

# ACCREDITATION PROCEDURES

**Schools of Public Health**

---

**Public Health Programs  
Outside Schools of Public Health**

---

**Standalone Baccalaureate Programs**



**CEPH**

*Council on Education  
for Public Health*

**Council on Education for Public Health  
Amended September 2014**

*Registered in US Patent and Trademark Office*

# ACCREDITATION PROCEDURES

---

---

For additional information contact:

Laura Rasar King, MPH, MCHES  
Executive Director  
Council on Education for Public Health  
1010 Wayne Avenue, Suite 220  
Silver Spring, MD 20910  
Phone: (202) 789-1050  
Fax: (202) 789-1895  
[www.ceph.org](http://www.ceph.org)

## TABLE OF CONTENTS

---

Introduction .....	1
Defining the Accreditation Unit .....	2
CEPH Board of Councilors .....	4
Uses of this Manual .....	6
Overview of Activities in an Accreditation Review .....	7
Initiating the Review Process .....	9
New Applicants .....	9
Accredited Schools and Programs .....	12
Accreditation Units Seeking Change in Category .....	12
Timetable for Review .....	13
Cost of Accreditation Review .....	13
Payment of Fees and Expenses .....	13
Consultation to Schools and Programs .....	14
Schools and Programs Under Review .....	14
Developing Schools and Programs .....	14
Self-Study Process and Documentation .....	15
Orientation Program .....	15
Process .....	15
Product .....	15
Procedures .....	16
Required Opportunity for Third-Party Comment .....	17
Site Visits .....	18
Roster of Visitors .....	18
Training Programs .....	19
Selection of Site Visit Teams .....	19
Site Visit Scheduling .....	20
Joint Visits with Other Accrediting Agencies .....	21
Other Preparation for the Site Visit .....	21
Electronic Resource File .....	21
Conduct of the Visit .....	22
Reports and Decisions .....	23
Site Visit Team Report .....	23
CEPH Decisions .....	24

Accreditation Procedures

---

---

Limitations on Actions.....	26
Accreditation Terms.....	26
Interim Reports.....	27
Public Notifications.....	28
Release of Reports and Information about Actions .....	29
Annual Reports to CEPH.....	29
Prior Notification of Substantive Change.....	29
Other Changes that Occur After Award of Accreditation.....	30
Possible Council Actions between Regularly Scheduled Reviews .....	30
Publication of Accredited Status.....	31
Publication of Applicant Status.....	32
Maintenance of Records .....	33
Appeal and Complaint Procedures .....	34
Appeals .....	34
Complaints .....	36
Evaluation of Review Process .....	39
Site Team Member Assessment.....	39
School or Program Assessment .....	39
Review and Revision of Criteria or Procedures.....	40

## Introduction

---

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

In keeping with good accreditation practices, CEPH is responsible for notifying the US Secretary of Education of any change that would alter its scope of recognition or compliance with any of the criteria against which it is periodically reviewed for recognition.

The goal of the Council, a mission held in common with the schools and programs it accredits, is "to enhance health in human populations, through organized community effort." Its organizational focus is the improvement of health through the assurance of educational programs that prepare professional personnel to identify, prevent and solve community health problems. The Council seeks to

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

CEPH is an autonomous organization that establishes its own accreditation policies. These policies are incorporated in two types of publications: the procedures manual, which establishes a fair and equitable process for accreditation review, and the criteria documents, which identify the standards by which schools and programs are evaluated. The procedures and criteria used by CEPH are adopted by its governing body, the CEPH Board of Councilors, after full review, discussion and comment by public health practitioners, educators, students, alumni and other stakeholders.

The procedures are implemented by councilors, staff and site visit teams after full explanation to individuals involved in the accreditation review activities. Procedural guidance is provided to school and program representatives through consultation with CEPH staff, to team chairs during orientation sessions and to site visitors in training programs and executive sessions at the beginning of each site visit.

Evaluation of the CEPH accreditation review process is explained in the last section of this manual. Revisions in the procedures and criteria may be made on the basis of comments from school or program representatives and site team members, and on the recommendations of recognized agencies in the accrediting community. Changing situations in education, legislation, regulation and in the practice of public health may also necessitate revision. The procedures and criteria used by CEPH are evaluated periodically and may be modified after affected parties have been given an opportunity to review and comment on any proposed change of a substantive nature. A review and revision is scheduled approximately every five years or more frequently as needed.

Three categories of educational programs constitute CEPH's scope of recognition and are defined as follows:

1. A School of Public Health (SPH) must include both master's- and doctoral-level degrees. This category of accreditation also includes any public health baccalaureate programs that are located in the school.
2. A Public Health Program (PHP), located in an administrative setting other than a school of public health, must include a professional master's-level degree. The scope of accreditation may also include undergraduate, doctoral or academic public health master's degree programs, if such programs share a single governance structure and leadership with the professional master's degree.
3. A Standalone Baccalaureate Program (SBP) consists of an undergraduate public health degree program with no affiliated graduate public health degree programs in the unit of accreditation.

Throughout this document, the term 'accreditation unit' is used to refer to all of these categories.

## **Defining the Accreditation Unit**

The accreditation unit for an SPH includes all degree programs located in the school. The school may not exclude degree programs from the accreditation review.

For PHPs and SBPs, CEPH works with the program to define the accreditation unit.

All PHPs include a professional master's degree in public health. Other public health degree programs (eg, BS, MS, DrPH, PhD) that share a leader and a governance structure with the professional public health master's degree may be eligible for inclusion in a PHP. Many PHPs will include the Master of Public Health (MPH) degree alone.

All SBPs include only baccalaureate public health degree programs. Majors and degree programs that may be eligible for inclusion in an SBP include the following:

- bachelor of public health (BPH)
- bachelor of arts or bachelor of science in public health (BAPH, BSPH)
- bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in public health
- bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in a discipline of public health, such as epidemiology or health promotion
- bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in a closely related field, such as global health, international health or health sciences/studies

The following are not eligible for inclusion in an SBP:

- minors in public health, related fields or disciplines
- certificates in public health
- associate degrees in public health

PHP and SBP are typically offered through an academic unit (or units) that are part of a larger organization offering degree programs across many fields. Degree programs may be offered through a department located in a college or school, for example, or may be offered by several departments in cooperation or may be offered through a non-departmental structure.

There can be variations in the organizational structure of PHP and SBP across institutions. In recognition of this, the first step in establishing the scope of accreditation is to reach agreement on the unit that is seeking to earn or maintain CEPH accreditation (ie, the accreditation unit).

The accreditation review will include all majors and/or degree programs (and only those degree programs) defined by agreement between CEPH and the institution before the accreditation review takes place. CEPH must approve a specific list of all included majors and/or degree programs at the time of application. That list will define the scope of accreditation. CEPH accreditation will be designated only for concentrations, majors and/or degree programs on that list.

A regionally accredited institution may contain a single CEPH accreditation unit, or a single institution may contain multiple CEPH accreditation units. PHP and SBP may draw from multiple departments, colleges and schools while still operating as a single accreditation unit if, and only if, they can designate 1) a single program director (PHP) or program leader (SBP) and 2) a single governance structure (ie, structure for decision making on matters such as curriculum) for the accreditation unit as a whole. A regionally accredited institution would *only* have multiple accreditation units in cases in which the accreditation units do not share a governance structure and single leader. It is not the role of CEPH to mediate internal university discussions regarding the accreditation unit. A wide variety of options are possible and university, school and program leadership must determine how best to serve campus needs.

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

- an accredited SPH that includes bachelor's, master's and doctoral public health degrees in the school
- an accredited SPH that includes bachelor's, master's and doctoral public health degrees and an applicant SBP that is located in the university's School of Arts and Sciences
- two accredited PHP: one located in the School of Medicine and one located in the College of Education and Human Sciences
- an accredited PHP that offers two MPH concentrations and draws primary faculty and required courses from three different departments, which are located in two separate colleges
- an accredited PHP that offers three MPH concentrations and two bachelor's degrees and draws faculty and courses from several departments
- an accredited SBP located in the College of Health and an applicant PHP in the School of Social Work
- an accredited SBP with two major options that draws faculty from across the institution

- an accredited SBP located in the College of Undergraduate Studies and an unaccredited MPH located in the College of Nursing

### Collaborative Schools and Programs

Schools or programs that involve more than one regionally accredited institution working together to operate a single accreditation unit may seek accreditation as a collaborative school or program. Collaborative SPHs, PHPs and SBPs are shown in CEPH's published list of accredited schools and programs as a single listing, with each sponsoring institution identified.

Collaborative organizational models are evaluated against the same set of criteria as SPHs, PHPs or SBPs sponsored by a single institution and are subject to the same policies and procedures with the following exceptions:

- Depending on the nature of the collaboration and the geographic proximity of the participating institutions, the Council may require, or the SPH, PHP or SBP may request, special accommodations in the structure of the site visit, including visiting multiple sites or extending the duration of the visit.
- Collaborative SPHs, PHPs and SBPs must provide evidence during the review process of written agreements among the participating institutions.

SPH, PHP and SPH may engage in collaboration, cooperation and formal affiliation without pursuing a shared (collaborative) accreditation status. Such collaborating institutions may pursue accreditation separately, with each regionally accredited institution responsible for fulfilling all requirements defined in CEPH's criteria, or an institution with an accredited unit may engage in collaboration or affiliation with an institution that does not operate an accredited unit, as long as the cooperation acts as a supplement or complement to the unit's offerings and as long as all parties are transparent about the scope and nature of the collaboration and disclose their CEPH accreditation status accurately.

Each accreditation unit is responsible for following CEPH's procedures and criteria, and each accreditation unit will have its own accreditation status. In all cases, accredited units must be clear about which specific degree programs are included in the scope of accreditation. See the "Public Notifications" section of this document for additional information.

## **CEPH Board of Councilors**

The Board of Councilors is the 10-member decision-making body of CEPH. As an independent body, the board is solely responsible for adopting criteria by which SPHs, PHPs and SBPs are evaluated, for establishing policies and procedures, for making accreditation decisions and for managing the business of the corporation. Board members are appointed by the agency's two corporate sponsors, the American Public Health Association (APHA), a professional membership organization that appoints councilors who are public health practitioners, and the Association of Schools and Programs of Public Health (ASPPH), an association of schools and programs, that appoints councilors from the faculty or administration of schools of public health. In the context of a school or program in public health, an administrator is an educator and researcher who also has an administrative appointment and/or duties in the school or program. The agency maintains and makes publicly available on its website a list of current board members and principal staff,

including their names, academic and professional qualifications and relevant employment and organizational affiliations.

CEPH staff orient new Council members upon their appointment to the board. Each new councilor is provided with CEPH documents and publications describing the agency's history, procedures, guidelines, policies (including conflict of interest policies), criteria and recent activities. Each year, CEPH schedules a formal training session for new councilors in conjunction with regular board meetings. New councilors must also attend site visitor training and observe a site visit if they are not already experienced site visitors. Council members receive ongoing training to ensure continued familiarity with CEPH policies, procedures and criteria.

## Uses of this Manual

---

This publication describes the procedures used by CEPH in the accreditation of schools and programs offering education in public health. It is intended for a variety of audiences:

- representatives of schools and programs that participate in the accreditation process or that may seek accreditation in the future and thus desire guidance about the review process and CEPH's expectations.
- members of site visit teams and Council consultants who have responsibilities for implementing the process.
- interested organizations, agencies and individuals who desire information about the accreditation practices of the Council.
- members of the general public who desire information about accreditation in public health and what an SPH, PHP or SBP program must do to achieve that designation.

This manual should be used in conjunction with documents that set forth CEPH's current accreditation criteria for SPHs, PHPs and SBPs. CEPH publications, including manuals describing CEPH procedures and criteria, may be accessed through CEPH's website.

The procedures described in this manual are applicable to both school and program reviews and for all levels of accreditation decisions. The manual is designed to be equally useful to applicants seeking initial accreditation and to already-accredited schools and programs undergoing periodic reevaluation. For a brief overview of the entire accreditation process, see the "Overview of Activities in an Accreditation Review" that follows.

## Overview of Activities in an Accreditation Review

---

The list that follows provides a brief overview of major steps in the accreditation review process. For a detailed description of all steps and requirements, please refer to the sections that follow.

- \_ 1. If an accreditation unit has not been previously accredited or is making a transition to a new category of accreditation, an application is submitted. If an accreditation unit is currently accredited, approximately two years before the accreditation term concludes, CEPH notifies it about the upcoming review cycle.
- \_ 2. The accreditation unit plans and begins to conduct an analytical self-study. Completion of the self-study typically requires 18-24 months but may be longer or shorter in some cases.
- \_ 3. The accreditation unit arranges for CEPH consultation, as appropriate or required. An on-site CEPH consultation visit is required for all applicant SPHs, PHPs and SBPs.
- \_ 4. All applicant SPHs, PHPs and SBPs attend CEPH's annual Accreditation Orientation Workshop. Already accredited units may also choose to attend the workshop to assist in their preparation for reaccreditation.
- \_ 5. The accreditation unit selects tentative site visit dates.
- \_ 6. CEPH establishes deadlines for submission of the preliminary and final self-study documents and other events leading up to the on-site visit.
- \_ 7. CEPH provides names and addresses of the councilor(s), site visit coordinator and the site visit chair who will read the preliminary self-study document.
- \_ 8. CEPH bills the accreditation unit for the review fee.
- \_ 9. The accreditation unit submits the preliminary self-study document and electronic resource file to the CEPH coordinator, designated councilors and the site visit chair approximately five months before the site visit.
- \_ 10. CEPH notifies the accreditation unit that it must make its constituents aware of the opportunity to provide written third-party comments to the CEPH office.
- \_ 11. CEPH reviews the preliminary document to determine whether the review should proceed (for applicants) and offers suggestions and comments about improving the documentation (for applicants and those seeking reaccreditation).
- \_ 12. CEPH appoints the site visit team, notifies the accreditation unit about team composition, inquires about conflicts of interest and provides mailing addresses to the SPH, PHP or SBP.
- \_ 13. CEPH sends each team member background materials and other information needed in preparation of the site visit. CEPH also provides a copy of any third-party comments received.
- \_ 14. The accreditation unit makes hotel reservations and ensures that individual confirmations are sent to team members.

- \_ 15. The accreditation unit develops a tentative site visit agenda and consults with CEPH staff about its acceptability eight weeks prior to the site visit.
- \_ 16. The accreditation unit sends the final self-study document, electronic resource file, site visit agenda and site visit logistics form to each team member, including the site visit coordinator, one month prior to the visit.
- \_ 17. CEPH advises university officials about the upcoming campus visit.
- \_ 18. The CEPH review team conducts the visit and determines the validity of the self-study document. The site visit chair reports major findings to SPH, PHP or SBP representatives during the exit interview.
- \_ 19. CEPH sends follow-up letters to team and university officials. Team members receive an evaluation questionnaire.
- \_ 20. CEPH reimburses team members for travel and living expenses and submits an invoice for all travel to the accreditation unit.
- \_ 21. The accreditation unit submits payment for the accreditation fee and reimbursement of expenses.
- \_ 22. CEPH staff prepares the first draft of site team report and distributes to the team members only for revisions and corrections.
- \_ 23. CEPH staff submits the second draft to the accreditation unit for correction of factual errors; dean, director or designated leader is invited to prepare written response.
- \_ 24. CEPH staff incorporates factual corrections in final draft and forwards, with written response, to each councilor. The report is sent to the chief executive officer of the institution in which the accreditation unit is located for comment.
- \_ 25. CEPH considers the team report at its spring or fall board meeting. The Council adopts the team's report, as is or as amended, and makes a decision about accreditation.
- \_ 26. CEPH notifies university official and dean, director or designated leader of decision, transmitting final reports within 30 days of decision.
- \_ 27. CEPH notifies USDE of final action within 30 days of decision or immediately in the case of an adverse action.
- \_ 28. CEPH sends other relevant notifications to the appropriate state agencies and recognized accrediting bodies.
- \_ 29. CEPH invites the dean, director or designated leader to evaluate the CEPH processes.
- \_ 30. CEPH makes the accreditation report available to the public within 60 days of communicating the final action to the accreditation unit. A written response by the accreditation unit will be attached, if provided within 50 days.

## Initiating the Review Process

---

### New Applicants

An accreditation unit that is not accredited by CEPH begins the accreditation review process by submitting an application. The application process must also be completed by an accreditation unit seeking a change in category. An accreditation unit must submit a written application, addressed to the CEPH president, that summarizes its ability to meet the accreditation criteria. The accreditation unit should be able to present its qualifications in 15 pages or less, plus appendices if needed. Application templates are available on the CEPH website.

All applications must include the following elements:

- A. a statement indicating that the accreditation unit understands the required components of the application process, including conduct of an on-site consultation visit, attendance at an Accreditation Orientation Workshop and prompt payment of all fees.
- B. identification of the degrees and concentrations that are included in the accreditation unit.
- C. a request signed by the chief executive officer of the institution in which the accreditation unit is located (university president or chancellor in most cases), inviting CEPH to initiate the accreditation process. The request should be cosigned by the chief administrative officer of the university unit in which the accreditation unit is located and by the school dean, program director or designated leader. In the case of an accreditation unit that is sponsored by more than one institution, signatures must be obtained from the leadership at each institution.
- D. documentation of the following eligibility requirements:
  1. location in an institution that is regionally accredited (an applicant institution located outside the United States that is not eligible for regional accreditation must demonstrate a comparable external evaluation process);
  2. establishment, or planned implementation (with timeline), of an organizational structure for the accreditation unit with documented lines of responsibility for curriculum development, admission standards, faculty selection and retention, and fiscal planning; documentation should include an organizational chart or charts that shows the accreditation unit's internal organization and external reporting lines up to and including the president, provost or other chief executive, as well as a narrative explanation of the roles and responsibilities mentioned above;
  3. evidence of institutional commitment and fiscal support for the development and/or maintenance of the accreditation unit; documentation may include evidence of commitments for new or reassigned faculty and staff resources, administrative support or other resources deemed necessary for the success of the accreditation unit;
  4. policies and plans for recruitment and selection of faculty; and
  5. policies and plans for recruitment and selection of students; documentation must include projected enrollments per year for each degree program included in the accreditation unit.

**If the application is for an SBP, then the applicant must meet the following additional eligibility requirements:**

- 6a. a mission and expected student learning outcomes for the program that align with the mission statement(s) of the parent institution(s) and the regional accreditation standards of the institution(s);
- 7a. a curriculum for each degree included in the accreditation unit that is consonant with CEPH criteria; documentation must include a description of general education requirements, list of required courses, cumulative experiential activities, etc. and associated credit-hours, with brief course descriptions;
- 8a. a qualified designated leader. The designated leader is a full-time faculty member at the institution and has immediate responsibility for developing and monitoring the program's curriculum. The designated leader has educational qualifications and professional experience in a public health discipline (as defined in the Accreditation Criteria). If the designated program leader does not have public health educational qualifications and professional experience, the program documents that it has sufficient public health education and experience in its primary faculty members. Preference is for the designated program leader to have formal doctoral-level training in a public health discipline or a terminal professional degree (eg, MD, JD, etc.) and an MPH;
- 9a. sufficient faculty resources to accomplish its mission, to teach the required curriculum and to achieve expected student outcomes. Generally, the minimum number of faculty required would be 2.0 FTE faculty in addition to the designated leader's effort each semester, trimester, quarter, etc., though individual circumstances may vary. The FTE calculation follows the university or unit's formula, and includes all individuals providing instruction in a given semester, trimester, quarter, etc. regardless of their appointment status (eg, tenure-track or term faculty, part-time or full-time); and
- 10a. has or will have graduated at least one class from an creditable curriculum in each concentration, specialization or track included in the unit of accreditation by the time of the site visit or within two years of the application, whichever comes first.

**If the application is for a PHP, then the applicant must meet the following additional eligibility requirements:**

- 6b. a mission with supporting goals and measurable objectives for the accreditation unit;
- 7b. a curriculum for each degree included in the accreditation unit that is consonant with CEPH criteria; documentation must include a list of required courses, practice experience, etc. and associated credit-hours, with brief course descriptions;
- 8b. at least three full-time faculty who dedicate .50 full-time equivalence or greater effort to the public health program's teaching, research and service for each track, concentration or specialization in the unit of accreditation that offers master's-level education; the program must provide evidence that it meets this benchmark or will do so by the time of the site visit or within two years of the application date, whichever comes first (see CEPH criteria documents for additional information on required minimum faculty resources); and

- 9b. has or will have graduated at least one class from a curriculum that meets CEPH criteria in each concentration, specialization or track included in the unit of accreditation by the time of the site visit or within two years of the application, whichever comes first.

**If the application is for an SPH, then the applicant must meet the following additional eligibility requirements:**

- 6c. a mission with supporting goals and measurable objectives for the accreditation unit;
- 7c. a curriculum for each degree included in the accreditation unit that is consonant with CEPH criteria; documentation must include a list of required courses, practice experience, etc. and associated credit-hours, with brief course descriptions;
- 8c. at least five full-time faculty who are trained and experienced in the discipline for each core concentration area offering a doctoral degree and at least three full-time faculty plus two full-time-equivalent faculty in core concentration areas offering only the MPH or equivalent professional degree by the time of the site visit or within two years of the application date, whichever comes first (see CEPH criteria documents for additional information on required minimum faculty resources);
- 9c. offer the MPH or equivalent professional degree programs in at least the five core public health knowledge areas, as outlined in the accreditation criteria, or provide specific plans and timeline demonstrating that they will be in place with graduates in each program area from a curriculum that meets CEPH criteria at the time of the site visit or within two years of the application date, whichever comes first;
- 10c. offer doctoral degrees related to at least three of the five core public health knowledge areas (as defined in the accreditation criteria), with students enrolled in all three and a graduate from at least one by the time of the site visit or within two years of the application date, whichever comes first; and
- 11c. an independent structure and reporting mechanism that is equivalent to other professional schools or colleges within the university, as defined by the current accreditation criteria.

An application may be submitted at any time. However, the Council, which makes the determination, meets to make accreditation decisions in the spring and fall. Applications must be submitted at least six weeks prior to the Council meeting. Meeting dates, related deadlines and application templates may be obtained from CEPH staff or by consulting the CEPH website. Applicants must submit one printed copy and one electronic copy of all application materials.

Once accepted as an applicant, an accreditation unit must proceed toward accreditation and must promptly pay the application fee outlined in CEPH's schedule for accreditation support. Applicant fees are not refundable if the accreditation unit later decides to withdraw from the accreditation process. An applicant must schedule an on-site CEPH consultation visit, attend an Accreditation Orientation Workshop and submit an acceptable self-study document to CEPH offices within two years of the date when accepted as an applicant; failure to do so will result in termination of applicant status. At any time during applicant status, until the beginning of the Council meeting at which the accreditation decision is scheduled, an accreditation unit may withdraw its application, on written notice to CEPH, and no further review activities will be conducted.

CEPH will consider applicant institutions located outside the United States; however, due to the variable nature and scope of international accreditation activities, such activity will be undertaken on a case-by-case basis. Prior to providing evidence of meeting the previously outlined eligibility requirements, international applicants must submit a written request for consideration. If the request for consideration is accepted, the Council will require a staff member and/or Council member to conduct a consultation visit before inviting a full application.

If an accreditation unit in applicant status needs more time to submit an acceptable preliminary self-study, it may request an extension of applicant status. A request for extension must be made in writing for the Council's consideration. Extensions are granted in one-year increments, and it is possible to receive a maximum of two extensions. If additional time is still needed, the applicant must submit a new application and begin the process again.

## **Accredited Schools and Programs**

When accreditation is conferred, the Council designates a specific date through which that status is valid. Approximately two years before the end of the accreditation period, CEPH staff notifies the dean, director or designated leader of the upcoming review and advises that the accreditation unit should begin its self-study process. In the event an accreditation unit does not wish to maintain its accreditation status, it should advise CEPH in writing, and no further review procedures will be scheduled.

All accredited SPHs, PHPs or SBPs are expected to undergo periodic full evaluations, as described in subsequent sections of this manual. Extensions of term may be granted only by official Council action and will only be granted in the circumstances delineated in this document's section on extensions of accreditation term.

## **Accreditation Units Seeking Change in Category**

The Council will accommodate an accreditation unit seeking a different category of accreditation. Categories of CEPH accreditation include a) schools of public health (SPH), b) programs in public health (PHP) and c) standalone baccalaureate programs in public health (SBP). Additional categories of CEPH accreditation, which apply to all accreditation units are 1) collaborative (sponsored by more than one regionally accredited institution) and 2) single-institution.

Accredited SPHs, PHPs and SBPs seeking a change in category must submit an application as outlined in this document's section on applications. An SPH, PHP or SBP in transition from one category to another, for whatever reason, must also notify CEPH before making any substantive change that affects its mission or degree offerings. Multiple substantive change notices are common during the transition period.

SPHs, PHPs and SBPs making a transition must undergo a full accreditation review using the appropriate criteria within two years of notifying the Council or by the expiration of the current accreditation term, whichever occurs first. Accreditation units that seek accreditation under a different category are considered to be seeking initial accreditation in that category. If the accreditation unit fails to give notice before making the change or is unable to do so, the procedures related to changes that occur after award of accreditation will prevail. These procedures are described later in this document. SPHs, PHPs and SBPs can be accredited only in one category of each type at a time.

## **Timetable for Review**

Review dates are determined in consultation with CEPH staff as soon as possible after a mutual decision has been reached to proceed with the review. Dates will be established for consultation, submission of the preliminary self-study document, submission of the final self-study document and for the site visit.

The review process for first-time accreditation is approximately three years from the date of the application's acceptance to the date of the Council's official decision, though it may be abbreviated, in consultation with CEPH staff, if special circumstances exist.

The review process for reaccreditation, from the date of submission of the preliminary self-study to the date of the Council's official decision, is approximately 10-14 months.

## **Cost of Accreditation Review**

The Council has established fees for consultation, the accreditation review and continuing support; the support schedule is published separately and is available on the CEPH website. Fees differ based on a number of factors outlined in the fee schedule, including categories of accreditation. In addition to the fees outlined for consultation, review and continuing support, schools and programs must reimburse CEPH for travel and expenses for site visit teams, site visit coordinators and consultants.

## **Payment of Fees and Expenses**

A fee schedule is updated annually and is available on the CEPH website.

Applicant and accredited units must pay all fees as required. Failure to pay required fees by the deadline defined by CEPH will 1) postpone an initial accreditation decision (for applicants) or 2) result in removal from CEPH's list of accredited schools and programs.

The Council does not pay honoraria for the services of site visit team members but does reimburse actual site visit team expenses. Each site visitor submits a voucher, with original receipts, to CEPH for travel and expenses incurred in connection with the visit. CEPH reimburses each visitor and invoices the accreditation unit for the total costs according to the Travel Expense and Reimbursement Policy, which is available on CEPH's website.

## **Consultation to Schools and Programs**

---

CEPH staff is available to provide procedural consultation to any accreditation unit seeking accreditation. While much guidance about CEPH policies, procedures and criteria can be obtained via telephone discussions and written communications, on-campus visits by CEPH staff also can be helpful in understanding the review process and interpreting the criteria used for evaluation. Accreditation units seeking first-time accreditation by CEPH, accredited SPHs, PHPs or SBPs in transition to another accreditation category and international applicants are required to seek on-site consultation from CEPH. Consultation also is available to already accredited units and especially those undergoing substantive transitions in such areas as organization or curriculum.

### **Schools and Programs Under Review**

Upon request, a CEPH staff member may visit an accreditation unit early in the review process to discuss CEPH policies, procedures and criteria and to answer questions of administrators, faculty, students and others who will be involved in the self-study process. An offer of consultation is made in the letter of notification preceding the review. Throughout the review process, CEPH staff are available for telephone, written or personal consultation concerning the procedures and criteria.

### **Developing Schools and Programs**

An on-site consultation visit by a CEPH staff member is required of all new applicants, although an SPH, PHP or SBP in any stage of development may request consultation as well. The visit focuses on CEPH accreditation criteria and procedures.

Often it can be helpful for applicants to review self-study documents from other accredited units. All final self-study documents are available for public review. Interested parties may request electronic access to or copies of final self-study documents directly from any accredited unit (see this manual's section on Release of Reports and Information about Actions for additional information).

## **Self-Study Process and Documentation**

---

### **Orientation Program**

CEPH conducts an annual Accreditation Orientation Workshop that is required of all applicants and is recommended to representatives of institutions undergoing the reaccreditation process. The purpose of the workshop is to explain CEPH accreditation policies, procedures and criteria; to discuss the self-study process and expectations for the resulting document; and to elucidate guidelines for hosting a site visit. There is a fee for the workshop to cover expenses, and institutions are responsible for covering the cost of their own travel and accommodations.

### **Process**

A new applicant is expected to address all of the criteria for accreditation including at least baseline data for measurement of outcomes. Particularly if the accreditation unit is new, there may be relatively little historical data on which to base assessments.

The self-study is expected to address all of the accreditation criteria and provide thorough quantitative and qualitative documentation of compliance with the criteria. The focus of a full review must be the entire unit that is being reviewed, including all of its degree programs, and the manner in which it currently fulfills the expectations for accreditation. The expectations for the self-study document are the same for first-time and reaccreditation reviews.

To be of most value to the accreditation unit, the self-study should involve institutional officers, administrative staff, faculty, students, alumni, community constituents (eg, staff members from agencies that partner with the accreditation unit in education, research and service) and other stakeholders. An accreditation unit has considerable latitude in conducting its self-study. Depending on existing administrative and committee structures, new groups and procedures may or may not need to be established. However, involvement of all constituent groups is essential. In the case of collaborative schools or programs sponsored by more than one educational institution, constituents from each institution must be involved in the process. Applicants in the past have used steering committees, task forces, departmental study committees and other self-study models. Whatever the model, it is important to assign responsibility for coordination. That role may be assumed by the dean or director or assigned to another individual or a small group.

Models used by other SPHs, PHPs or SBPs are described in their individual self-study documents, which are available directly from them. Consultation regarding the self-study process is also available from CEPH staff. Whatever self-study methods are devised and implemented, these should result in an organized report of quantitative and qualitative information that describes and clearly analyzes the existing strengths and weaknesses and that presents specific plans for enhancing the strengths and correcting any deficiencies.

### **Product**

The process of self-analysis should result in the preparation of a self-study document that addresses all criteria for accreditation. The criteria document defines the documentation necessary to demonstrate compliance with each criterion. In the case of an abbreviated review, the document should include

documentation for all criteria representing those issues and concerns that CEPH and the school or program has established as the basis for the review.

As general guidance, the self-study document should be organized to facilitate an assessment by the reviewers about each criterion. It is helpful to reviewers if pages in the document are numbered sequentially and if sections are separated by tab dividers. Each criterion should be addressed in terms of the policy of the school or program regarding that particular standard, evidence that describes its performance and an assessment that supports a conclusion about how the school or program meets the particular standard. The assessment should be an analytical discussion that provides an insightful analysis of the strengths and weaknesses of the school or program. Data templates are provided on the CEPH website to facilitate a logical presentation of required data. Though the templates may need to be modified to fit the unique situations of each accreditation unit, CEPH requires that institutions use them.

CEPH expects a succinct yet thorough self-study document. SPH and PHP self-study documents, except in rare circumstances, should be limited to 150 pages. SBP self-study documents, except in rare circumstances, should be limited to 100 pages. Supplementary documents such as faculty curricula vitae, university reports, committee minutes, copies of student papers and theses, policy manuals, syllabi and copies of student and alumni survey instruments should be referenced in the document and made available in the electronic resource file. See the “Electronic Resource File” section of this document for more detail.

While CEPH recognizes that the electronic resource file may not be complete at the time of the submission of the preliminary self-study, it is expected that the accreditation unit will be able to provide a) course syllabi, b) student handbooks, c) the faculty handbook, d) career services materials and e) student advising materials. In addition, the SPH or PHP must be able to provide forms or handbooks for the practicum and culminating experiences, while the SBP must be able to provide the necessary documentation of the cumulative and/or experiential activity. All remaining items must be included with submission of the final self-study.

## **Procedures**

A preliminary version of the self-study document must be submitted to CEPH five months prior to the scheduled site visit. A printed copy and an electronic copy should be sent to each of the preliminary reviewers. The preliminary reviewers typically include two Council members, the site visit chair and the site visit coordinator.

The purpose of this review is to offer constructive comments about how the documentation should be improved prior to final submission to the site visit team. Within eight weeks, CEPH staff will relay the comments of the reviewers, including questions, suggestions for revisions in the documentation and requests for further or different information.

For applicants, this review is also used to determine whether the document is sufficiently descriptive and analytical to proceed with final scheduling of the site visit. The reviewers may find the preliminary document unacceptable, for example, if it is not analytical or if it is incomplete. Reviewers may also suggest that an applicant is not yet at a developmental stage in which a site visit would be successful, particularly in cases in which an accreditation unit outlined plans to meet the eligibility requirements within the specified timeframe and they were not met. In this case, the Council may, in addition to providing specific feedback to the applicant, direct staff to work with the accreditation unit to reschedule the visit.

If the review is not to proceed because the reviewers deemed the preliminary documentation unsatisfactory, CEPH will notify the accreditation unit of the unacceptable features of the document and of any other reasons necessitating the postponement. If this occurs in an already-accredited school or program, the accreditation unit is at risk of having its accreditation status lapse before a visit can be rescheduled. The CEPH president and, in some cases, the Executive Committee will consider all available information and will determine what action should be taken. Consultation from CEPH staff will be available during the interval between the postponement and the CEPH meeting.

If the review is to proceed, copies of the final revised document should be distributed by the accreditation unit one month prior to the site visit. CEPH staff are authorized to cancel a visit if the document is not received one month before the visit. The self-study document should be provided both in paper and electronic formats. The resource file should be provided in electronic format. The distribution includes one copy (paper and electronic) to each member of the site visit team, including the site visit coordinator.

Additional copies should be prepared for internal use or university purposes and for distribution on request. The final self-study document is a public document and must be available to interested parties upon request. The same principles apply to public disclosure of final self-study documents and to final accreditation reports. Please see this manual's sections on "Developing Schools and Programs" and on "Release of Reports and Information about Actions" for further information.

### **Required Opportunity for Third-Party Comment**

Approximately three months before the scheduled site visit, the accreditation unit should notify its major constituents that an accreditation review is scheduled and should indicate to them that written comments from third parties will be accepted by CEPH until 30 days before the scheduled site visit. Such notice should include the name and mailing address of CEPH. The form of such notice is at the discretion of the accreditation unit. Notification methods might include the following: a notice posted in a visible location, an announcement in a regular newsletter for constituents, an advertisement in the campus newspaper, a notice published on the website or email listservs. Methods of soliciting third-party comments should be described in the self-study document and verifiable by an on-site evaluation team.

## Site Visits

---

An on-site visit by a team of peer reviewers is an important component of the accreditation process. The team's assessment of the validity of the self-study document provides the primary basis for CEPH's decision concerning accreditation.

### Roster of Visitors

CEPH maintains a roster of potential site visit team members, including academic and practitioner members. The list is developed through a nominating process by peers and is designed to seek competent and knowledgeable individuals who are qualified by experience and training to serve on site visit teams. Nominators, at a minimum, include CEPH's corporate members, organizations representing professional disciplines within public health, selected associations and agencies representing the practice of public health, deans of schools of public health, directors of public health programs, former CEPH councilors and former site visitors.

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

- Hold or held a position as a senior academician at a CEPH-accredited SPH or PHP. In most cases, individuals must serve as the dean or associate dean in an SPH or the program director or department chair in a PHP AND
- Have a doctoral degree.

OR

- Hold or held a position as a senior public health practitioner AND
- Are or were primarily employed by a public health department, non-profit organization, healthcare organization, etc. AND
- Possess at least 10 years of professional experience in public health AND
- Have a master's degree in a public health field, at a minimum.

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

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

OR

- Hold or held a position as a public health practitioner AND
- Are or were primarily employed by a public health department, non-profit organization, healthcare organization, etc. AND
- Possess at least five years of professional experience in public health AND
- Have a bachelor's degree in a public health discipline, at a minimum.

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

The site visit roster is reviewed and periodically updated by the Council and staff.

## **Training Programs**

CEPH periodically conducts programs to train its site team members. The primary objectives of these training sessions, typically held in conjunction with annual meetings of the American Public Health Association, are to ensure that site visitors are fully knowledgeable about CEPH accreditation policies, procedures and criteria, and are clear about their roles as agency representatives. Materials are developed for orientation and training purposes as needed. Individual guidance also is provided in various CEPH documents that are distributed to each team member prior to each site visit. Finally, guidance is provided during a pre-visit team conference call and an executive session of the team the evening before the site visit, at which time procedures and processes are discussed and roles and assignments clarified.

## **Selection of Site Visit Teams**

CEPH site visit teams for SPHs include four members:

- a. A chair, who has significant experience with CEPH site visits. This member may be a public health academic or practitioner.
- b. A site visit coordinator, drawn from the full-time staff of CEPH, specially trained consultants with significant experience in accreditation or from a cadre of experienced CEPH site visitors specially trained to assume the role.
- c. Two additional members, one of whom must be a public health practitioner and one of whom must be a public health academic, unless either the chair or coordinator meets those designations. A minimum of two academics will serve on all site visit teams for schools.

Site visit teams for PHPs include three members:

- a. A chair, who has significant experience with CEPH site visits. This member may be a public health academic or practitioner.
- b. A site visit coordinator, drawn from the full-time staff of CEPH, specially trained consultants with significant experience in accreditation or from a cadre of experienced CEPH site visitors specially trained to assume the role.
- c. One additional member, who may be a public health academic or practitioner, depending on the designation of the chair.

Site visit teams for SBPs include three members:

- a. A chair, who has significant experience with CEPH site visits. This member may be a public health academic or practitioner.
- b. A site visit coordinator, drawn from the full-time staff of CEPH, specifically trained consultant with significant experience in accreditation, or from a cadre of experienced CEPH site visitors specially trained to assume the role.
- c. One additional member, who may be a public health academic or practitioner, depending on the designation of the chair.

All site visit teams include at least one academic member and one practitioner member. A larger or smaller team may be requested of CEPH or required by CEPH, depending on the need to properly evaluate the SPH, PHP or SBP. Any deviation from the standard site visit team size must be negotiated with CEPH staff.

Team chairs are reviewed and approved by the CEPH president and have extensive experience on CEPH site visit teams. The team composition is determined in consultation between staff and the CEPH president, who appoints team members. SPHs, PHPs or SBPs may not select the individuals who will visit their campuses.

CEPH staff are responsible for inviting and confirming the team members' participation and informing them about the dates of the visit, the length of time for which their participation will be required, their responsibilities during and after the visit, reimbursement of expenses and CEPH's policy regarding conflicts of interest.

SPHs, PHPs and SBPs are advised of the proposed team composition and provided an opportunity to identify any conflicts of interest. If a conflict of interest exists, CEPH will seek a replacement for that team member. A list of the final team with each visitor's name, address and professional affiliation is sent to the SPH, PHP or SBP three months before the site visit.

## **Site Visit Scheduling**

Visits to SPHs require three days, plus the evening preceding the arrival of the team on campus. Visits to PHPs and SBPs require two days, plus the evening preceding the visit. The duration of the visit may be shorter or longer if special circumstances dictate the need for less or more time to accomplish the work of the site visit team. Unusual circumstances might include, for example, a visit focused on a narrow set of issues, a visit to a particularly complex or collaborative accreditation unit or a visit to an accreditation unit where the team needs to observe more than one geographic site. The accreditation unit may request a shortened or extended visit or, in some circumstances, CEPH may require a longer site visit or an increase in the number of site visitors to ensure a thorough review. Any deviation from the standard must be negotiated with CEPH staff and is reflected in the fees charged.

The accreditation unit is asked to prepare an agenda for the visit consistent with suggested schedules available on the CEPH website. Site visit teams find it helpful when the agenda is structured around the criteria, thus helping to focus the interviews. Every agenda will be slightly different, depending on the nature of the accreditation unit and the nature of the issues identified in the self-study. The time allocated to various meetings will be determined by the specific needs of the particular accreditation unit. The agenda should be prepared as soon as CEPH staff advises that the review is to proceed, following the review of preliminary documentation. Accreditation units should consult by phone or email with CEPH staff regarding the proposed agenda no later than two months before the site visit, but the agenda should be sufficiently flexible to allow the site visit team to request adjustments. Changes may be needed to accommodate particular concerns of team members or their perceptions about the most expeditious and effective ways to pursue their tasks. Ample time must be scheduled for executive sessions. The scheduling of working luncheons with groups or for executive sessions is appropriate.

Depending on the structure of the accreditation unit and the specific issues to be addressed, the team will need to meet with a broad representation of accreditation unit constituents. These normally include university officials, accreditation unit administrators, faculty, students, alumni and community representatives such as field placement preceptors. Typically, the team should meet with these

constituent groups, particularly university officials, without the presence of the school dean, program director or designated leader.

The accreditation unit should reserve a convenient meeting room for use by the site visitors during their time on campus. The room should provide easy access to a computer with high-speed internet access and a printer. In specific circumstances, the visitors may also want to inspect campus facilities such as the library, laboratories and computer centers.

The final session on the agenda should be an exit interview during which the team chair will present a brief summary of the team's findings. It is the prerogative of the dean or director to determine who should attend the exit interview, but CEPH considers it appropriate to invite other representatives of the accreditation unit as well.

### **Joint Visits with Other Accrediting Agencies**

CEPH will consider requests for concurrent or joint visits with other accrediting agencies on a case-by-case basis. Due to the complicated nature of coordinating multiple agencies' logistics, such visits will only be approved if they are mutually beneficial to the agencies involved and to the accreditation unit.

### **Other Preparation for the Site Visit**

CEPH sends written notice to the chief executive officer of the university and the chief administrative officer of the appropriate university component about the scheduled site visit. The school or program should ensure that CEPH is regularly updated with these individuals' names and contact information as incumbents leave or new individuals are appointed.

The SPH, PHP or SBP should make hotel reservations for all site visit team members. One month before the visit, the SPH, PHP or SBP should send to each team member a copy of the final self-study document and electronic resource files, a copy or electronic link to the current bulletin or catalog, a site visit agenda and a summary of site visit logistics. CEPH provides each team member with a list of the team members, the procedures manual, the applicable criteria document, a copy of the last accreditation report (if any), the last interim report (if any) of the SPH, PHP or SBP, the code of good practice for accrediting bodies, travel guidelines and an expense reimbursement form and any other pertinent information.

### **Electronic Resource File**

The accreditation unit must include any materials referenced in the self-study document and any other information that provides evidence of compliance with the accreditation criteria in an electronic resource file. Documentation describing the methods of advertising used by the accreditation unit must be provided to the site team. Advertising, promotional materials or recruitment literature used by the accreditation unit to describe its educational offerings (including catalogs, bulletins, publications or combination of publications) must accurately describe its academic calendar, admission policies, grading policies, degree completion requirements, tuition and fees. The accreditation unit also will need to provide evidence in its electronic resource file that it tracks degree completion rates of its students and rates of job placement or other measures of success of its recent graduates, and the electronic resource file should contain information that allows site visitors to verify the process through which the accreditation unit provided opportunities for third-party comments during the accreditation process.

The electronic resource file for SPHs and PHPs should include a) examples of student work (theses, graduate research projects and field placement reports) for the last three years; b) schedule of courses offered (with instructor identified) for the last three years; c) minutes of all committee meetings except for minutes of meetings or portions of meetings that deal with individual personnel actions for the last year; d) faculty curriculum vitae; e) course syllabi for the last year; f) personnel manuals; g) survey and course evaluation responses and data summaries for the last three years; and h) a record of written student complaints and grievances, if any, for the past three years.

The electronic resource file for SBPs should include all materials required in the accreditation criteria.

It is helpful to reviewers if the electronic resource file is organized into subfolders rather than a single, large document. The CEPH website includes sample electronic resource files that illustrate possible ways of organization.

Unless CEPH specifically asks during a review of a preliminary document that certain materials be included as part of the self-study document, the accreditation unit may conclude that it is appropriate and acceptable to include these materials as part of the electronic resource file. Sensitive materials that would compromise confidentiality may be provided on site if it is not possible to include them in the electronic resource file. In addition, materials that are not available electronically (eg, posters and very long documents) may be provided on site.

## **Conduct of the Visit**

During a conference call in advance of the site visit and at the initial on-site executive session of the team, the chair will propose a plan of action for the site visit. He or she will assign responsibilities for pursuing particular lines of inquiry, for validating certain sections of the self-study and for preparing specific portions of the site team report. During executive sessions throughout the visit, the chair will evaluate progress of the team and may make additional or revised assignments. The chair may also consult with the dean or director to assess the progress of the visit or to arrange changes in the agenda if necessary.

Throughout the site visit, the team members will seek information to validate the self-study document. In meetings with administrators, faculty, students and other groups, the visitors will explore issues identified by the team during the executive sessions. They will seek open and frank discussions that clarify and expand on information in the self-study and electronic resource file. They will review other materials requested on site to verify information in the self-study document and to assess the manner in which the accreditation unit interacts with and represents itself to its various constituents. They will seek to identify strengths and weaknesses of the accreditation unit, based on their findings and observations. The site visit requires the participation of a number of stakeholders including administrators, faculty (including various ranks), students, alumni, preceptors and community members with ties to the accreditation unit. All individuals should be prepared for discussion and should be willing and able to discuss their perspectives and experiences with the accreditation unit.

In executive sessions, the team will discuss their findings and observations and organize and prepare their comments for succinct presentation in a final session with administrators and other stakeholders as determined by the accreditation unit.

## Reports and Decisions

---

### Site Visit Team Report

Site visit teams are expected to make a written determination about whether a school or program complies with each of the established accreditation criteria. The Council uses the following standard terminology to describe compliance in the site team reports:

- **This criterion is met.**

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

- **This criterion is met with commentary.**

The accreditation unit evidences the minimum characteristics expected by the criterion, but some aspects of performance could be strengthened.

- **This criterion is partially met.**

The accreditation unit fails to meet one or more parts of the multiple-part criterion or one or more components of the accreditation unit fails to meet the standard.

- **This criterion is not met.**

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

The written report, which represents an independent analysis by the site visit team, should present an assessment of compliance with each criterion, including the identification of areas needing improvement. The report will identify any deficiencies in compliance with criteria by 1) returning a finding of “partially met” or “not met” and 2) identifying the specific deficiency as a “concern.” In all cases, the report should address the accreditation unit’s performance with respect to student achievement. If the accreditation unit offers degree programs in off-campus locations or in distance or executive formats, the written report should address these specifically.

Before completing the site visit, members of the team will provide the chair with the written material they have been requested to prepare, which will include assessments of the extent to which the accreditation unit is in compliance with CEPH criteria. Using this and other material, such as notes made during the visit, the self-study and supplemental materials distributed at the visit, the site visit team will prepare an oral presentation to be made to accreditation unit representatives at the end of the visit.

This material will serve as the basis for the first draft of the team’s report that will be edited by the site visit coordinator following the visit. The draft will be distributed for review and comment to all members of the site visit team, who will be asked to respond by a specified date. The team’s revisions will be incorporated in a second draft, which will be sent to the school dean, program director or designated leader within eight weeks of the site visit’s completion.

The accreditation unit has at least 30 days to review this draft and provide a written response. The accreditation unit administrator may involve as few or as many of the faculty and students in reviewing this draft as he or she wishes. In addition to supplying any needed factual corrections, an

accreditation unit may prepare a written response to the team's findings. In this response, it is appropriate to note any disagreements with the findings and opinions of the team or to provide supplemental information that may be helpful to the Council's deliberations.

The final site visit report will be prepared by the visit coordinator and will include the factual corrections provided by the accreditation unit and any further revisions. It will be sent, along with the written response of the accreditation unit, to each CEPH councilor 30 days prior to the meeting at which the decision is to be made. At the time the final site team report is distributed to the Council, a copy of the report will be sent to the chief executive officer of the educational institution. The chief executive officer will be provided an opportunity to review the report and comment on it prior to the meeting at which the accreditation decision is to be made.

Completion of the review process, from the site visit to the Council's consideration of the site visit report, requires a minimum of four months. The Council will review the report at its next scheduled decision-making meeting, provided that the meeting is at least four months in the future. In general, reports from site visits held in February through June will be considered at the fall meeting, and visits from September through January will be considered at the spring meeting. Site visits are not conducted in July or August. Spring and fall meeting dates are determined approximately one year in advance.

## **CEPH Decisions**

Each report under consideration by CEPH at a regular meeting is presented by two councilors. In special circumstances, the Council may request to meet with a representative of the accreditation unit, either by phone or in-person, during this meeting. In arriving at a decision, the Council will consider the self-study document, the team's written findings, the accreditation unit's written response, the institutional chief executive officer's response, if provided, and other written material that is available. Following the presentation and subsequent discussion, a Council member will present motions for two separate actions by the councilors: one is the adoption of the team's report, with or without amendment, as the Council's official report to the university, and the other is a decision about accreditation, including status, term and interim reporting requirements, as appropriate.

As part of its decision, the Council will formally adopt the site visit team's report with any revisions it deems appropriate and necessary on the basis of the evidence used in arriving at its decision. This report becomes the Council's official report. A copy of the Council's official report will be sent with a cover letter from the CEPH president to the chief executive officer as notification of CEPH's decision within 30 days of the decision. The Council's report is sent with a letter from the CEPH president to the school dean, program director or designated leader.

Councilors who have a conflict of interest in relation to the accreditation unit under review must declare such and abstain from participating in related discussion and decision making. Generally, current councilors do not serve as site visitors, except for training purposes. A separate policy statement on conflicts of interest adopted by CEPH guides decisions pertaining to conflicts. A conflict of interest occurs because of an individual's potential ability, or perception of an ability, to influence a decision, not in his or her knowledge about the decision. All parties, including those who may have had a conflict of interest, are bound by confidentiality restrictions imposed by CEPH procedures.

Possible accreditation decisions by the Council include the following:

1. **Accreditation** – An accreditation unit demonstrates minimum compliance with all applicable CEPH criteria. Accreditation may be conferred with requirements for interim reports or other types of follow up.
2. **Extension of Term** – The Council may extend accreditation for good cause when it determines, on the basis of an interim report, that an accreditation unit has not demonstrated that it meets all accreditation criteria but has made sufficient progress toward compliance to constitute good cause for extension. Additionally, when an accreditation unit seeking to make a transition from one accreditation category to another fails to meet the requirements for accreditation under the new category, the Council may award one additional year on its existing term under the original accreditation category. An extension of term may also be used when the Council agrees to postpone a regularly scheduled visit for extraordinary reasons.
3. **Denial of Accreditation** – An accreditation unit in applicant status does not meet the criteria for accreditation.
4. **Probationary Accreditation** – An already accredited accreditation unit is judged deficient in resources and procedures to continue to accomplish its stated mission and objectives, or fails to meet the requirements for its reaccreditation review or interim report requirements. This status is conferred for a specific length of time but may not exceed three years in total. The three-year period includes up to two years in which the accreditation unit must come into compliance with the accreditation criteria and, if it fails to do so, up to an additional year to remedy the deficiencies if the accreditation unit shows good cause.
5. **Revocation of Accreditation** – An accreditation unit does not meet the criteria for continued accreditation, or does not permit a reevaluation after proper notice by CEPH. Revocation also applies when an institution disestablishes or closes an accreditation unit.
6. **Deferral** – In rare circumstances, the Council may require further information to be able to make an appropriate decision on accreditation. The Council will define a specific time limit for deferral, and the accreditation unit will maintain its existing classification (eg, applicant) and status (eg, program) until the time of the Council’s next decision.

Denial of accreditation and revocation of accreditation are adverse actions. Adverse actions and the conferral of probationary accreditation are appealable actions. Deferral, extension of accreditation and extension of probationary accreditation for good cause are not adverse or appealable actions. CEPH notifies the dean or director and the chief executive officer of an institution, stating specific reasons for the adverse action or probation. Appealable actions are not made public for 30 days following notification, during which time an accreditation unit may appeal the decision. Appeals procedures and reporting of appealable actions are described later in this document.

## **Limitations on Actions**

CEPH will not grant initial or renewed accreditation, except as described below, to a school or program if it knows, or has reasonable cause to know, that it is located in an institution that is the subject of 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 recognized agency to deny accreditation or preaccreditation; 3) a pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw or terminate the institution's accreditation or preaccreditation; or 4) probation or an equivalent status imposed by a recognized agency.

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

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

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

## **Accreditation Terms**

An accreditation term is the period during which the accreditation status remains valid. Accreditation units seeking initial accreditation are eligible for a maximum term of five years that extends from the date on which the Council makes the accreditation decision. After initial accreditation, accreditation units typically are subject to review on a seven-year cycle. Accreditation units that seek accreditation under a different category are considered to be seeking initial accreditation under that category. The Council may vote to schedule the date of a site visit for an accreditation unit before the end of an accreditation term if it is deemed necessary based on findings of the accreditation review or based on information reported in an annual report, interim report or substantive change notification. Other types of follow up may also be required including, but not limited to, interim reports, an abbreviated accreditation review or a visit by CEPH staff and/or a councilor.

Accreditation status—including accreditation and probationary accreditation—is stated as valid through a specific date. Accreditation will automatically lapse at the conclusion of the term unless certain conditions have been met. In the case of a reaccreditation review, an on-site visit must have been conducted prior to the termination date; in the case of probationary accreditation, the

accreditation unit must have submitted an acceptable self-study document and scheduled its site visit prior to the date defined in the notification of probationary status. If these conditions have been met, the accreditation status will continue until the first meeting of the Council at which the reaccreditation decision can be made. If an accreditation unit fails to permit reevaluation after proper notice, the accreditation status is subject to revocation at the time the term lapses.

An SPH, PHP or SBP may request a postponement of its regularly scheduled review but only for extraordinary reasons. A request for postponement must be made in writing at least 12 months prior to the expiration of the term. Any exceptions to this must be approved by the Council. A decision to postpone a regularly scheduled review requires action by the Council to extend the current accreditation term by a specific period of time.

The initial date and termination date of an accreditation term are important because accreditation status sometimes establishes eligibility of an SPH, PHP or SBP for participation in certain federal programs and/or establishes the qualifications of graduates to pursue certain career opportunities. The Council's procedures are structured, to the extent possible, to protect the interests of students who enter an accredited unit of accreditation with the expectation that they will graduate from such. An accredited unit of accreditation must be aware of decisions that may put students at risk and must represent those possibilities accurately.

The date of initial accreditation will be either 1) the date on which the SPH, PHP or SBP application was accepted by the Council or 2) the date on which the most recent extension of applicant status was granted, if applicable. The Council assigns the date of initial accreditation during the Council meeting at which the accreditation decision is made. The CEPH website includes an FAQ document on initial accreditation.

1. Accreditation or probationary accreditation continues in effect until the first CEPH meeting at which a decision can be made, providing the conditions noted above have been met.
2. Probationary accreditation, which is only available to accredited SPHs, PHPs or SBPs, may not extend beyond three years, including two years to come into compliance and one additional year if the accreditation unit can show good cause. At the conclusion of this time period, the Council must either revoke accreditation or return the accreditation unit to accredited status, based on a full or abbreviated review.
3. Extension of term caused by the failure of an accreditation unit to meet the requirements for accreditation under a different category of accreditation may not extend beyond one year; the Council must deny or revoke accreditation at the conclusion of the term unless the accreditation unit, based on a full or abbreviated review, qualifies for accreditation under the new category.
4. Accreditation lapses on the date specified if the accreditation unit fails to schedule a timely reevaluation after proper notice.
5. Accreditation or probationary accreditation lapses on the date of dissolution or disestablishment of an SPH, PHP or SBP by its parent institution.

## **Interim Reports**

In situations where a deficiency exists at the time the accreditation decision is made but when reasonable remedial actions could bring the SPH, PHP or SBP into compliance with the criteria, CEPH will require an interim report. The request for an interim report will specify the areas of deficiency and the date of expected submission. In situations where an accreditation unit is not in compliance with an accreditation standard, the Council must require it to come into compliance within two years, a period that may be extended only for good cause. In determining whether good cause

exists for an extension, CEPH may consider a number of factors, including, but not limited to, progress toward achieving full compliance, the complexity of the changes that must be made, financial considerations, logistical considerations and other circumstances internal and external to the accreditation unit that might affect the time needed to come into full compliance. If an accreditation unit fails to bring itself into compliance within the specified period, the Council must revoke the accreditation of the SPH, PHP or SBP.

It is the responsibility of the accreditation unit to submit one printed copy and one electronic copy of the interim report to CEPH offices on a timely basis. The report will be copied, distributed to and reviewed by the Council, which will report its findings in writing to the accreditation unit. The Council will act either to accept the interim report or to not accept the interim report. Interim reports are accepted if the Council concludes, based on evidence provided in the interim report, that the accreditation unit has demonstrated full compliance with the criteria. If the accreditation unit has not fully resolved the cited deficiencies, the Council must act not to accept the interim report and must a) revoke the accreditation of the SPH, PHP or SBP; or b) extend the time period by which the SPH, PHP or SBP must come into compliance. For the Council to grant an extension of the time period for achieving compliance, the SPH, PHP or SBP, as part of its interim report, must show cause for not fully resolving the previously stipulated deficiencies. The Council will award an extension of the time period for achieving compliance only if the accreditation unit has made substantial progress toward compliance and the overall integrity of the program is not in jeopardy.

The Council determines the appropriateness of an extension of time for achieving compliance on a case-by-case basis. If an SPH, PHP or SBP does not submit a requested interim report, the Council will revoke the accreditation of that SPH, PHP or SBP.

## **Public Notifications**

Within 30 days after a final accreditation decision, the Council formally notifies agencies about the action. These include, at a minimum, the USDE, other recognized accrediting agencies and state higher education licensing or authorizing agencies. Decisions to be reported to these bodies include a decision to award accreditation; a decision to deny or revoke accreditation; a decision to place an institution on probation; a decision of an accredited institution to voluntarily withdraw from accreditation; or a decision by an accredited institution to allow its accreditation status to lapse.

If a final decision is to deny or revoke accreditation status or to place an SPH, PHP or SBP on probation, the notice to the USDE, other recognized accrediting agencies and state higher education licensing or authorizing agencies will occur at the same time that CEPH notifies the accreditation unit. CEPH will notify the public of its final decision to deny or revoke accreditation or to confer probationary accreditation within 24 hours of its final notification to the accreditation unit. As noted elsewhere in these procedures, adverse actions become final 30 days after the accreditation unit has been notified of its opportunity to appeal the decision or at the conclusion of the appeal, whichever occurs first.

If the final decision is to deny or revoke accreditation status, the Council will also prepare a brief statement summarizing the reasons for the agency's action. The Council will provide this brief statement to the affected SPH, PHP or SBP within 20 days of the final decision. The Council will offer the affected SPH, PHP or SBP the opportunity to submit written comments on the statement. The Council will provide this brief statement to the USDE, other recognized accrediting agencies, state higher education licensing or authorizing agencies and the public within 60 days of the final decision, and will append the SPH, PHP or SBP's written comments if the accreditation unit elected to submit such a statement within 50 days of the final decision.

As a recognized agency, the Council is also required to report to the USDE the name of any institution or program the Council has reason to believe is failing in its responsibilities under Title IV of the Higher Education Amendments or is engaged in fraud or abuse and to report the reasons for the agency's concerns.

## **Release of Reports and Information about Actions**

The official accreditation report must be made available to the public on request 60 days following the date of the final accreditation decision. Copies may be provided electronically or in hard copy (for reasonable reproduction costs, with the latter). Interested parties may request copies from the SPH, PHP or SBP or from CEPH, but all requests for accreditation report copies received by CEPH will first be referred to the accreditation unit.

Schools and programs that wish to facilitate such requests may make their final self-study documents (as submitted to CEPH) and final accreditation reports publicly available on the SPH, PHP or SBP website, eliminating the need for reviewing and responding to individual requests. Accreditation units who plan to respond to individual requests must clearly indicate on the website how to contact an appropriate person to request a copy of the final self-study document and final accreditation report.

The accreditation unit may append a written response to the accreditation report whenever it releases the full report. If the accreditation unit provides a copy of its written response to CEPH within 50 days following the final accreditation decision, CEPH will append the response whenever it distributes a copy of the full report.

## **Annual Reports to CEPH**

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

## **Prior Notification of Substantive Change**

The accreditation unit must notify CEPH in writing before making any substantive change that affects its mission or degree offerings after accreditation has been awarded. A substantive change includes, but is not limited to, the following changes: a major change in the established mission or objectives of the accreditation unit; offering of a new degree; the addition or discontinuance or temporary suspension of an area of specialization; the offering of a degree program that differs substantially in method of delivery from those previously reviewed; the offering of a degree program at a site distant from the unit; a substantial increase or decrease in the length of a degree program; and the revision of basic requirements of any degrees as specified in the accreditation criteria.

As a general rule, accreditation units must provide notice to the Council after a curricular change has been approved through appropriate channels but before students enroll.

All notices of substantive change must include the following:

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

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

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

The substantive change process does not apply when the addition or deletion of a degree program necessitates a change in accreditation category. In this case, provisions related to seeking a change in category would apply. The category is defined by the highest degree offered. For example, an SBP adding a master's-level degree must undergo a change in category to PHP, while a PHP adding a baccalaureate degree would not require a change in category.

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

## **Other Changes that Occur After Award of Accreditation**

It is the responsibility of the accreditation unit to promptly notify CEPH if significant changes occur in its environment that might necessitate a review by CEPH. These include, but are not limited to, loss of legal authority to operate and adverse actions by other recognized accrediting bodies, including public probation and revocation of accreditation. These changes would include accreditation actions related to university or larger administrative units in which the accreditation unit is located and to principal programs offered by the accreditation unit.

When CEPH awards accreditation, it does so based on the expectation that the program will continue to comply with the accreditation criteria over the term of accreditation. If changes occur that might have a negative impact on the accreditation unit's ability to continue to meet the accreditation criteria, it is the responsibility of the accreditation unit to notify CEPH in writing of such conditions. The Council will review this written notice at its next regular meeting. While this generally will be for information purposes, the Council may, at its discretion, request additional reporting, initiate a special inquiry or require a full or abbreviated review.

## **Possible Council Actions between Regularly Scheduled Reviews**

If at any time in the interval between scheduled reviews an accredited unit undergoes major organizational changes that may affect its administration, scope or quality, the accreditation unit may request a reevaluation by CEPH, or the Council may require a review before expiration of the current term. Information that may prompt a special inquiry or an early review may come from several

sources, including interim reports to CEPH, annual reports to CEPH, required notifications from the accreditation unit regarding changes that occur after the award of accreditation, notice of substantive change, notice of actions by the USDE or the appropriate state agency, notice of adverse actions by relevant accrediting bodies, a record of excessive complaints lodged with CEPH about an accreditation unit and other sources. Failure of an accreditation unit to submit required reports and notices to CEPH on a timely basis may also prompt a special inquiry or early review.

An already accredited unit may undergo an abbreviated review that focuses on a narrowly defined set of issues identified by CEPH. This might occur, at the discretion of the Council, when an accreditation unit is placed on probation or has serious deficiencies that require on-site follow up, or if the Council determines a need for additional on-site information as described above. While the accreditation unit must meet all of the accreditation criteria, the self-study process may be directed at those issues identified as particularly problematic. When the CEPH governing body authorizes an abbreviated review, it will specify the scope of the review and may specify the composition of the site visit team, the duration of the visit or other modifications.

Before the Council requires an early full review, it may exhaust other avenues for determining the continued compliance with the accreditation criteria. It may, for example, a) ask for written clarification from the accreditation unit, b) require on-site consultation by a CEPH councilor and/or staff member or c) require an abbreviated review that focuses on a limited set of issues relating to the specific conditions that prompted the request for a reevaluation.

The decisions available to the Council following an abbreviated review shall include continuation of the current term, extension of the current term for up to two additional years, probation and revocation of accreditation. If an early full review is necessary, CEPH will notify the accreditation unit in writing and will establish a timetable for the submission of the self-study document and on-site visit. The date of the on-site visit shall be no more than 18 months from the date of notification.

The Council will promptly review the accreditation status of any accreditation unit in an institution whose recognized institutional accrediting agency takes adverse action against the institution to determine whether the Council should take adverse action against the accredited unit of accreditation. Similarly, if a program in a CEPH-accredited school of public health loses its accreditation or is placed on probation by another recognized specialized accrediting body or if a school in which a CEPH-accredited program is located loses its accreditation or is placed on probation by another recognized specialized accrediting body, CEPH will promptly review the accreditation status of that school or program to determine whether the Council should take adverse action. The determination will be made at the next regularly scheduled meeting of the Council and may result in no action, in the initiation of adverse action against the accreditation unit or in the request for additional information to allow CEPH to better assess the reasons for the adverse action by the other accrediting body and the implications for the CEPH-accredited unit of accreditation.

## **Publication of Accredited Status**

A list of accredited SPHs, PHPs and SBPs is updated biannually or more frequently as needed. The list is available on the [CEPH website](#). This list identifies the date of initial accreditation and the date by which the next review must take place for each accredited SPH, PHP or SBP. The list also refers readers to the CEPH website's index of degrees included in the unit of accreditation for PHP and SBP.

All final decisions are recorded in the annual reports of CEPH, including decisions to grant or withdraw accreditation status, decisions to confer probationary accreditation status and decisions of schools or programs to voluntarily withdraw from the review process. CEPH annually submits to the Secretary of Education a copy of its list of accredited SPHs, PHPs and SBPs and its annual report.

SPHs, PHPs and SBPs must disclose their CEPH accreditation status accurately, including the accreditation unit, category of accreditation and, for PHP and SBP, a list of the instructional programs (degree, major, concentration, specialization or track, whichever applies) included in the accreditation unit. In the event an accreditation unit misrepresents or distorts the findings of the accrediting body, CEPH will take corrective action, including release of a public statement and release of part or all of the official accreditation report.

An accredited unit must be forthright regarding its accreditation status. Each school and program must comply with the following:

1. Present itself and its degree programs completely and accurately in publications and materials provided to students and prospective students, including, but not limited to, catalogs, recruitment brochures, student handbooks or manuals and the website.
2. Represent its category of accreditation accurately to the public; 1) PHPs and SBPs must also ensure accurate representation of the category of accreditation and of the specific degrees/majors included in the unit of accreditation, 2) accredited PHPs seeking a change in accreditation status may not refer to themselves as schools or colleges of public health until an application for accreditation as a school of public health has been submitted to and approved by the Council and 3) in collaborative accreditation units, each partner institution must ensure accurate representation of the category of accreditation and of the degrees included in the unit of accreditation.
3. Disclose its accreditation status and make available the name, address, website and telephone number of CEPH.

## **Publication of Applicant Status**

For CEPH purposes, the term “applicant” means that an SPH, PHP or SBP has received official notification from the Council that its application to begin the accreditation process has been accepted. If the SPH, PHP or SBP elects to withdraw its application for any reason, it must remove the term “applicant,” as it relates to CEPH accreditation, from all materials, including print materials and websites, within 24 hours of providing notice to the Council. The Council will publish and maintain a list of applicant SPHs, PHPs and SBPs on its website.

Because accreditation terminology may be confusing to the general public and because accreditation units may withdraw their application at any time without penalty, applicant SPHs, PHPs and SBPs must use only the following language when presenting their status to the public: “\_\_ is an applicant for accreditation by the Council on Education for Public Health.” PHPs and SBPs must also include the following language: “The accreditation review will address the \_\_ [list the specific degree program(s) included in the accreditation unit, as defined in the Council’s letter accepting the application]. Other degrees and areas of study offered by this institution will not be included in the unit of accreditation review.”

Applicant SPHs, PHPs and SBPs are encouraged to disclose as much information as possible to the public regarding their progress toward accreditation, including their site visit dates, anticipated accreditation decision date and the name and contact information for CEPH.

## **Maintenance of Records**

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

## Appeal and Complaint Procedures

---

### Appeals

If the decision of the Council is to place an SPH, PHP or SBP on probation or to deny or revoke accreditation, CEPH notifies the school dean, program director or designated leader and the chief executive officer of the university. In the notice, a specific statement of reasons for the action is given, as well as information about the right to appeal.

The action will not be made public for 30 days. During that time period, which begins on the date the SPH, PHP or SBP receives CEPH's decision letter, the SPH, PHP or SBP may file a notice of appeal in writing and request an appeal hearing. If the SPH, PHP or SBP initiates the appeal within the prescribed 30 days, there is no change in accreditation status pending disposition of the appeal and the action is not made public. If the SPH, PHP or SBP does not file a written notice of appeal within 30 days, the Council's action becomes final and public. The appeal fee shall be due at the time the accreditation unit files its notice of appeal.

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

The Appeals Panel will consist of three members, none of whom served on the site visit team or are current CEPH councilors. Each member of the Appeals Panel is subject to CEPH's conflict of interest policy. The Appeals Panel will include one public health practitioner, appointed by the American Public Health Association; one member of the faculty or administration of an accredited school of public health, appointed by the Association of Schools and Programs of Public Health; and one public member, appointed by the appropriate regional accrediting commission. The public member must act as a representative of the general public and may be an educator, but may not be associated in any way with schools or programs of public health, be engaged in public health practice (or be a member of any affiliated public health membership organization) or be an employee of or otherwise associated with an institution that has a school or program of public health. This individual must also not be the spouse, parent, child or sibling of any individual who would not meet the public member definition. The Appeals Panel will select one of its members as chair.

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

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

- a. CEPH Procedures Manual, applicable at the time of the review;
- b. CEPH Criteria for Accreditation, applicable at the time of the review;
- c. Relevant self-study document of the SPH, PHP or SBP;
- d. Relevant accreditation reports and responses to those reports by the SPH, PHP or SBP; and
- e. Relevant written communications to and from the SPH, PHP or SBP regarding the review, including any prior decision letters.

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

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

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

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

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

If the Appeals Panel upholds denial or revocation of accreditation, the name of the SPH, PHP or SBP will be removed from the list of accredited SPHs, PHPs and SBPs and notification of the removal will appear on CEPH's website. The USDE, appropriate state agencies and appropriate accrediting agencies will be notified immediately. If the panel upholds probationary accreditation, the SPH, PHP

or SBP will remain on the accredited list, but notification of the probationary status will appear on CEPH's website and the SPH, PHP or SBP must proceed with its accreditation review at the time originally stipulated by CEPH. Failure to do so will result in revocation of accreditation.

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

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

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

## **Complaints**

The Council is concerned about sustained quality of the units it accredits. CEPH requires that accreditation units maintain a record of written student complaints and make that information available to CEPH on request. Although CEPH is not a mediator of disputes within an institution, it will receive written and signed complaints against an accreditation unit that relate to CEPH accreditation standards that might affect the accreditation status of a unit. A complainant must have exhausted all administrative processes within an institution before filing a complaint with the Council.

When a complaint is filed with CEPH, the following procedures will apply. A complaint against an accredited unit must be in writing, must be specific as to the accreditation standard that is being violated, must identify the outcome sought, must include documentation that appropriate administrative processes have been exhausted and must be signed. Complaints against accredited schools or programs may be submitted to the CEPH Executive Director at any time via mail or email at the address provided on the CEPH website. Complaints are maintained on file for three years. CEPH does not consider anonymous complaints.

In the absence of documentation that administrative processes have been exhausted or in the event the complainant has failed to be specific, the following will occur:

1. CEPH staff will acknowledge receipt of the complaint within 15 days and advise that no subsequent actions are planned.
2. Copies of all materials received will be sent within 30 days of receipt of the complaint to the accreditation unit against which the complaint has been made.
3. No further action will be taken.

Even though a complaint may not lead to formal action, the Council will maintain a record of written and signed complaints for three years.

If the complaint is specific and includes documentation that administrative processes have been fully pursued, the following steps will be taken by CEPH:

1. CEPH staff will acknowledge receipt of the complaint within 15 days and provide information about subsequent actions to be taken.
2. Copies of all materials received will be sent to the accreditation unit within 30 days of receipt of the complaint, along with a request for verification that administrative remedies have been exhausted.
3. If the accreditation unit acknowledges that the complainant has exhausted the administrative remedies at the institution, CEPH staff, at the time it forwards the complaint to the accreditation unit, will request that a written response to the complaint be submitted by the school dean, program director or designated leader within 30 days of receiving copies of the complaint materials.
4. CEPH's Executive Committee, which meets at least once per year but which will meet by special telephone conference call within 15 days of receiving the response of the accreditation unit for purposes of reviewing a complaint, will review the materials submitted by the complainant and the responses submitted by the accreditation unit and will determine whether there is sufficient evidence to believe that the accreditation unit is in violation of CEPH's accreditation criteria.
5. If the Executive Committee determines that the complaint lacks sufficient evidence to proceed with an investigation, the complainant and the accreditation unit will be so notified in writing within 15 days of the Executive Committee decision.
6. If the complaint appears valid, the Executive Committee will appoint a three-member investigative panel. The investigation shall begin within 30 days of the establishment of the panel. The panel's investigation of the complaint may include a visit to the SPH, PHP or SBP, but in any event, both the complainant and the accreditation unit representative will be offered an opportunity to appear before the panel. It is expected that the panel shall have access to any and all information that is pertinent to the investigation.
7. The investigative panel will report its findings, along with its recommendation, to the Council at its next regularly scheduled meeting. The Council shall be the final decision-making body. Based on these deliberations, or in the event an accreditation unit fails to permit an investigation on a timely basis, CEPH's decisions may include any of the following:
  - a. continue the accreditation status of the accreditation unit without change,
  - b. continue the accreditation status of the SPH, PHP or SBP, but initiate an earlier review of the SPH, PHP or SBP,
  - c. place an accredited unit on probation, or
  - d. revoke the SPH, PHP or SBP's accreditation.
8. The accreditation unit and the complainant will be advised of the Council's decision and the reasons for the decision within 30 days.

The accreditation unit may appeal a Council decision. The appeals procedures described elsewhere in this document shall apply, except that if accreditation is revoked and no appeal is made, a new request for review for accreditation will not be entertained until one year from the date of revocation.

Complaints about CEPH's performance related to its own procedures, policies or criteria or about agency conduct inconsistent with good accreditation practices, as defined in its adopted code of good practice, may be forwarded to CEPH's offices. Complaints must be in writing, must be specific and must be signed by the complainant. CEPH staff will seek to achieve an equitable, fair and timely resolution of the matter. If staff negotiations are unsuccessful, the complaint will be referred to the CEPH Executive Committee at its next regular meeting. The decision of the Executive Committee will be communicated to the complainant in writing within 30 days of the meeting of the Executive Committee.

If the complainant is not satisfied with the resolution determined by the Executive Committee, CEPH will provide the complainant with the name and address of the appropriate office within USDE and of any other recognition bodies to which the Council may subscribe. As a matter of policy, CEPH maintains complete and accurate records of complaints, if any, against itself and makes those available for inspection on request at the CEPH office.

Costs for complaint investigations shall be shared as follows: all costs of the complainant to participate in the process shall be borne by the complainant; all costs for the SPH, PHP or SBP representatives to participate in the complaint deliberations shall be borne by the accreditation unit; and all costs for the three-member investigative panel shall be borne by CEPH. If an earlier full review is scheduled as a result of a complaint investigation, costs to the accreditation unit shall include all expenses normally associated with an accreditation review.

## **Evaluation of Review Process**

---

### **Site Team Member Assessment**

After completion of a site visit, each member of the site visit team is sent a questionnaire for evaluating CEPH's review process. The team members are asked to complete the form electronically, and responses are submitted to CEPH. Site team members, excluding the chair, additionally are asked to evaluate the effectiveness of the chair. Results of these assessments are summarized regularly and are used in revision of CEPH accreditation procedures and criteria, in preparation of the site visitor and site visit chair training programs and in the appointment of site visit teams.

### **School or Program Assessment**

After a review is complete and notification of the decision transmitted, a copy of CEPH's evaluation questionnaire is sent electronically to the school dean, program director or designated leader. Comments and recommendations from the evaluations are used in periodic revisions of CEPH criteria and procedures and in improving training programs.

## **Review and Revision of Criteria or Procedures**

---

**T**he Council periodically reviews and revises the criteria by which it evaluates SPHs, PHPs and SBPs for accreditation and the procedures by which it carries out this responsibility. Whenever changes are considered, these are agreed to in principle by the CEPH governing body and made available for review and comment by potentially affected parties for a period of at least 60 days before final adoption. Unless a specific implementation date is specified at the time of adoption by the Council, the revisions become effective in the fall of the following academic year.