate's admission and graduation

VII. MONITORING CHANGES IN AND/OR ACTIONS OF THE PROGRAM RELATED TO PRE/ACCREDITATION STATUS

A. Programmatic Changes

A substantive change is one which creates a new response to any of the ACME criteria for programmatic pre/accreditation of midwifery education programs.

ACME supports creative change to allow for educational modifications, developments in the professional field, institutional affiliations, financial efficacy, local need or other changes designed to ensure access to accredited programs for all students who wish to become midwives. All program changes will be reviewed in light of the ACME programmatic criteria to ensure that the educational offerings remain at the graduate level, that the programs will produce safe, competent midwives, and to ensure that students are appropriately prepared to take the AMCB certification exams.

ACME implements its pre/accreditation of programs based on the USDE definition: “Program means a postsecondary educational program offered by an institution of higher education that leads to an academic or professional degree, certificate, or other recognized educational credential.” Each program leads to a specific award or credential, such as a degree or a certificate. Four specific types of programmatic changes, along with establishing an affiliation between programs and/or institutions, are addressed below. All changes described below must be reported to ACME prior to implementation. The four specific programmatic changes are: reconfiguration, transition to a new credential, adding a companion program and adding a separate program.

1. Reconfiguration within a Pre/Accredited Program

a. This section refers to changes made within a pre/accredited program that leads to a single award or credential. In reconfiguration, no change is made to the credential to which the program leads. However, other changes that would alter how the program meets the accreditation criteria may be made to the program’s structure or operation.

   For example, if the pre/accredited program undergoing change is within a program in Midwifery that leads to a Master of Science (MS) degree, the reconfigured program will still lead to a Master of Science degree after the changes have been made.

   Below are some examples of programmatic reconfiguration. This is not a comprehensive list. The program must report any other changes related to its ability to meet ACME criteria.

   1) Housed in or affiliated with an institution that has had an alteration in its accreditation status
   2) Change in institutional affiliation

3) Major curricular changes, such as adding concentrations or changing the number of credits required to complete the program
4) Shift in the financial support for the program, including changes that have a negative impact on the continuation of the program
5) Significant change to the quantity and type of clinical midwifery services that provide sufficient patient volume for students to achieve competency
6) Significant reduction in the number, status or qualifications of faculty
7) Change of the program director
8) Notable decline or significant increase in the number of students allowed to enroll
9) Changing from a traditional mode of delivering the curriculum to distance education
10) Adding a new separate location for offering the program
11) Changes in admissions cycles; and/or
12) Change from a semester to a quarter academic calendars or the reverse

b. Changes within a program may be planned, the result of periodic evaluation or unplanned. All changes that alter how the program would address an accreditation criterion must be reported. Such changes must be reported in a timely manner, either through the annual monitoring reporting process or by separate communication with the ACME Chair.

2. Transition to Another Credential

a. Transition to another award or credential refers to changes to a pre/accredited program that alters the credential to which it leads. That is, the program shifts from culminating in one degree or certificate to a new degree or certificate. An example of a transitional change would be a program in Nurse-Midwifery culminating in a Master of Science in Nursing (MSN) degree changing so that it will culminate in a Doctor of Nursing Practice (DNP) degree.
b. Transition from one credential to another is a substantive change. While some of the programmatic elements may remain the same, such as the library resources, the institutional administration, and academic teaching facilities, other aspects will shift to address the new credential offered. Such changes may be reflected in the curricular requirements, program objectives and student outcomes, graduation requirements, clinical sites, faculty qualifications, and the like. ACME expects that transition to a new credential will alter how the program would address a number of the accreditation criteria. This type of change would require a program to conduct a comprehensive review of the programmatic accreditation criteria and submit that as a report to ACME. Action by the BOR will be taken as indicated.

3. Adding a Companion Program to a Pre/Accredited Program

a. A school or college or pre/accredited program may wish to add one or more companion programs to its existing curriculum to give students additional educational options. Adding a companion program would entail identifying a specific curricular path that would lead to a different award or credential than the one currently awarded by the pre/accredited program. An example of adding a companion program would be a program in Midwifery that leads to a Master of Science (MS) degree that seeks to add a curricular path for those wishing to earn a Post-Master's Certificate as the terminal credential. In this scenario, students from both the degree and certificate programs may take many of the same courses together, but the admissions review, the specific progression and completion requirements and ultimately the credentials earned would be different. See Appendix I for fees associated with a companion program.
b. Addition of the companion program means that a second new program with its separate credential will need to be reviewed by ACME for accreditation. Many of the elements may be similar for the two programs, such as institutional administration, academic facilities, library resources and the like. Students in the two programs may share a number of the same classes. However, the companion program leading to its separate credential will have its own completion requirements and its own separate curricular path. Faculty, clinical sites, evaluation and other aspects may be added for the new companion program. This type of change would require a program to conduct a comprehensive review of the programmatic accreditation criteria and submit that as a report to ACME. Action by the BOR will be taken as indicated.

4. Adding a Separate Program

a. The university in which a pre/accredited program is set may wish to establish a separate, additional program leading to a different degree or credential. The new separate program would be distinct from the existing pre/accredited program. For example, a university that houses a College of Nursing that offers an accredited program in Nurse-Midwifery leading to a Master of Science in Nursing (MSN) degree that prepares students for certification as a CNM may also house a College of Health Sciences that wishes to add a program in Midwifery leading to a Master of Health Sciences (MHS) degree that prepares students for certification as a CM. In this scenario, while the students may share some courses, the differences between the programs may be greater than the similarities. The new MHS degree offering would be a separate new program. See Appendix I for fees associated with a separate program.
b. Adding a new separate program would mean that all aspects of the program may be different from the one currently accredited by ACME, including different faculty, library resources, institutional administration, programmatic objectives, student outcomes, admissions and completion requirements, as well as ultimately leading to two different credentials. The new, separate program will require a formal application for pre accreditation by ACME, a site visit and review by the BOR.

5. Affiliation Agreements

a. Affiliations leading to a single credential
   1) Programs or the institutions in which they are housed may arrange for some program requirements to be offered by an affiliated entity. They would share in offering a curriculum that leads to a single credential. Only one of the affiliated entities will offer the credential and needs to be pre/accredited by ACME. If affiliated institutions jointly offer students courses within the midwifery education program, the institutions must clearly identify which institution awards the credential and state the nomenclature of the specific credential to be earned.
   2) An example would be a program leading to a basic certificate that affiliates with another institution to offer some graduate level courses required for completion of the certificate. However, only the entity that awards the certificate would need to be accredited by ACME or may advertise as offering an accredited program. Note that in accordance with the ACNM Position Statement 'Mandatory Degree Requirements for Entry into Midwifery Practice', "completion of a graduate degree shall be required for entry into clinical practice." Therefore, earning a certificate alone will not provide eligibility for a graduate to take the AMCB exam.
b. Affiliations leading to multiple credentials
   1) Programs or the institutions in which they are housed may arrange for completion of one program in midwifery education in conjunction with an affiliated program in midwifery education leading to a different credential. The two programs may allow students to complete coursework concurrently or sequentially. However, each partner in the affiliation must clearly delineate the program admission, completion and graduation requirements, as well as clearly state the credential to be earned at each institution. Each partner who states they offer a midwifery education program must be accredited by ACME and must clearly state the credential it awards.
   An example would be a program in midwifery education at one institution leading to a certificate that affiliates with a different institution that offers a program in midwifery education leading to a master's degree. The student would earn two different credentials. Each credential would be from an ACME accredited program.

B. Accuracy of Public Information

All advertising/information to the public regarding recruiting, admissions practices, academic calendars, catalogs, other publications, grading and advertising must be accurate and if the program chooses to state it is accredited by ACME, reflect the accreditation status of the program.

When the accreditation status mentioned in published material does not reflect the current accreditation status, ACME will direct the program to correct the inaccuracies by publishing revised editions or inserting correction notices. This includes:

a. The pre/accreditation status of the program
b. The contents of the Site Visit Report (SVR) and/or
c. The action(s) of the BOR

C. Processes for Reporting Substantive Change(s) in the Nature of the Program

1. Notification to ACME Board of Review (BOR) Chair

A pre/accredited midwifery program must continue to meet current ACME criteria in order to maintain that status. Any substantive change in a pre/accredited program that would alter the response to any pre/accreditation criterion must be reported. The four types of changes, reconfiguration, transition to a new credential, adding a companion program and adding a separate program, along with creation of affiliation agreements with other educational institutions, are described in this Policies and Procedures Manual. If the program director or the appropriate institutional representative is uncertain whether a proposed change would affect how the program meets one or more criteria, the ACME BOR Chair should be consulted. If needed, the ACME BOR Chair will discuss the question with the ACME BOC Chair. The program director or appropriate institutional representative must submit an outline of the proposed changes relative to the specific criteria affected and dates of proposed implementation to the ACME BOR Chair. The ACME BOC Chair will consult with the BOR Chair to determine whether a program change should be addressed by the BOR.

2. Outcomes of Consultation
The following outcomes of this consultation are possible:
   a. The Chairs may decide that no further information is needed and the proposed changes do not require action by the BOR
   b. The Chairs may decide that further information is needed
   c. The Chairs may refer the proposed changes to the BOR, which will review the proposed changes and consider action. Actions that the BOR may take are delineated in the Board of Review section of this manual. See the current ACME fee schedule for fees related to substantive change.

D. Teach-Out Agreements

A program accredited by ACME that enters into a teach-out agreement with a program at another institution must submit that teach-out agreement to the ACME Chair for approval. ACME will approve the teach-out agreement only if:

a. The agreement is between programs that are pre/accredited by ACME
b. Is consistent with applicable ACME standards
c. It provides for the equitable treatment of students by ensuring that the teach-out program has the necessary experience, resources, and support services to provide

an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the closed program; and

d. The teach-out program demonstrates that it can provide students access to the program and services without requiring them to move or travel substantial distances.

E. Admission of Students in all Cases of Substantive Change

In all cases, in order to ensure the pre/accreditation status is maintained, ACME policy is that programs undergoing substantive change should not admit students under the proposed new format until the BOR has acted on the status of pre/accreditation. The BOC has authorized the BOR to use expedited communication formats if requested by the changing program for BOR discussion and determination of accreditation actions.

F. Change in Admission Cycle

Institutions and programs have established student admission cycles (e.g. once every year, twice a year, once every two years). When a variation occurs either by additional admission cycles or omission of cycles, written notification must be provided to the Chair ACME, including an explanation of the impact upon the institution or program, for possible BOR action.

G. Unreported Changes

If the BOC or the ACME Chair becomes aware of changes occurring in an accredited program that could endanger accreditation status, the ACME Chair will request clarification from the program director or appropriate institutional representative. The ACME Chair and BOR Chair will confer as to whether the situation merits review and action by the BOR.

H. Monitoring Between Reviews-Annual Monitoring Report (AMR)

ACME implements an ongoing process of monitoring its pre/accredited programs to achieve the goal of continuous and ongoing improvement and to gather data on each program's performance with respect to student achievement.

1. Reporting Time Frame

An Annual Monitoring Report (AMR) for programs will be requested in the spring of each year. This is one of the mechanisms ACME uses to monitor programs throughout the pre/accreditation period to ensure continuing compliance with pre/accreditation criteria. The program director or appropriate institutional representative is required to complete the form according to the instructions provided. All information requested in this report pertains to the immediately preceding calendar year (not the academic year). If substantive change(s) have occurred in the last year, the date that the substantive change(s) was reported (in writing) to the ACME BOR Chair should be included with the Annual Monitoring Report (AMR).

If ACME administrative staff does not receive the completed AMR by the specified time, a follow-up contact with the program director or appropriate institutional representative will be made. If a program does not submit the AMR, the BOR will provide official warning to the program that the monitoring report is to be submitted to ACME within thirty days. Failure to comply will result in probation and could lead to withdrawal of pre/accreditation.

2. Programs' Aggregated Annual American Midwifery Certification Board (AMCB) Pass Rates

Programs' aggregated annual AMCB pass rates for first time test takers are required data for the ACME AMR. The aggregated annual pass rate data should be calculated on the most recent three years of test results. If the BOR notes a program's aggregated pass rate reported on the AMR is less than 85%, the BOR will require the program to develop and submit an improvement plan which should include an explanation for the low pass rate, a plan for improving the first time pass rate, the five-year pass rate, and first time retake pass rate. If the BOR finds the program has reported on two consecutive AMRs that its pass rate has failed to reach 85%, the BOR will place the program on warning.

3. Review of Annual Monitoring Report (AMR)

All AMRs will be reviewed by the ACME BOC Chair, the BOR Chair and the Executive Director. The Chairs will make decisions as to which programmatic or institutional changes or concerns need to be brought to the attention of the BOR for review and action. If the BOR is asked to review the changes or concerns, the actions will be as stated above under Sections VII.A.1.-2. The time period for a program to come into compliance will be specified by the BOR.

I. Responding to Accreditation Actions by States or Other Accreditors

If a USDE recognized institutional accrediting agency takes adverse action with respect to the institution offering an ACME pre/accredited program or places the institution on public probationary status, ACME will promptly review its pre/accreditation of the midwifery program to determine if it should take adverse action against the program.

J. Failure to Permit Reevaluation

Should a program fail to permit reevaluation after due notice as specified elsewhere in this document, the BOR may take action to withdraw the pre/accreditation status of a program. If the program seeks reinstatement, the process for obtaining pre/accreditation status must be followed.

VIII. CLOSING OF A MIDWIFERY PROGRAM or VOLUNTARY WITHDRAWAL

A. Voluntary Withdrawal of Accreditation

When a program decides to close and/or voluntarily withdraws its preaccreditation or accreditation status or lets its preaccreditation or accreditation status lapse, a report that fully describes the plan for closing and/or withdrawing accreditation is to be submitted to the ACME Chair as a two-step process:

1. Initial Notification to ACME

   A letter is to be sent to the ACME Chair with notification that the program or institution is to close or withdraw pre/accreditation along with the ways and means for students to complete the ACME pre/accredited midwifery curriculum, the projected student teach out completion date, the number of students still to graduate and the schedule of courses for completing the teach out process.

2. Schedule of Closure and/or Withdrawal Related Actions

   When the exact date for the closing and/or withdrawal is determined, a letter is to be sent to the ACME Chair to address:

   a. Final plans for students to complete the certificate or degree
   b. Specific plans for the maintenance and accessibility of student records pertinent to the program or faculty, staff and student records for the institution
   c. Arrangements, if appropriate to the situation, for the continuation of essential student services and institutional functions during the closure and/or withdrawal process
   d. If applicable, steps taken to meet any specified conditions (specific criteria) the program has been requested to address by the BOR

B. Board of Review (BOR) Actions

Based on the information provided in the report, the accreditation status of the program, and the time of the next scheduled site visit, the BOR will take the following actions:

a. Cancel the next visit and continue accreditation until the closing date
b. Schedule a supplementary visit
c. Reaffirm the originally scheduled visit or
d. Withdraw accreditation upon notification by the program

C. Refusal to Submit a Closing/Withdrawal Report

If a program that is planning to close refuses to submit a report to the BOR or to comply with the BOR's request(s), such action will constitute a declaration of choice to have accreditation status withdrawn. The BOR will take action to that effect.

D. Continued Operation

If a program that has informed ACME of its plans to close and has been notified of the BOR's decision to continue accreditation subsequently changes its plans to close and decides to continue operating beyond the initially announced closing date, a site visit will be scheduled at the earliest date possible. The procedure to be followed will depend upon the status of the program or institution at the time of both the announcement of its closing and that of the change of plans.

E. Closure without Notice to ACME

If a program closes without prior notice to ACME, the closing brings with it the effective withdrawal by ACME of the program's pre/accreditation. The BOR will take specific action withdrawing pre/accreditation status.

F. Lapsed Pre/Accreditation

When a program fails to initiate the process of applying for initial accreditation or continued accreditation according to the timeframes established by ACME, and reaches the date established in its letter of accreditation for its next site visit without initiating the process, the program's pre/accreditation lapses. ACME will take specific action withdrawing pre/accreditation status. ACME will send a notification to required entities within 10 business days of a midwifery program's lapse in pre/accreditation and will post in the Database of Accredited Postsecondary Institutions and Programs.

G. Notification of Pre/Accreditation Withdrawal

In the case of a program closing and/or voluntarily withdrawing from pre/accreditation, ACME withdraws the program's pre/accreditation status. ACME will provide written notice to the Secretary of the USDE, appropriate state licensing or authorizing agencies, appropriate accrediting agencies, and, upon request, the public. ACME will send a notification to required entities within 10 business days of receiving a midwifery program notification to withdraw and will post in the Database of Accredited Postsecondary Institutions and Programs.

H. Fees

Programs are responsible for paying fees owed to ACME. All fees must be paid by the established deadline. All ACME fees will be pro-rated by month with the portion of prepaid funds refunded if the accreditation period remaining is less than one year in length. See Appendix I, Fee Schedule.

IX. APPEAL PROCEDURE FOR DENIAL OR WITHDRAWAL OF PREACCREDITATION OR ACCREDITATION STATUS

A. Written Notice of Appeal

A program whose pre/accreditation status has been denied or withdrawn may appeal the decision denying such status within thirty days of its receipt of notice of such denial by filing a written notice of appeal with the ACME Chair. All actions by ACME concerning the change in status of accreditation will be delayed until the end of the appeal process.

Before an adverse action by the BOR based solely upon failure to meet a standard or criterion is considered final, a program may on one occasion seek ACME review of significant information that was unavailable prior to determination of the adverse action and that bears materially on the deficiency. If the BOR takes action leading to an appeal that was based on a program's failure to meet criteria pertaining to finances, and if the new financial information meets the criteria or gives evidence of progress toward meeting the criteria, ACME will consider that information in making a decision on the appeal. The content of the additional new significant or financial information may not lead separately to an appeal.

Specifically, if the adverse action relates to the program's financial status, new financial information may be reviewed once if the following conditions apply:

1. The financial information was unavailable to the program until after the decision subject to appeal was made
2. The financial information is significant and bears materially on the financial deficiencies identified by the BOR
3. The only remaining deficiency cited by ACME in support of a final adverse action decision is the program's failure to meet a criterion pertaining to finances

The new financial information may not provide a basis for an appeal.

B. Appointment of Ad Hoc Appeal Panel

Within ten working days of receipt of the written notice of appeal, the ACME Chair shall appoint an Ad Hoc Appeal Panel of four members from the BOC. The Chair will verify that the proposed members of the Panel are free of any potential conflicts of interest and may not include anyone who was a member of the BOR at the time that it took the initial adverse action. One of the members of the Panel will be the public member of the BOC, unless a potential conflict of interest would prevent her/him from serving. In that case, a public member will be selected to serve on the Ad Hoc Appeal Panel drawn from a pool of former

public members of the BOC or BOR and the current or former public members of the ACME Advisory Committee. The Chair will insure that the panel includes both practitioners and educators. If the program under review relies exclusively or heavily on distance education methodologies, the chair will insure that at least one member of the panel has experience with distance education. After the members have been appointed to the panel, the chair will discuss the conduct of the appeal with the panel members to insure that each is thoroughly prepared for her/his role in the appeals procedure. The ACME Chair will ensure that all ACME participants will be knowledgeable with regard to ACME and ACNM documents, especially the ACME criteria for programmatic pre/accreditation and the *Policies and Procedures Manual.* If necessary, the chair will seek input and guidance from a lawyer in order to ensure that the panel is properly prepared for its duties and that due process is followed.

C. Notice of Hearing

1. Within 10 working days following the formation of the Ad Hoc Appeal Panel, the ACME Chair shall notify the program filing the appeal of the following:

    a. The date [which shall be no more than sixty and no less than forty days from the appointment of the Ad Hoc Appeal Panel], time and place of the hearing
    b. That the program must submit a written presentation of the grounds upon which the appeal is taken to the Ad Hoc Appeal Panel at least two weeks prior to the date of the hearing. A member(s) of that program must appear at the hearing
    c. The program has the right to be represented at the hearing by counsel of the program's own choosing, to introduce evidence on its behalf, to examine any evidence introduced against it, to be advised, on request, of the names of any witnesses appearing against it, and to cross-examine any such witnesses

2. The ACME Chair shall also notify the site visitors and the members of the BOR who participated in the decision to deny or withdraw pre/accreditation status of the date, time and place of the hearing. One of the site visitors and one member of the BOR shall be present at the hearing.

D. Conduct of Hearing

1. The ACME Chair shall preside over the hearing to determine the order of proceedings, maintain decorum and assure that all participants in the hearing have a reasonable opportunity to present and examine all relevant oral and documentary evidence introduced therein

2. The program and ACME shall have the right to be accompanied by or represented by counsel in the conduct of the appeal, including making any presentation allowed during the appeal

3. The hearing need not be conducted strictly according to the rules of law applicable in a court proceeding as to the examination of witnesses or presentation of evidence. The Ad Hoc Appeal Panel shall consider relevant information contained in the PAR or SER or school catalog, the SVR or addendum submitted by the program director or appropriate institutional representative within one week after the site visit, the materials submitted in accordance with "specified conditions" or "progress reports," the Annual Monitoring Report (AMR) submitted to ACME, and/or the significant additional information as described in A. above presented by the appealing entity. These will be considered, whether or not admissible in a formal court proceeding.

4. A record of the hearing shall be kept and shall be available to the appealing entity for review.

5. The ACME Chair shall have discretion to recess for a reasonable time and reconvene the hearing upon her/his own request, that of the program or that of any member of the hearing committee.

6. Following the hearing, the Ad Hoc Appeal Panel shall determine whether to affirm or amend. The Ad Hoc Appeal Panel also has the option to remand the adverse action to the BOR for further consideration. If the panel remands the action to the BOR, it will identify the issues which the BOR must address. The BOR must act in a manner consistent with the Appeal Panel's decisions or instructions.

7. The ACME Chair shall notify the chief executive officer of the institution offering the program and the program director or appropriate institutional representative of the determination of the Ad Hoc Appeal Panel and reasons therefore in writing within two weeks following the conclusion of the hearing. The ACME Chair shall also notify the relevant site visitors and BOR members of the decision. The determination of the panel shall be final.

8. ACME requires a fee to file an appeal of an adverse action to cover the costs of the appeal. The fee must be submitted with the initial written appeal. See the ACME fee schedule for the fee amount. Any costs beyond what the fee covers will be borne by ACME. The program filing the appeal will be responsible for its own expenses.

E. Timeline of Appeal Procedures

BOR action

30 days

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Written notice of appeal to ACME Chair

10 days

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ACME Chair appoints Ad Hoc Appeal Panel
(4 members from BOC)

10 days

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ACME Chair notifies program director or appropriate institutional representative,
ACME BOC, Site Visitors, BOR members of hearing date

40-60 days

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ACME Chair convenes Hearing; Ad Hoc Appeal Panel
decides to uphold or overrule decision of BOR

14 days

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ACME Chair, notifies Chief Executive Officer of the academic institution and
program director or appropriate institutional representative of decision

X. GRIEVANCE PROCEDURES AGAINST AN ACCREDITED MIDWIFERY PROGRAM

A. Grounds for Initiating a Grievance Proceeding

Any person, including but not limited to, any student, faculty or staff member of a program that is accredited by the Accreditation Commission for Midwifery Education (ACME) who is aggrieved by any activity that is contrary to the policies or requirements of ACME and purportedly taken under the authority of such program may initiate a grievance in accord with these procedures. Such grievance may be commenced only after following the formal grievance process and after all reasonably available steps to resolve the problem giving rise to the commencement of the proceeding have been taken at the local program or institutional level. Note that ACME will not accept grievances unrelated to ACME pre/accreditation criteria or ACME Policies and Procedures.

In general, the grievance or complaint should be related to a situation that occurred within the past two years. However, students may file a grievance up to 18 months after graduation from the program in which the situation occurred, even if that extends beyond the two year limit.

B. Initiation of a Grievance Proceeding

1. Initiation of Grievance

   A grievance proceeding shall be initiated upon filing with the ACME Chair a written complaint by the person aggrieved (complainant).

2. Contents of Complaint

   The complaint shall be signed by the complainant and shall include:
   a. A concise statement of the specific activities or conduct that constitute the basis of the complaint, with the burden of proof on the complainant
   b. An explanation of why such activities or conduct violate the policies or requirements of ACME
   c. A description of the steps already taken to resolve the problem, and
   d. What is requested to resolve the grievance?

C. Investigation of the Complaint

1. Assessment of Complaint

   If, upon review of a complaint, the ACME Chair determines that the acts complained of were purportedly taken under the authority of the program and there is reasonable

basis to believe that grounds for action may exist against the program or individual named in the complaint (the respondent), within 10 business days of the receipt of such complaint, the ACME Chair shall notify the respondent by confidential, expedient manner in writing (a) that a complaint has been filed; (b) of the factual allegations or events underlying the complaint; and (c) that an investigation of the charge is pending in accord with these procedures. A copy of these procedures will be enclosed with such notice.

2. Notification

At the same time that the respondent is notified, the ACME Chair shall appoint a member of the BOC who shall not have been directly involved in the circumstances giving rise to the complaint to serve as chairperson of an Investigative Committee (to investigate the activities or conduct under complaint). Within thirty days of such appointment, the chairperson of the Investigative Committee shall appoint two additional members of the Investigative Committee who are former members of the BOC, excluding former members who participated directly or indirectly in the filing of the complaint, and a former public member of the BOC, BOR or the Advisory Committee. Any member so selected may be exempted from serving on the Investigative Committee by the chairperson of the Investigative Committee only for grave reasons, but all members are subject to the conflict of interest policy. The ACME Chair will ensure that all participants will be knowledgeable with regard to ACME and ACNM documents, especially the ACME criteria for programmatic pre/accreditation and the *Policies and Procedures Manual.* Within 10 days of appointing Investigative Committee Members, the chairperson of the Investigative Committee shall notify the respondent of the names of the members of the Investigative Committee.

3. Communication

Following notification of the respondent, the chairperson of the Investigative Committee shall notify the complainant in writing that the respondent has been advised of the nature of the complaint that an investigation of the charge is pending in accordance with these procedures, and the address to which any additional information in support of the complaint may be sent. Such notice will contain a deadline for the submission of any such additional material.

4. Investigation

Following notification of the respondent, the Investigative Committee shall investigate the facts alleged in the complaint and any other matters relating to the conduct of the program including the conduct of administrators, faculty, and students that may come to the attention of the Investigative Committee. Such investigation shall, to the extent

consistent with the investigation of the complaint, be conducted on a confidential basis. It is expected that the respondent will cooperate with the Investigative Committee's requests for information and documentation. Failure to cooperate in a timely manner shall be deemed an admission that the allegations contained in the complaint are true. The investigation shall be completed within ninety days of the formation of the Investigative Committee or such other time as may be determined by the ACME Chair upon application of the chairperson of the Investigative Committee. The ACME Chair and the chairperson of the investigative committee shall make the determination that an extension of the 90-day timeline is in order when the respondent indicates a need for a reasonable extension of the deadline in order to formulate its response to the complaint.

5. Reporting

   Within the time periods provided in subparagraph 4 hereof, the Investigative Committee shall submit a written report to the Chair of the BOC, setting forth the conclusions of the Investigative Committee based upon its investigation of the complaint and a recommendation that the complaint be dismissed or proceed to hearing as provided in Section D hereof. Any dissenting views of a member of the Investigative Committee may be appended to such report.

6. Presentation

   The ACME Chair shall present the written report of the Investigative Committee to the BOC in person at the next regular or special meeting thereof, or by telephone conference call, and the BOC shall determine whether the complaint should be dismissed or proceed to hearing. The chairperson of the Investigative Committee (who is a member of the BOC) shall abstain from voting on such determination.

7. Notification of Action

   Within 10 days of the action of the BOC on the complaint, the ACME Chair shall notify the respondent and complainant in writing of such action.

D. The Hearing

1. Appointment of the Hearing Committee

   Within 10 days after the BOC directs that the complaint proceeds to hearing, the ACME Chair shall appoint a member of the BOC (other than the member who served as chairperson of the Investigative Committee) to serve as chairperson of a Hearing Committee (the "Hearing Committee"). Within 30 days of such appointment the chairperson of the Hearing Committee shall appoint two additional members to the committee who are current members of the BOC or BOR, excluding any member

who participated directly or indirectly in the filing of the complaint or served on the Investigative Committee. The committee will also include one public member from the BOC, BOR or the Advisory Committee. The chairperson of the Hearing Committee may exempt any member so selected from serving on the Hearing Committee only for grave reasons, but all members are subject to the conflict of interest policy. The ACME Chair will ensure that all participants will be appropriately knowledgeable with regard to ACME and ACNM documents, especially the ACME criteria for programmatic pre/accreditation and the *Policies and Procedures Manual.*

2. Notice of Hearing

    a. Within 10days following the formation of the Hearing Committee, the chairperson of the Hearing Committee shall notify the Respondent and Complainant in writing of the following:
        1) The date [which shall be no more than 90 and no less than 30 days after the appointment of the chairperson of the Hearing Committee unless such time is extended by the ACME Chair upon application of the chairperson of the Hearing Committee or the respondent], time and place of the hearing
        2) The nature of the charges that will be considered at the hearing if different from those contained in complaint
        3) That the respondent has the right to be represented at the hearing by counsel of the respondent's own choosing, to introduce evidence on his or her behalf, to examine any evidence introduced against him or her, to be advised, on request, of the names of witnesses appearing against him or her and to cross-examine any witness so appearing
        4) That respondent has the right to submit a written presentation in lieu of hearing. Failure to advise the chairperson of the Hearing Committee within thirty days of receipt of the notice of hearing whether the respondent intends to appear at the hearing or submit a written presentation may be treated by the committee as a waiver of both a hearing and a written presentation. This shall entitle the Hearing Committee to act on the report and recommendations of the Investigative Committee and the BOC and any additional information that may be available to the Hearing Committee.

    b. Such notice shall specify the date, time and place of the hearing or date by which any written presentation must be submitted

3. Conduct of Hearing

    a. The chairperson of the Hearing Committee shall preside over the hearing to determine the order of the proceedings, maintain decorum and assure that all participants in the hearing have a reasonable opportunity to present and examine all relevant oral and documentary evidence introduced therein

b. The chairperson of the Hearing Committee shall have the right to be accompanied by or represented by counsel in the conduct of the proceedings or to provide legal consultation
c. The case against the respondent shall be presented by the chairperson of the Investigative Committee or, in the event that the BOC did not act in accordance with the recommendation of the Investigative Committee, by any person designated by the BOC
d. The presumption shall be that the respondent is in compliance with Accreditation Commission for Midwifery Education (ACME) standards. The burden shall be on the chairperson of the Investigative Committee (or a person designated by the ACME Chair in the event that the BOC did not act in accordance with the recommendation of the Investigative Committee) to demonstrate, by a preponderance of the evidence, that a criterion or standard has been violated.
e. The respondent shall have the right to be accompanied by or represented by counsel in the conduct of the defense
f. The hearing need not be conducted strictly according to the rules of law applicable in a court of law proceeding as to the examination of witness or presentation of evidence. Any relevant matter upon which reasonable persons customarily rely in the conduct of their affairs may be considered, whether or not admissible in a court proceeding.
g. An audio recording of the hearing shall be kept, and the audio file or transcription shall be available to the respondent and complainant for review or purchase
h. The chairperson of the Hearing Committee shall have discretion to recess for a reasonable time and reconvene the hearing upon her/his own request, that of the respondent or any member of the Hearing Committee
i. Following the hearing, the Hearing Committee shall go into closed session to determine what action should be taken upon the complaint. A report containing findings of fact and recommendations as to the disposition of the complaint shall be submitted by the chairperson of the Hearing Committee to the ACME Chair within10 days following the conclusion of the hearing.

4. Written Presentation in Waiver of Hearing

a. A Respondent shall have the right to waive a hearing and submit a written presentation to the Hearing Committee or to waive both the hearing and written presentation
b. A written presentation shall be typed and shall be received by the chairperson of the Hearing Committee, by restricted certified mail, no later than two weeks prior to the scheduled date of the hearing
c. Upon receipt of the written presentation the chairperson of the Hearing Committee shall prepare and send copies to the other members of the Hearing Committee
d. On the scheduled date of the hearing, the Hearing Committee shall consider any written presentations submitted, the report, conclusions and recommendations of

the Investigative Committee and any additional information submitted at the request of the BOC or any member thereof

e. The presumption shall be that the respondent is in compliance with Accreditation Commission for Midwifery Education (ACME) standards. The burden shall be on the chairperson of the Investigative Committee (or person designated by the ACME Chair in the event that the BOC did not act in accordance with the recommendation of the Investigative Committee) to demonstrate, by a preponderance of the evidence, that a criterion or standard has been violated.

f. Following its consideration of the material presented in accordance with subparagraph "d" of this paragraph 4, the Hearing Committee shall go into closed session to determine what action should be taken upon the complaint. A written report containing the findings of fact and recommendations as to the disposition of the complaint shall be submitted by the chairperson of the Hearing Committee to the ACME Chair within 10 days following the scheduled hearing date.

5. Action by the Board of Commissioners (BOC)

a. The ACME BOC Chair shall submit the report containing the findings of fact and recommendations of the Hearing Committee submitted under Section X.C.6. Hereof and a transcript of the hearing to the BOC at its next regular or special meeting,) following the chair's receipt of such report. Following consideration of the report, the BOC may either dismiss the complaint or take any disciplinary action regarding the accreditation of the program, or modification, suspension, or revocation of the program's accreditation status. The BOC may, in connection with any such action, impose such conditions on the retention or reinstatement of accreditation as it may deem advisable and in the best interests of ACME. For example, the BOC may modify the program’s accreditation status by the addition of specified conditions, or revoke the accreditation status altogether.

b. The respondent and complainant shall be notified by the ACME Chair of the disposition of the complaint by the BOC by certified mail within seven days of such action. Any disciplinary action taken by the BOC shall be effective as of the date of the respondent's receipt of such notice.

6. Right of Appeal

a. Notice of Appeal
   1) Within thirty days of receipt of notice of any disciplinary action taken by the BOC, the respondent may appeal for reconsideration of such action by written notice to the ACME Chair. Such notice may request that the disciplinary action be suspended pending such reconsideration. If the request for reconsideration is based on new evidence related to the matters investigated by the Investigative Committee and considered by the Hearing Committee that

became available to the respondent following the hearing, the notice shall contain a full description of such evidence.

2) Within two days of the receipt of any notice of appeal requesting suspension of a disciplinary action, the ACME Chair shall determine whether such request should be granted and shall notify the respondent of such determination by certified mail.
3) If the request for reconsideration is based on new evidence that became available to the respondent following the hearing, the ACME Chair shall so advise the complainant within five days of the receipt of the notice of appeal. Such notice shall describe the new evidence and shall advise the complainant that he or she has a right to respond to such evidence in writing within 10 days of the receipt of such notice.

b. Reconsideration by the BOC

The BOC shall consider any request for reconsideration with regard to disciplinary action at its next regular or special meeting following receipt by the ACME Chair of a request for reconsideration, but in no case sooner than three weeks following receipt of the request by the Chair. Such reconsideration shall be based on the entire record of the hearing and any additional evidence submitted by the respondent that was not available to the respondent at the time of the hearing. The BOC may take any action that it could have taken in connection with its consideration of the original report of the Hearing Committee. The BOC shall have the right, in its sole discretion, to permit the respondent or Complainant to appear before it or to present any additional evidence related to the matters originally considered (see 6. a.1) above. If the BOC permits the complainant to appear, the respondent shall have the right to appear and shall be notified at least two weeks in advance of the hearing.

c. Disposition of the Appeal

Following determination by the BOC as to the action to be taken on the appeal, the ACME Chair shall notify the respondent and complainant of such action. The decision of the Board on such request for reconsideration shall be final.

d. Notification of Third Parties

The BOC may make public any disciplinary action taken in accordance with these procedures following the expiration of the time for appeal there from or the disposition of any such appeal.

7. Expenses

   The respondent and complainant will be responsible for their own expenses and the ACME fee, Appeal of Adverse Action, see Appendix I. Fee Schedule.

E. Timeline of ACME Review of Grievance Procedure Against a Program

Complainant exhausts procedures at the local level and files grievance with ACME Chair.

10 days

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ACME Chair appoints a member of BOC to serve as chairperson Investigative Committee and notifies the respondent of the initiation of the Grievance Procedure and nature of the complaint

30 days ↓ Chairperson of Investigative Committee appoints two members

10 days ↓ Complaint dismissed

10 days

↓

Chairperson of the Investigative Committee notifies the respondent of the names of the Investigative Committee and notifies the complainant that the respondent has been advised of the nature of the complaint

within 90 days

↓

Investigation completed
chairperson of Investigative Committee
submits written report to ACME Chair
ACME Chair submits report to next meeting of BOC
decision of BOC

10 days

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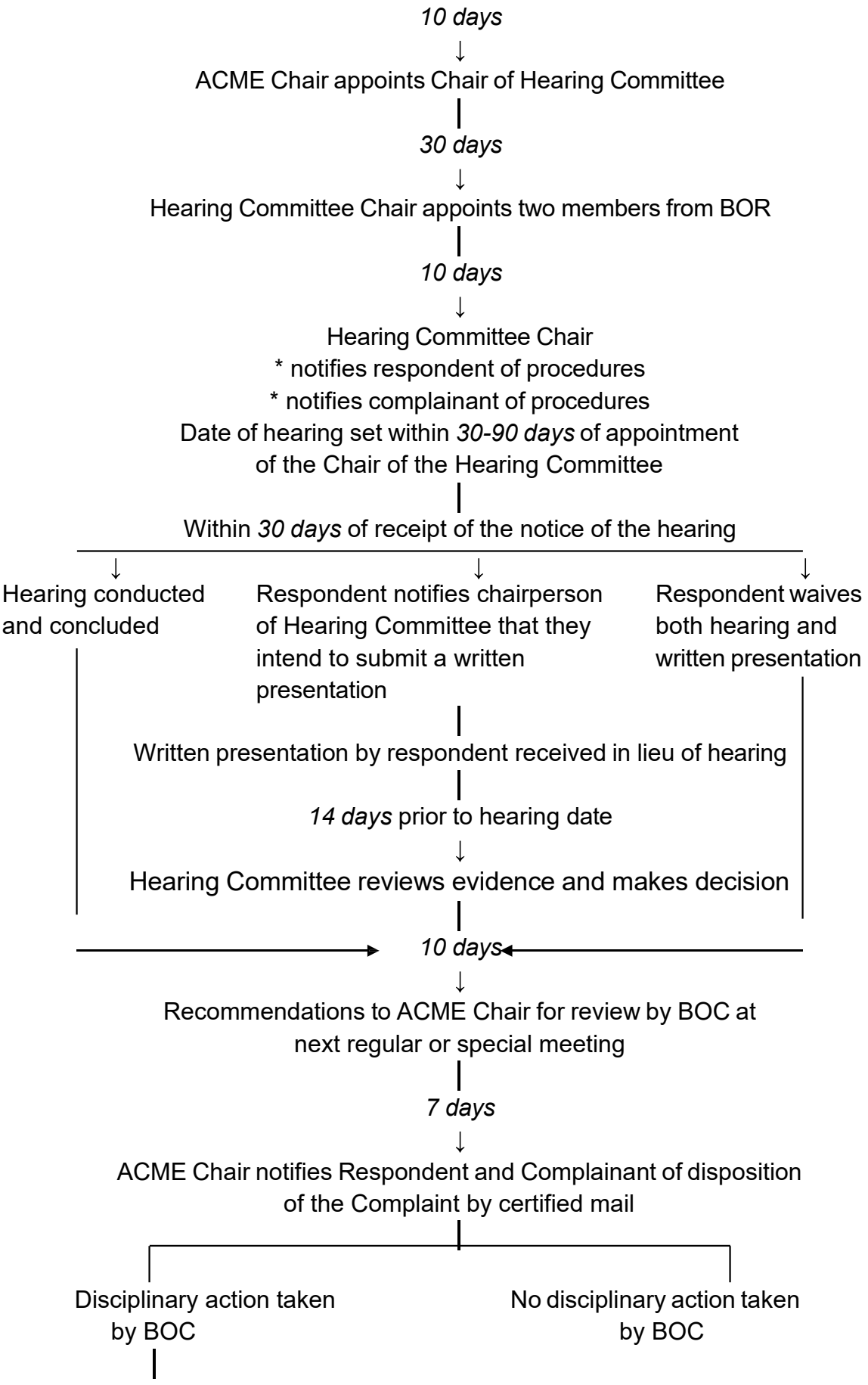
ACME Chair notifies Respondent and Complainant of action

10 days

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Complaint proceeds to hearing

Complaint dismissed


10 days
ACME Chair appoints Chair of Hearing Committee
30 days
Hearing Committee Chair appoints two members from BOR
10 days
Hearing Committee Chair
* notifies respondent of procedures
* notifies complainant of procedures
Date of hearing set within *30-90 days* of appointment
of the Chair of the Hearing Committee
Within *30 days* of receipt of the notice of the hearing
Hearing conducted and concluded
Respondent notifies chairperson of Hearing Committee that they intend to submit a written presentation
Respondent waives both hearing and written presentation
Written presentation by respondent received in lieu of hearing
14 days prior to hearing date
Hearing Committee reviews evidence and makes decision
10 days
Recommendations to ACME Chair for review by BOC at next regular or special meeting
7 days
ACME Chair notifies Respondent and Complainant of disposition of the Complaint by certified mail
Disciplinary action taken by BOC
No disciplinary action taken by BOC

within 30 days

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Respondent sends notice of appeal to ACME Chair with new evidence that became available after the Hearing *within 2 days*

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ACME Chair determines whether request for appeal shall be granted, and notifies respondent *within 3 days*

↓

Appeal denied	Appeal granted
	↓
	ACME Chair notifies Complainant of appeal
	↓
	Within 10 days
	↓
	Complainant responds to new evidence
	↓
	After *21 days*, or at the next regular or special BOC Meeting
	↓
	BOC reconsiders (if complainant plans to appear, respondent has right to appear and shall be notified at least *14 days* prior to meeting) and takes action
	↓
	ACME Chair notifies respondent and complainant of final determination

XI. GREIEVANCE PROCEDURES AGAINST THE ACCREDITATION COMMISSION FOR MIDWIFERY EDUCATION (ACME)

A. Grounds for Initiating a Grievance Proceeding Against ACME

Any person, including, but not by way of limitation, any student, faculty or staff member of a program that is accredited by the Accreditation Commission for Midwifery Education (ACME) who is aggrieved by any activity that is contrary to the standards, criteria or procedures of ACME may commence a grievance proceeding in accordance with these procedures. The grievance must be related to a situation that occurred within the past two years.

B. Initiation of a Grievance Proceeding

A grievance proceeding shall be initiated upon filing with the ACME Chair of a written complaint by the person(s) aggrieved (the complainant). The complaint shall be signed by the complainant and include:

1. Conduct

   A concise statement of the specific activities or conduct that constitute the basis of the complaint, with the burden of proof on the complainant

2. Explanation

   An explanation of why such activities or conduct violate the policies or requirements of ACME, and

3. Requested Resolution

   A concise statement detailing necessary information to resolve grievance

C. Investigation of the Complaint

1. Ad Hoc Grievance Committee

   Within 30 days of receipt of the complaint an Ad Hoc Grievance Committee (the "Grievance Committee") is appointed by the ACME Chair. The Grievance Committee will be comprised of one member from each unit of ACME plus a member of the public from one of the ACME bodies as follows:

   a. BOC- one CNM/CM member
   b. BOR- one CNM/CM member

c. Site Visitor Panel - one member excluding the coordinator and any site visitors currently on the BOC or BOR at the time
d. Advisory Committee - one member
e. Public Representative - member of BOC, BOR or Advisory Committee

The ACME Chair will designate the chair of the Grievance Committee from this group. All members of the Grievance Committee are subject to the conflict of interest policy related to the grievance. The ACME Chair will ensure that the committee members are knowledgeable of the relevant ACME criteria and policies.

2. Notice to Complainant

Within10 days of appointing Grievance Committee Members, the chair of the Grievance Committee shall notify the complainant in writing that an investigation of the charge is pending in accordance with these procedures and the address to which any additional information in support of the complaint may be sent. Such notice will contain a deadline for the submission of any such additional material.

3. Investigation by Grievance Committee

The Grievance Committee shall investigate the facts alleged in the complaint and any other matters relating to the conduct of ACME that may come to the attention of the Grievance Committee. Such investigation shall, to the extent consistent with the investigation of the complaint, be conducted on a confidential basis. The investigation shall be completed within ninety days of the formation of the Grievance Committee or such other time as may be determined by the ACME Chair upon application of the chairperson of the Grievance Committee.

4. Report and Recommendation to the ACME Board of Commissioners (BOC) Chair

At the conclusion of the investigation, the Grievance Committee shall submit a written report to the chair of the BOC setting forth the conclusions of the Grievance Committee based upon its investigation of the complaint and a recommendation that the complaint is dismissed or other appropriate actions be taken by ACME. Any dissenting views of a member of the Grievance Committee may be appended to such report.

5. Board of Commissioners (BOC) Determination

The ACME Chair shall present the written report of the Grievance Committee to the BOC in person at the next regular or special meeting thereof, or by telephone conference call, not to exceed forty-five days after receipt of the report, and the BOC

shall determine whether the complaint should be dismissed or other recommended actions taken. The members of the Grievance Committee who are members of the BOC shall abstain from voting on such determination.

6. Notification of Complainant of Determination

   Within 10 days of the action of the BOC on the complaint, the ACME Chair shall notify the complainant in writing of such action.

D. Appeal of Decision

If the complainant is not satisfied with the disposition of the complaint by the BOC, then the complainant may appeal the action of the BOC within thirty days of receipt of notice of any action taken by the BOC, by written notice to the BOC Chair or Executive Director in accord with their grievance procedures.

E. Expenses

The respondent and complainant will be responsible for their own expenses and the ACME fee, Appeal of Adverse Action, see Appendix I. Fee Schedule.

F. Timeline of Grievance Procedure Against ACME

Written notice of complaint filed with ACME Chair

30 days

↓

ACME Chair appoints Ad Hoc Grievance Committee and Chair
(1 - CNM/CM member from the BOC; 1 - CNM/CM member from the BOR;
1 - member from the Site Visitor Panel; 1 - member from the Advisory Committee;
1 - representative of the public)

10 days

↓

Grievance Committee Chair notifies complainant of investigation

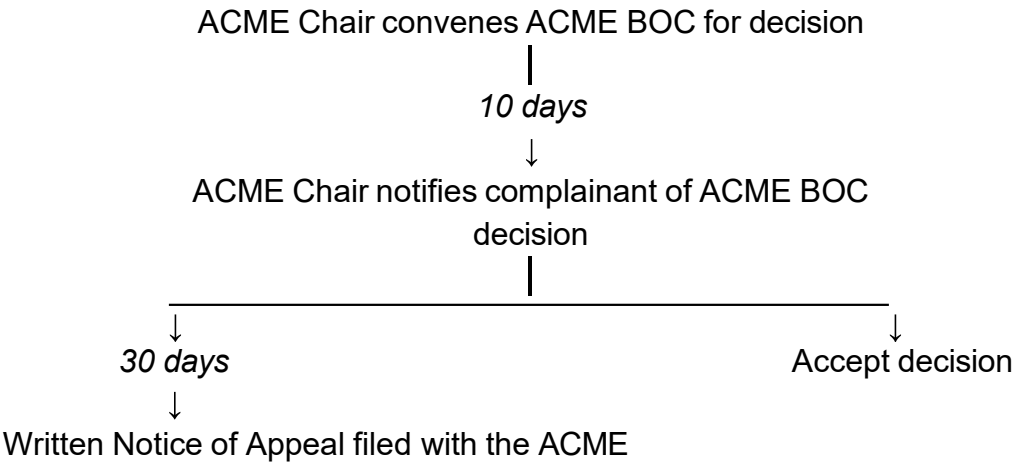
90 days

↓

Investigation completed
Grievance Committee Chair submits report to ACME Chair

45 days

↓


ACME Chair convenes ACME BOC for decision
10 days
ACME Chair notifies complainant of ACME BOC decision
30 days
Accept decision
Written Notice of Appeal filed with the ACME

Appendix A

Alliance for Nursing Accreditation Statement on Distance Education Policies March 2002

The growth of distance education courses and programs for the delivery of nursing education has increased and is expected to continue to increase. Recognizing this growth and the need to ensure the public that nursing education programs maintain a high standard of quality, the Alliance for Nursing Accreditation endorses the following standard:

All nursing education programs delivered solely or in part through distance learning technologies must meet the same academic program and learning support standards and accreditation criteria as programs provided in face-to-face formats, including the following:

- *Student outcomes are consistent with the stated mission, goals, and objectives of the program; and*
- *The institution assumes the responsibility for establishing a means to assess student outcomes. This assessment includes overall program outcomes/objectives, in addition to specific course outcomes/objectives, and a process for using the results for continuous program improvement.*

Mechanisms for ongoing faculty development and involvement in the area of distance education and the use of technology in teaching-learning processes are established. Appropriate technical support for faculty and students is provided.

When utilizing distance learning methods, a program provides learning opportunities that facilitate development of students' clinical competence and professional role socialization and establishes mechanisms to measure these student outcomes.

When utilizing distance learning methods, a program provides or makes available resources for the students' successful attainment of all program objectives.

Each accreditation and program review entity incorporates the review of distance-education programs as a component of site visitor/evaluator training.

This statement on Distance Education Policies has been endorsed by the following organizations:

American Academy of Nurse Practitioners Certification Program
American Association of Colleges of Nursing
American Association of Critical Care Nurses
American Association of Critical Care Nurses Certification Corporation

American College of Nurse-Midwives Accreditation Commission for Midwifery Education
American Nurses Credentialing Center
Association of Faculties of Pediatric Nurse Practitioners
Commission on Collegiate Nursing Education
Council on Accreditation of Nurse Anesthesia Educational Programs
National Certification Corporation
National Council of State Boards of Nursing
National Organization of Nurse Practitioner Faculties
National Association of Nurse Practitioners in Women's Health, Council on Accreditation
National Certification Board of Pediatric Nurse Practitioners & Nurses

Appendix B

ACME Policy on International Accreditation for Degree-Granting Higher Education Institutions Based Abroad

The Accreditation Commission for Midwifery Education (ACME) has set a criterion that requires all midwifery programs to reside within or be affiliated with an accredited degree-granting institution. While that may be clear for programs based in the United States (US), this policy addresses compliance with that criterion for programs at higher education degree-granting institutions that are based outside of the US and that do not participate in accreditation via an agency recognized by the USDE. The decision on whether the program meets this criterion will be determined by ACME via the program accreditation process.

ACME understands the accreditation process to include the implementation of periodic assessment for quality assurance (QA). Institutional participation in the quality assurance process should maintain minimum standards of quality for the higher education degree-granting institution as a whole and for its academic programs by periodic assessments. Therefore, for ACME to accept a degree-granting institution based outside the US as accredited, the higher education institution must:

1) Participate in the quality assurance process toward international recognition of quality (IRQ) in one or more of the following ways appropriate to its national law and geographic location:

    a) Comply with the institution's national regulations for quality assurance via the national government's quality assurance process, or state or provincial government regulations and process if in a federalized system

    b) Conduct periodic assessment for quality assurance purposes in conformity with the broader regional quality assurance processes or with the non-governmental agencies within the region

2) Use internationally recognized criteria for implementing QA. If the QA is implemented by a non-governmental agency, the quality assurance agency overseeing the institution's review process should be one that conforms to IRQ and implements a process based on the UNESCO *Guidelines for Quality Provision in Cross-Border Education*, the International Network for Quality Assurance Agencies in Higher Education (INQAAHE) document *Principles of Good Practice*, the criteria established by the European Association for Quality Assurance for Higher Education (ENQA) or other similarly regarded international document. Governmental accreditation criteria should be similar in content to those identified in the above-referenced documents.

3) Undergo external assessment of quality on a periodic basis to maintain quality. Documentation of the quality assurance review and the relevant agency's formal determination must be

submitted to ACME. Documentation should be current for the time at which application is made to ACME for accreditation. Explanation of the time frame for periodic review and the specific length of time of validity for the current assessment determination should be provided to ACME.

4) The international institution must include the midwifery program in its periodic assessment and ongoing QA. IRQ must be maintained by the institution while accredited by ACME.

5) If the institution is dedicated to a special academic program, such as nursing, that houses the midwifery education, the program must also meet relevant professional field, licensing and regulatory requirements.

6) ACME has the right of final determination on whether the quality assurance process practiced by the institution based abroad meets the ACME criterion.

January 2009

Appendix C

Guidelines for Collaborative or Joint Site Visits by ACME and Other Accrediting Bodies

This document has been developed to assist accreditation site visitors and programs hosting a collaborative or joint accreditation site visit by the Accreditation Commission for Midwifery Education (ACME) and other accrediting bodies. These are guidelines to facilitate the coordination of concurrent site visits.

FOR MIDWIFERY EDUCATION PROGRAMS:

Scheduling Visits

ACME is willing to schedule collaborative or joint accreditation site visits at the request of the program. The request must be sent in writing to both (or all, if more than two are involved) accrediting agencies and must be signed by the appropriate chief executive officer of the academic unit under review, indicating that a joint visit is requested. The educational institution should work with the appropriate staff of each accrediting agency to determine dates for the visit that are convenient for the program and the accrediting agencies. The timing of the review cycles of the accrediting agencies may make it difficult to schedule dates for a visit that meet the needs of both agencies. If any agency deems it necessary to adhere to the required accreditation schedule for the program review and not to deviate in order to accommodate a collaborative visit, then a joint visit will not be possible.

Site Visit Teams

The program should work with each agency in the appointment of site visitors. Once site visit teams are approved, the program should provide the ACME senior site visitor and the leader of the other team(s) with the name, address, telephone number and email address of the other(s) so they may communicate prior to the visit. Other members of the team should also be identified. The program should make hotel reservations for all teams (single rooms) at the same hotel to facilitate joint meetings of the teams.

The Self-Study Document

In the absence of common accreditation criteria and any guidelines for writing a joint self-study document that have been approved by the accrediting agencies, it is recommended that separate self-study documents be written. The accrediting agencies will not exchange separate self-study documents, unless the dean or other appropriate program official chooses to share this information. In such a case, one copy of the other accrediting agency's self-study should be sent to the team leader/senior site visitor of the other team.

Preparing the Schedule for the Site Visit

The program should consult the respective *Policies and Procedures* manuals of the accrediting

agencies for the necessary interviews and activities that must be arranged during the site visit. Some of these interviews/activities may occur jointly between the groups of site visitors. Examples might be interviews with higher university and medical center officials, e.g. chancellor, president, vice-president, provost, meetings with the graduate program/curriculum committee or graduate program director, and tours of facilities and resources. Other interviews/activities will need to be separate, e.g. interview with the dean, meetings with students and faculty. It is preferable not to schedule meetings during mealtimes. The program should consult the ACME senior site visitor and the other team leader(s) about the preparation of the schedule and send a draft of the respective schedules for the visit to them at least 4 weeks prior to the start of the visit. The senior site visitor and team leaders should consult with each other as well as other members of their teams, and the final schedule should be prepared based on their recommendations.

Exhibits/Documents and Facilities for Site Visitors

The program should consult the *Policies and Procedures* manuals of each accrediting agency to see what kinds of exhibits and documents are required. These should be organized according to the requirements of each agency and be available in a workroom in the school. These exhibits/documents may be organized separately for each team or may be placed in a common room to reduce the need to duplicate documents that all teams require. In the latter case, the room should be large enough to accommodate all teams, and the documents should be clearly organized so that each team can find the documents that it needs. If a common document room is used, then other space should be made available so the teams can meet separately when needed.

Laptop computers should be made available to each site visitor. The program should consult the team leader/senior site visitor about which word processing program they prefer. The program should have a computer expert available in case computer problems arise during the visit.

Information-sharing between Teams

The ACME senior site visitor and the other team leader(s) should discuss in advance of the visit what information will be shared between the teams. Information may be shared when it is to the benefit of all teams and will facilitate the process of information-gathering. Examples might be the validating of clinical contracts, faculty CVs, physical facilities, verification of admissions policies and non-discrimination statements, and support for scholarly productivity. Each team will make its own interpretation of the data. Impressions or evaluative opinions will not be shared. The dean and program director should be informed about the planned information-sharing.

The Accreditation Team Report

Each site visitor team should prepare a report according to the guidelines of the accrediting agency it is representing. These will not be shared between the teams unless the dean chooses to do so. ACME will send a copy of the final report following the site visit.

The Exit Report

A joint exit report may be scheduled for both teams. The ACME team will read its entire report in

the usual fashion. The other teams(s) will make their report(s) according to their approved procedure. The ACME team will not make an accreditation recommendation about the program under review.

The Accreditation Decision

Each accrediting agency will make an independent decision about the accreditation status of the programs reviewed. The decision of one agency will not be considered by the other agency in making its accreditation decision.

FOR SITE VISITORS:

Preparation for the Visit

As soon as the program informs the team leader/senior site visitor of the identity of the other(s), they should call or email to begin to discuss the visit and the expectations of each team. After a draft of the visit schedule has been received, they should discuss it and make recommendations to the program for any changes necessary. After the schedule(s) have been confirmed, the team leader/senior site visitor should plan time in the schedule when the teams will meet.

According to the guidelines from the agencies about what information can be shared between teams, the team leader/senior site visitor should discuss in advance of the visit a specific plan for obtaining and sharing this information.

During the Visit

The evening before the visit begins, the teams should allow time to meet as a group and clarify how joint meetings and interviews will be managed and to confirm what data will be collected (if any) that the other team will also use. Time will be saved if the team leader/senior site visitor does most of this work in advance. At some point during each day, these leaders should talk to discuss how the visit is going and if any plans need to be modified.

As the reports are being written, when each team has a general idea of when they will be finished, they should communicate this information to the other team(s) and to the program, so a tentative time for the exit report can be scheduled. This information should be updated as necessary to allow for modifications in the schedule. The team leader/senior site visitor should discuss which report should be read first.

Such things as tight plane schedules may be taken into consideration, although in making travel plans site visitors should allow plenty of time at the end of the visit to make sure all responsibilities of the visit have been met.

If there is sufficient time after the exit report, the teams should discuss the visit and how it might have been improved. Each team should give this information to the appropriate person in each accrediting agency, so that this information may be collated with that of other joint visits and these

guidelines modified as appropriate.

Approved: DOA Board of Governors, 5/5/00 (6/08 name changed to ACME Board of Commissioners)

Appendix D

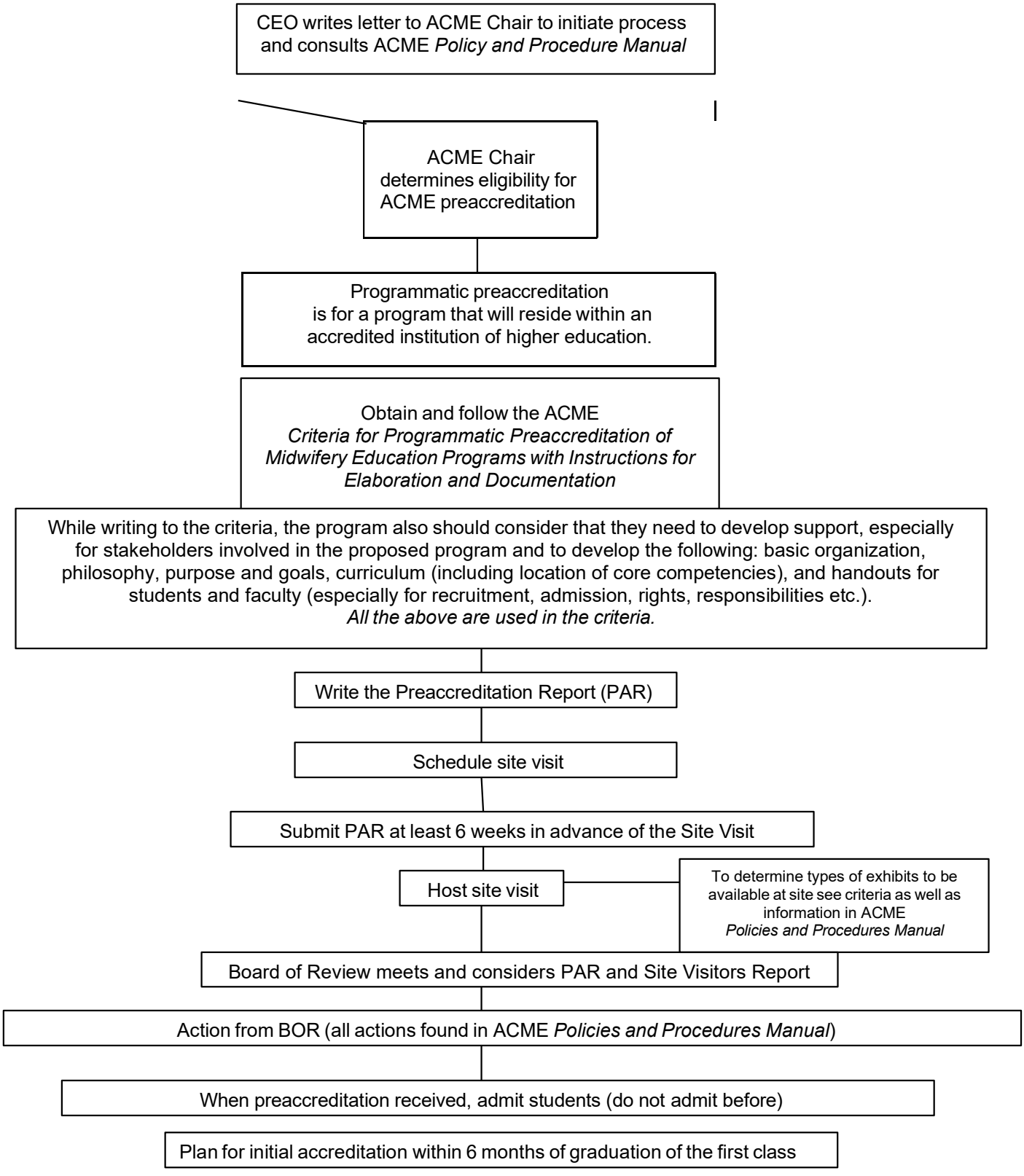
Affiliations of Accredited Programs with Other Programs

The Accreditation Commission for Midwifery Education – ACME encourages strategies to increase access to midwifery education. One strategy is to form affiliations with other programs that provide options for entry into the ACME-accredited program. In accord with ACME policies and procedures, any such substantive change must be approved by ACME prior to implementation.

It is important for the public to receive accurate information about these affiliations from the programs involved in such collaboration. All advertising (e.g. brochures, websites, and catalogs) by all involved programs should make it clear that the midwifery education is provided by the ACME-accredited program. No representations made by the affiliated program should give the impression that the affiliate has an accredited midwifery education program, and it should be clear which institution is awarding each degree or certificate.

Appendix E

Workflow to Initiate Preaccreditation of a Midwifery Education Program



Appendix F.

Check list/Instructions for Preaccreditation Report (PAR), Self-Evaluation Report (SER) and Mandatory Progress Report (MPR) (Updated December 2019)

A. Instructions for Preparations for Reports (PAR/SER), provides requirements and instructions for writing, formatting, and submitting the reports. The PAR/SER must be submitted no later than eight weeks prior to the first day of the midwifery program's scheduled site visit.

- □ **Clearly typed** (including one-and-a-half spaced,1- inch margins all around, no less than 12 font)**:** Submit only a PDF copy of the report and any necessary supporting documents. Exhibits are not to be included; they must be sent electronically 3 weeks prior to the site visit. **Submission must be in a PDF format and emailed to support@theacme.org.**
- □ **Title page and midwifery program/s table:** See example in Appendix A of the *ACME Criteria for Programmatic Pre/Accreditation for Midwifery Programs*.
- □ **Table of contents:** Includes all sections and all appendices with page numbers.
- □ **Overview:**
  The overview will include a one to two-page narrative description that:
  - □ Explains when the institution was founded and the projected semester when the midwifery program will begin (PAR) or for a SER a brief history of the program.
  - □ Presents the institution's corporate or organizational structure. (e.g., part of a state system, independent not-for-profit, or for-profit corporation).
  - □ Describes the primary modalities for delivery of midwifery curriculum. (e.g., face-to-face, hybrid or all distance education).
  - □ Describes the basis for credit proposed. (e.g., semester hours or quarter credit hours)
  - □ Lists the type/s of midwifery program/s offered or to be offered.
    N.B. If there is/will be more than one clearly distinguishable midwifery program in the institution and if the way each meets a criterion is different, clearly explain both in the PAR/ SER. Incorporate the responses into one PAR/SER, not separate PARs/SERs for each midwifery program. Examples: a school that has a master's midwifery program and a DNP midwifery program or a school that has a nurse-midwifery and midwifery program.
  - □ Lists credential/s and degree level/s to be awarded.
- □ **URLS:** List of the URLs for the institution, the midwifery program, midwifery program catalogs, faculty and student handbooks available online, in addition, include the URL links within the text of the PAR/SER stating which criterion. All URLs must be active hyperlinks and lead to the exact location of the documented item.
- □ **Abbreviations Page:** Provide a list of any abbreviations and acronyms essential for reading the PAR/SER.
- □ **Page numbers:** Entire report is consecutively paginated, including all appendices. Maximum number of pages is 80, not including appendices. In addition, the Title Page, Overview, Abbreviations Page, and URL list **are not** included in the 80-page limit. PARs/SERs that exceed the 80-page limitation will be returned.
- □ **Criterion responses:** Each criterion is answered separately and typically in narrative form; responses do not address more than one criterion at a time.

- **Referencing sources:** The various sources of documentation referenced in the report include:
  - name/title of the document or source
  - date or version of the document or source
- **Exhibits:** Exhibits provide evidence to support the statements made in the PAR/SER. They must be presented in electronic form.
  - Supply documentation that will satisfy the criterion. Please read these carefully and seek assistance from ACME for any questions.
  - Organize the documents for each exhibit in a folder (electronic) labeled with the number of the criterion to which it pertains, e.g., Criterion I.G., Criterion II.H. Identify relevant sections of the documents, e.g., by highlighting or bookmarking.

(continued to next page)

Appendix F. (continued)

B. Instructions for Submitting a Mandatory Progress Report (MPR)

The mandatory progress report must be submitted in electronic PDF copy to the ACME Administrative Assistant. If the MPR does not meet the format requirements ACME will request a new copy which could delay the accreditation process. The MPR may be accompanied by a brief cover letter and must be submitted by the established deadline.

1. For ease of review electronic copy of the MPR MUST include:
    a. Clearly typed (including one-and-a-half spaced, 1inch margins all around, no less than 12 font)
    b. Include a table of contents listing all sections and appendices with page numbers sequentially numbered from the title page to the end (including appendices)
    c. Bookmarked sections of the report criteria
    d. Bookmarked appendices
    e. Consecutive pagination throughout (including appendices)
    f. Limited to 80 pages, excluding appendices
    g. An updated cover sheet with the following information:
        1) Name of the institution
        2) Specific title/name of the program (for programmatic accreditation only)
        3) Names, credentials, and titles of the institutional officers and program director or appropriate institutional representative
        4) Addresses and telephone numbers of persons to be notified
        5) Current phone numbers and email addresses for the program director or institutional representative

Appendix G

Sample Format

SER/PAR Title Page & Program(s) Table

Name of Institution: _____

Specific Proposed Title or Name of Program/Programs: _____

_____

Names, Credentials, Titles of Institutional Officers and Contact Phone/Email

Officer 1: _____

_____

Officer 2: _____

_____

Officer 3: _____

_____

Name, Credentials, Titles of Program Director and Contact Phone/Email

Program Director: _____

_____

_____

(Appendix G continued on next page)

Appendix G (cont.)

Program(s) Table

Name of Midwifery Program

_____

Type	Yes/ No	If yes, type of degree or certificate	Current Student Enrollment per Class	Total Student Enrollment
Midwifery education program that leads to a master's degree in midwifery, nursing, public health or an allied health field				
• Associate degree in nursing entry				
• Bachelor of Science in nursing entry				
• Non-nursing baccalaureate degree entry				
• Other, please describe				
Midwifery education program that leads to a doctoral degree in midwifery, nursing, public health or an allied health field				
• Associate degree in nursing entry				
• Bachelor of Science in nursing entry				
• Non-nursing baccalaureate degree entry				
• Other, please describe				
Post baccalaureate certificate				
Post graduate certificate				
OVERALL TOTAL				

Appendix H

Submissions and Deadlines for Pre/Accreditation Review by the Board of Review (BOR)

Table 1: Submissions and deadlines for a **FEBRUARY** pre/accreditation review

Item	Date	Rationale
Letter from Program to ACME: Opening window for submitting request to begin the process for a February BOR review.	February 1st of the prior calendar year.	The *ACME Policies and Procedures Manual* (most recent) states programs may initiate the pre/accreditation process up to a year prior to the BOR review.
Submit Site Visit Dates: Latest possible date to submit request and (three) proposed site visit dates for an accreditation review in February of the next calendar year.	May 15th at least six months prior to proposed site visit dates.	At least six months needed prior to proposed site visit dates to arrange site visitors and confirm the site visitors and dates with the midwifery program.
Site Visit Deadline: All site visits must be completed by this date.	By November 15th (of the calendar year prior to the pre/accreditation review year).	
Send PAR/SER to ACME. One electronic and one hard copy should be sent to the National Office.	No later than eight weeks before the site visit.	This date provides eight weeks for the site visitors to prepare for the visit, including time to discuss and amend the plan/agenda for the visit with the midwifery program director.
Program request for 3rd Party Comment: Two months before the scheduled site visit, the program under review will identify its relevant constituencies, such as alumni, community members, and the like, and publish information regarding the opportunity for 3rd party written comment before the date of the site visit.	Two months before site visit.	
ACME request for 3rd Party Comment: ACME will publish a notice of the upcoming site visit and an invitation for public comments on the ACME web pages, and or ACNM *Quick eNews* and *ACNM Quickening.*	This notice will be posted on at least two months prior to the site visit.	Note: Notice and invitation for comment may not appear each week, but as space allows in Quick eNews.

Appendix H (cont.)

Table 2: Submissions and Deadlines for a **JULY** Review

Item	Date	Rationale
Letter from Program to ACME: Opening window for submitting request to begin the process for a July BOR review.	July 1st of the prior calendar year.	The *ACME Policies and Procedures Manual* (most recent) states programs may initiate the pre/accreditation process up to a year prior to the BOR review.
Submit Site Visit Dates: Latest possible date to submit request and (three) proposed site visit dates for an accreditation review in July of the next calendar year.	October 15 of the prior calendar year.	At least six months needed prior to proposed site visit dates to arrange site visitors and confirm the site visitors and dates with the midwifery program.
Site Visit Deadline: All site visits must be completed by this date.	By April 15th of the same calendar year of the July review.	
Send PAR/SER to ACME: One electronic and one hard copy should be sent to the National Office.	No later than eight weeks before the site visit.	This date provides eight weeks for the site visitors to prepare for the visit, including time to discuss and amend the plan/agenda for the visit with the midwifery program director.
Program request for 3rd Party Comment: Two months before the scheduled site visit, the program under review will identify its relevant constituencies, such as alumni, community members, and the like, and publish information regarding the opportunity for 3rd party written comment before the date of the site visit.	Two months before site visit.	
ACME request for 3rd Party Comment: ACME will publish a notice of the upcoming site visit and an invitation for public comments on the ACME web pages, and or in ACNM *Quick eNews* and *ACNM Quickening.*	Two months prior to the site visit.	Note: 3rd Party Comment notice may not appear each week, but as space allows in Quick eNews.

Appendix I

ACME Accreditation Fee Schedule for FY 2020 and FY 2021

The Accreditation Commission for Midwifery Education (ACME) *Policies & Procedures Manual* contains the information relevant to the fees referenced below. A general explanation and description about fees related to ACME accreditation may be found in the manual in Section II.D. Fees are subject to change and increase annually as deemed by the Board of Commissioners. Typically, fees increase annually at 3%. ACME will email, and USPS mail an invoice to the midwifery program directors' attention. All invoices are due within 45 calendar days of issue. A late fee will be assessed for any payment received after the due date. All past due invoices must be paid in full prior to a site visit being conducted. Failure to pay your invoice within 60 days could result in a warning to pre/accreditation status. If payment is made via credit card, a processing fee of 3% will be added to the total fees due.

PREACCREDITATION FEES	
Fee Type	**Amount**
Preaccreditation Fee (new programs only)	$4,500

ANNUAL ADMINISTRATIVE FEES The Annual Administrative Fee includes a flat fee plus a fee based on the number of midwifery students in a program. These fees apply for midwifery students who have enrolled in course work and are paying tuition and fees as of April 15. Part-time and full-time students are included in this calculation. Students on a leave of absence are not included.	
Annual Administrative Flat Fee for all programs	$1,300
Fee based on student body size	**Amount**
0-50 students	$2500
51-100 students	$3500
101-150 students	$4500
151-plus students	$5500

ADDITIONAL FEES May not apply to all programs annually. If any of these fees apply to your program they will be reflected in your invoice.	
Fee Type	**Amount**
Companion Program	$770
*Site Visit	$4,250
Accreditation Renewal Fee, Initial Accreditation	$3500
Accreditation of an additional, separate program	$1,850
Appeal of Adverse Action	$11,600
Late Payment	$250
Substantive Change Review	$2550
Off-Cycle Review	$1500
Mandatory Progress Report (MPR) Review This fee will be assessed based on the ACME Board of Review and may not always be applicable to a requested MPR.	$1050

* **Site Visit**: ACME will be responsible for booking of hotel & travel related for site visits and will handle all site visitor reimbursements. ** Fee will be invoiced separately from the annual invoice.

Credit Card Processing Fee: As of January 2017 ACME, will be charging a processing fee of 3% of the total fees due for all credit card payments.

Appendix J

Evaluation Form for Promotion to Senior Site Visitor

Name of Site Visitor Being Evaluated: _____

	ACHIEVED	NOT ACHIEVED
PROCESS		
Demonstrates command of ACME policies and procedures		
Utilizes appropriate criteria effectively		
Attends to time lines outlined in operational guidelines		
Utilizes the expertise of the senior visitor assigned as needed and appropriate		
Arranges travel plans in concert with the other visitor; planning time for joint meeting prior to visit to discuss:		
• Conduct of visit		
• Division of labor		
• PAR/SER		
• Site visit schedule		
• Interview topics and questions		
COMMUNICATION		
Contacts other site visitor as soon as accepting site visit assignment		
Initiates contact with program director to plan and coordinate the site visit		
Represents ACME in a positive, professional manner		
Able to articulate the purpose of the visit to administrators, faculty, students and others		
Writes clearly		
Adequate word processing skills for the task		
Provides adequate documentation in the SVR		
EVALUATION		
Able to assess own strengths and needs		
Maintains confidentiality		
Provides feedback to other visitor as to conduct of visit		

COMMENTS (USE OTHER SIDE IF NECESSARY):

Evaluator: _____Date: _____

Appendix K

Guide for Selection of Members for Board of Commissioners (BOC), Board of Review (BOR), Site Visitor Panel (SVP) and Advisory Committee

Purpose:

This process guides selection of qualified members for the ACME Board of Commissioners (BOC), Board of Review (BOR), Site Visitor Panel (SVP) and Advisory Committee. The membership of the BOC, BOR and Advisory Committee also each includes a public member. A public member is not a midwife and does not derive any income from midwifery related sources. All members are selected based on the criteria stated in the ACME *Policies and Procedures Manual* for the relevant board, panel or committee.

Process for Review of Applicants:

After applications have been received to fill a vacancy, a subcommittee of the BOC will review the applications; interview the first-choice candidate(s) and recommend their choice of candidate to the BOC for selection. Specifically, the subcommittee will:

A. Check that all required application items have been received or obtained, including:
   1) Application as a letter of inquiry or cover letter to the BOC
   2) A current curriculum vitae or resume
   3) Two letters of reference

B. Check that each required area of qualification listed in the ACME *Policies and Procedures Manual* for the relevant board, panel or committee is addressed in the cover letter, CV/resume, letters of reference or interview, including:
   1) A minimum of a master's degree
   2) Commitment to preparation of well qualified health care providers for women and children
   3) Possesses knowledge and skills complementary to the purpose of the BOC, BOR, SVP or Advisory Committee as relevant
   4) Is familiar with the accreditation process
   5) Has a commitment to attend meetings and conference calls as required
   6) Possesses technical skills sufficient to communicate electronically via phone, email and electronic conferencing
   7) Possesses the following qualities:
      a) Commitment to quality improvement processes in higher education,
      b) Integrity of character,
      c) Ability to critically assess and discuss issues, and
      d) Adds diversity to the board, panel or committee's composition

Specifically, for public member applicants the subcommittee will also ensure that the applicant:

8) Does not derive any income from the practice of midwifery
9) Is ineligible to be a public member if s/he derives any income from any midwifery related sources and/or who has a real or perceived conflict of interest related to the work of ACME as noted in the following list. This includes an individual who is:
   a) A midwife
   b) An employee of ACNM, AMCB, A.C.N.M. Foundation
   c) An employee of ACME, member of the BOR
   d) An employee, a member of the governing board, a current owner, shareholder of, or consultant to, an institution or program that either is pre/accredited by ACME or has applied for pre/accreditation
   e) A member of any trade association or membership organization related to, affiliated with, or associated with the agency; or
   f) A spouse, parent, child, or sibling of an individual identified in a), b), c), d) or e) above.

Decision on acceptance by BOC:

The BOC will consider and vote on the recommended candidate/s of the subcommittee. The candidate is either:

1) Accepted as a member and sent a letter inviting them to begin orientation according to the procedures in the ACME *Policies and Procedures Manual,* or

The applicants not selected or approved will be notified by letter by the ACME Executive Director.

Content is subject to change to advance the work of ACME. The Board of Commissioners reserves the right to modify, waive and or remove any policy and or procedure upon an approval vote from the Commissioners or decision of the Board of Commissioners.