

ACCREDITATION PROCEDURES

SCHOOLS OF PUBLIC HEALTH PUBLIC HEALTH PROGRAMS STANDALONE BACCALAUREATE PROGRAMS

AMENDED **NOVEMBER 2018**



Council on Education for Public Health
1010 Wayne Avenue, Suite 220
Silver Spring, MD 20910
Phone: (202) 789-1050
Web: www.ceph.org

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About CEPH

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

Mission

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

Vision

Excellence in public health education for a healthier world

Goals and Objectives

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

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

Values

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

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

46 **Section 1: Establishment and revision of accreditation criteria and procedures**
47

48 CEPH is an autonomous organization that establishes its own accreditation policies. These policies
49 are incorporated in two types of publications:

- 50
51 1) the procedures manual (this document), which establishes fair and equitable processes for
52 accreditation review and ongoing monitoring for quality assurance and improvement and
53 2) criteria, which identify the standards by which schools and programs are evaluated.
54

55 The procedures are supplemented by policy documents, as noted throughout.

56
57 Procedures and criteria are adopted by the CEPH Board of Councilors (“the Council”) after review,
58 discussion, and comment by public health practitioners, educators, students, alumni, and other
59 stakeholders.
60

61 Procedures and criteria are evaluated and revised periodically. The Council provides stakeholders
62 with an opportunity of at least 60 days to review and comment on any proposed changes of a
63 substantive nature. Review and revision of procedures and criteria is scheduled approximately
64 every five years, or more frequently as needed.
65

66 A wide range of information may be considered by the Council as a basis for change including, but
67 not limited to, comments from school or program representatives, site visit team members or other
68 stakeholders; adjustments for good practice as determined by recognized agencies in the
69 accrediting community; and changing situations in education, legislation, regulation, and in the
70 practice of public health.
71

72 The Council will define an implementation date or schedule for all adopted changes of a substantive
73 nature. The implementation date or schedule will balance best practice in accreditation and the
74 need for consistency with schools’ and programs’ practical considerations.
75

Section 2: CEPH Board of Councilors

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

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

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

Councilors include the following:

- Individuals who are or have been public health practitioners
- Individuals who are or have been faculty or administrators¹ at schools of public health
- Individuals who are or have been faculty or administrators¹ at public health programs
- Public members, who are not affiliated with public health academia or practice

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

Four councilors are elected by their fellow councilors to serve as officers: president, ~~secretary and~~ secretary, ~~and treasurer, and councilor-at-large~~. These four individuals serve as CEPH's Executive Committee.

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

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

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

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

¹ 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.

124 **Council meetings and associated deadlines**

125

126 The Council meets multiple times a year to discuss the organization's strategy, policies, and
127 finances and to make accreditation decisions. Council subcommittees may meet more frequently.

128

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

131 In addition to attending all regular CEPH meetings, the CEPH Executive Committee meets at
132 regular intervals throughout the year in person or by videoconference. The Executive Committee,
133 working with CEPH staff, adopts an updated [fee schedule](#) for the following year and prepares an
134 annual draft budget for approval by the full Council. The Executive Committee may make other
135 policy and/or accreditation action decisions, as needed and appropriate.

136

137 The docket of materials for each Council or committee meeting will close ahead of the meeting to
138 ensure adequate time for 1) staff to compile and prepare materials for Council review, and
139 2) Councilors' thorough review of all materials before making accreditation decisions.

140

141 Consequently, staff and the Council will define specific deadlines for relevant submissions (i.e.,
142 responses to site visit teams' reports, interim reports, annual reports, additional information, and
143 any other materials specifically requested by the Council).

144

145 Materials for which the Council did not establish a deadline (e.g., initial application submissions,
146 unsolicited notices of substantive change, other materials not specifically requested by the Council),
147 will appear on the agenda of the next meeting for which the docket remains open.

148

149

150

Section 3: Site visitors

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

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

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

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

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

OR

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

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

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

OR

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

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

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

CEPH periodically conducts in-person and/or online programs to train its site team members, in accordance with its [Policy on Site Visitor and Site Visit Chair Training](#). The primary objectives of these training sessions are to ensure that site visitors are fully knowledgeable about CEPH accreditation policies, procedures, and criteria, and are clear about their roles as agency

204 representatives. Materials are provided for orientation and training purposes as needed, and
205 CEPH distributes reference and guidance documents to each team member prior to each site
206 visit. Finally, staff and experienced site visitors provide situation-specific training and guidance
207 during a pre-visit team conference call and an executive session of the team the evening before
208 the site visit.
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Section 4: Consultation and technical assistance

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

Pre-Application Orientation Workshop (P-AOW)

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

Accreditation Orientation Workshop (AOW)

The Accreditation Orientation Workshop is offered at least annually ~~in Washington, DC~~ and may be offered on additional dates in place-based or online formats. Attendance is required of all applicants. The AOW is also recommended to representatives of units undergoing the reaccreditation process. The purpose of the workshop is to explain CEPH accreditation policies, procedures, and criteria; to discuss the self-study process and expectations for the resulting document; and to elucidate guidelines for hosting a site visit. There is a fee for the workshop to cover expenses, and attendees are responsible for covering the cost of their own travel and accommodations for place-based offerings.

Consultation visits

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

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

The consultation visit focuses on CEPH accreditation criteria and procedures and aims to answer the school or program's specific questions and concerns. Fees are associated with each consultation visit option and are outlined in CEPH's [fee schedule](#).

Section 5: The accreditation unit

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

All US-based accreditation units operate within an ‘institution,’ which CEPH defines as an entity that holds institutional accreditation, as defined by the US Department of Education. Institutions are typically universities. An institution may contain one or more CEPH accreditation units.

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

- CEPH documents consider the terms “school” and “college” to be synonymous. Regardless of the unit’s name, all units seeking accreditation in the SPH category share the characteristics listed below.
- SPH must include master’s- and doctoral-level public health degrees.
- SPH maintain organizational structures that comply with CEPH criteria for SPH-specific administration, leadership, and status (see criteria document for details).
- Compliance with the organizational structure requirements means that SPH may NOT be housed within another organizational unit in an institution. For example, a school is not eligible for SPH accreditation if it is housed in a college (or vice versa).
- In SPH, accreditation covers all degrees located in the school or college, including baccalaureate, master’s, and doctoral degrees, as well as degrees in non-public health fields, when applicable.
- In general, institutions outside of the United States are not structured in ways that are amenable to SPH accreditation. In exceptional cases in which an institution outside the United States meets ALL of the requirements outlined in this document and the criteria document for SPH, an institution outside of the United States may be accredited in this category. Otherwise, institutions outside of the United States may pursue accreditation in the PHP category.

2. Public Health Program (PHP)

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

The one exception is for PHP outside of the United States, which, in some circumstances, may be accredited when housed in a school or college of public health. This exception

305 reflects the differing terminology, history, and context of public health higher education
306 outside of the United States.

307
308 Non-US PHP that are housed in a school or college of public health must follow strict
309 public disclosure protocols, as defined in this document, which clearly indicate the
310 category of accreditation (PHP) and degrees included in the unit of accreditation.

311
312 **3. Standalone Baccalaureate Program (SBP)**

313
314 • SBP include ONLY baccalaureate public health degree programs, with no graduate public
315 health degree programs included in the unit of accreditation.

316
317 • A unit whose governance and leadership structure includes both baccalaureate and MPH
318 (or equivalent) degrees is not eligible for accreditation in the SBP category; such a unit
319 must pursue accreditation in the PHP category. An SBP may be accredited in an institution
320 that also offers an MPH degree ONLY IF the MPH degree is offered by and operated
321 under a separate organizational and governance structure from the SBP.

322
323 • Majors and degree programs that may be eligible for inclusion in an SBP include the
324 following:

- 325 • bachelor of public health (BPH)
- 326 • bachelor of arts or bachelor of science in public health (BAPH, BSPH)
- 327 • bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in public
328 health
- 329 • bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in a
330 discipline of public health, such as epidemiology or health promotion
- 331 • bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in a
332 closely related field, such as global health, international health or health
333 sciences/studies

- 334
- 335 • The following are not eligible for inclusion in an SBP:
 - 336 • minors in public health, related fields, or disciplines
 - 337 • certificates in public health
 - 338 • associate degrees in public health

339
340 **Defining the accreditation unit: PHP and SBP**

341
342 CEPH staff will work with the PHP or SBP to determine the appropriate unit of accreditation, and
343 the Council must formally act to approve the unit of accreditation upon receipt of the IAS or upon
344 receipt of a substantive change notice for a unit that is already accredited.

345
346 CEPH must be notified of any changes that might affect the accreditation category. Such changes
347 might include the addition of another degree level, a change in organizational home or name, and
348 addition of new concentrations to an existing degree.

349
350 PHP and SBP are typically offered through an academic unit (or units) that are part of a larger
351 organization. For example, PHP and SBP may be offered 1) through a department located in a
352 college or school, other than a school or college of public health, 2) by several departments
353 operating in cooperation, or 3) through a non-departmental structure, such as a center or institute.
354 There can be variations in the organizational structure of PHP and SBP across institutions.

355
356 A PHP or SBP may draw from multiple departments, colleges, and schools while still operating
357 as a single accreditation unit if it

1. designates a single program director (PHP) or designated leader (SBP).
2. operates a single governance structure (i.e., structure for decision making on matters such as curriculum), and
3. functions as a single program.

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

~~A regionally accredited 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~~

Defining the accreditation unit: SPH

For SPH, the accreditation unit is defined to include all degree programs, majors, concentrations, etc. that are functionally housed in the school or college. No degree programs may be excluded from the accreditation review. The term "functionally housed" relates to the fact that, in some cases, another school or college (e.g., the graduate school) may perform administrative functions for one or more of the SPH's degree programs. For example, the graduate school may officially render decisions relating to admissions and/or conferral of degree for an MS or PhD that is housed in an SPH, or the university may admit public health bachelor's degree students through a centralized structure. In these cases, the degree would still be functionally housed in the SPH and would be included in the accreditation unit. The actual operations of the degree program(s) and

407 curriculum, along with the manner in which the SPH presents its degree offerings to the public on
408 websites and other media, define the SPH's accreditation unit.

409
410 Two additional principles relate to defining the accreditation unit in PHP and SBP and serve to
411 ensure consistency and transparency around public-health-specific degrees.

412
413 1) PHP must define the accreditation unit to include all MPH and DrPH offerings that operate
414 within the same governance and leadership structure.

415
416 For example, a department that offers MPH concentrations in both global health and
417 health promotion may not seek accreditation for one concentration but not the other. A
418 unit that offers both an MPH and a DrPH may not seek accreditation of the MPH only. A
419 department that offers an MPH in rural health and an MS in health administration might,
420 in agreement with CEPH, define an accreditation unit that includes the MPH but excludes
421 the MS.

422
423 2) SBP must include all BPH, BSPH, BAPH, BS in public health, or BA in public health
424 degrees that operate within the same governance and leadership structure. This rule does
425 not apply to BS, BA or other degree offerings that are not in public health.

426
427 For example, a department that offers BS degrees in public health, with concentrations in
428 health promotion and environmental health, must include both concentrations in the unit
429 of accreditation. Such a department may not seek accreditation for one concentration but
430 not the other. A department that offers BS degrees in health sciences with multiple
431 concentrations may, in consultation with CEPH, define a unit of accreditation that includes
432 some concentrations and does not include others.

433
434 In applying these principles at the time of application (or when changes occur after award of
435 accreditation), the Council evaluates the totality of the circumstances, including implications on
436 transparency for students and other stakeholders.

437
438 CEPH approves a specific list of all degree offerings included in the PHP or SBP at the time of
439 application. The review process and accreditation decision(s), when applicable, will examine only
440 those degree programs defined by agreement between CEPH and the institution before the
441 accreditation review takes place. PHP or SBP whose applications have been officially accepted
442 by the Council but are not yet accredited may seek to modify the accreditation unit through the
443 application amendment process, defined later in this document. CEPH accreditation will be
444 designated only for the agreed-upon concentrations, majors, and/or degree programs.

445
446 **Multi-partner accreditation units**

447
448 SPH, PHP, or SBP that involve more than one ~~regionally accredited~~-institution working together to
449 operate a single accreditation unit may seek accreditation as a multi-partner school or program.
450 Multi-partner SPH, PHP, and SBP are shown in CEPH's published list of accredited schools and
451 programs as a single listing, with each sponsoring institution identified.

452
453 Many SPH, PHP, and SPH engage in collaboration, cooperation, and formal affiliation without
454 pursuing a shared (multi-partner) accreditation status. Two examples of cooperation that do not
455 constitute multi-partner accreditation follow. These examples are not intended to be exhaustive.

456

- 457 • Multiple ~~regionally accredited~~ institutions pursue or maintain CEPH accreditation separately
458 while maintaining active collaboration around instruction (e.g., facilitating transfer credits, co-
459 teaching), scholarship or service. These institutions may or may not have formal agreements
460 with one another. Each ~~regionally accredited~~ institution is responsible for individually fulfilling all
461 requirements defined in CEPH criteria.
462
- 463 • An institution with a CEPH-accredited unit engages in collaboration or affiliation with an
464 institution that does not operate a CEPH-accredited school or program. The cooperation
465 provides a supplement or complement to the unit's offerings. All parties must be transparent
466 about the scope and nature of the collaboration and must disclose their CEPH accreditation
467 status accurately, as defined in this document's section on disclosure of accreditation status.
468

469 **Changes in accreditation category**

470
471 Changes in category include the following:

- 472
- 473 • a change from one accreditation unit (SPH/PHP/SBP) to a different accreditation unit
 - 474 • a change from a multi-partner accreditation unit to an accreditation unit housed in a single
475 ~~regionally accredited~~ institution (or vice versa)
- 476

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

- 479
- 480 1. Submit an initial application submission (IAS), as defined in this document's section on initial
481 accreditation, reflecting the desired (new) category.² The unit may not represent itself to the
482 public in the new category until the Council has officially accepted the IAS. For example, the
483 accreditation unit may not change its name to a name associated with the new category in any
484 web or print-based materials until after the Council accepts the IAS. See this document's
485 information on public disclosures for additional information.
486
 - 487 2. Undergo a full accreditation review, including submitting a full self-study and undertaking a site
488 visit, as described in this document, using the criteria associated with the new category. This
489 review must occur within two years of notifying the Council *or* by the expiration of the current
490 accreditation term, *whichever occurs first*.
- 491

492 An accredited unit that plans to change its category of accreditation in the future may not promulgate
493 any material (e.g., websites, letterhead, business cards, promotional items) associated with the
494 intended new category of accreditation until AFTER receiving official Council approval of an IAS in
495 the new accreditation category.
496

497 For example, an accredited PHP seeking transition to SPH accreditation may not present itself as
498 housed in or affiliated with a unit that uses the words "School of Public Health" or "College of Public
499 Health" until after receiving Council approval of an IAS for SPH accreditation.
500

501 When the Council accepts the IAS indicating a transition in accreditation category, it will determine
502 the parameters of the decision (e.g., public disclosure requirements, fee category, etc.).
503

504 The accreditation unit following this process will be subject to an *initial* accreditation decision in the
505 new category. For example, if successful, a unit seeking accreditation in a new category will receive

² The one-time IAS fee is waived for units that apply for a transition in accreditation category, but the unit is responsible for all other fees and costs associated with an initial accreditation review, including a one-time payment of the annual applicant fee after the IAS is accepted by the Council.

506 a five-year accreditation term (the standard term for initial accreditation), rather than a seven-year
507 accreditation term (the standard term for reaccreditation).

508
509 Failure to demonstrate compliance with the set of criteria for the new category within the timelines
510 described above will typically result in a loss of accreditation, unless the accreditation unit can revert
511 fully and immediately to its previous accreditation category. Reverting fully to the prior category or
512 status requires updating all print and web-based materials to reflect the original accreditation
513 category.

514
515 An SPH, PHP, or SBP in transition from one category to another continues in its obligation to notify
516 CEPH before making any substantive change that affects its mission or degree offerings. See this
517 document's section on substantive changes for additional information. Multiple substantive change
518 notices are common during the transition period.

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Section 6: Accreditation status

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

Two additional terms are relevant to accreditation status:

1) Applicant period

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

2) Probationary accreditation

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

Section 7: Required public disclosures

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

Units considering or planning for CEPH accreditation

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

Applicants

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

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

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

- 608
- 609 • SPH, PHP, and SBP may use the official accreditation seal provided electronically by CEPH.
- 610 Use of CEPH's logo is not permitted.
- 611
- 612 • Units must disclose their CEPH accreditation status accurately, including the category of
- 613 accreditation. Additional, specific requirements relating to accredited units that plan to change
- 614 their category of accreditation (e.g., PHP seeking to transition to SPH) appear in this document's
- 615 section on changes in accreditation category.
- 616
- 617 • Accredited units must provide CEPH's website address whenever referring to affiliation with
- 618 CEPH.
- 619
- 620 • PHP and SBP must clearly list the instructional programs (degree, major, concentration,
- 621 specialization, or track, whichever applies) included in the accreditation unit and must ensure
- 622 that all electronic and print materials are clear in distinguishing the accreditation unit from other
- 623 degree offerings housed in the same organizational structure.
- 624
- 625 • Units must make the official accreditation report and final self-study (as submitted to CEPH)
- 626 publicly available no later than 60 days following the date of the Council's accreditation decision.
- 627 Interested parties may request copies from the SPH, PHP, or SBP or from CEPH, but all
- 628 requests for accreditation report copies received by CEPH will first be referred to the
- 629 accreditation unit.
- 630
- 631 • Units that wish to facilitate such requests may make their final self-study documents and
- 632 final accreditation reports publicly available on their websites, eliminating the need for
- 633 reviewing and responding to individual requests.
- 634
- 635 • Accreditation units that plan to provide the documents in response to individual requests
- 636 must clearly indicate on their websites how to contact an appropriate person to request a
- 637 copy of the final self-study document and final accreditation report and must ensure that
- 638 such requests are honored promptly.
- 639
- 640 • The electronic resource file (ERF) materials are not included in the required public
- 641 disclosures; however, CEPH encourages units to make ERF materials available as
- 642 appropriate when helpful for providing context to readers of the self-study and report.
- 643
- 644 • The accreditation unit may append a written response to the accreditation report whenever
- 645 it releases the report. If the accreditation unit provides a copy of its written response to CEPH
- 646 within 50 days following the final accreditation decision, CEPH will append the response
- 647 whenever it distributes a copy of the full report.
- 648
- 649 • CEPH will periodically audit units' compliance with these document disclosure provisions.
- 650

651 **PHP outside of the United States**

- 652
- 653 • In addition to all of the requirements defined above, accredited PHP outside of the United States
- 654 must include the following statements when describing CEPH accreditation on websites,
- 655 promotional materials, etc:
- 656

657 *"_____ is accredited by the Council on Education for Public Health as a public health program.*
658 *The accreditation applies only to the following degree programs: [list the specific degree*

659 *program(s) included in the accreditation unit, as defined in the Council's letter accepting the*
660 *application]. Accreditation does not apply to the unit as a whole, and other degrees and areas*
661 *of study offered by this institution are not included in the unit of accreditation review."*
662

663 **Multi-partner SPH, PHP & SBP**

- 664
- 665 • In multi-partner accreditation units, as defined in this document's section on categories of
666 accreditation, each partner institution must ensure accurate representation of the category of
667 accreditation and of the degrees included in the unit of accreditation, as defined above.
668

669 **SPH, PHP & SBP receiving probationary accreditation decisions**

- 670
- 671 • In accordance with federal regulations, CEPH notifies the USDE of any probationary
672 accreditation decision at the same time as CEPH provides the initial notice of the probationary
673 accreditation decision to the school or program.
674
- 675 • As soon as a probationary accreditation decision is final,³ the unit must provide notice to all
676 students and potential students about the probationary accreditation decision. The notice must
677 indicate to students the specific date by which they must graduate (i.e., the ending date of the
678 probationary accreditation term) to guarantee graduation from an accredited school or program.
679 The notice must be disseminated and posted in a manner that ensures transparency for all
680 current and potential students.
681
- 682 • CEPH encourages the school or program to share additional information related to the
683 probationary accreditation decision with students and the public, including plans to address
684 identified deficiencies, timelines leading up to the end of the probationary accreditation term,
685 etc.
686
- 687 • In accordance with federal regulations, CEPH notifies the relevant ~~regional~~institutional
688 accrediting body and state-level higher education authority of the probationary accreditation
689 decision as soon as the decision is final.
690
- 691 • In accordance with federal regulations, CEPH provides the USDE with a statement of the basis
692 for its probationary accreditation decision as soon as the probationary accreditation decision is
693 final.
694

695 **Additional CEPH disclosures**

- 696
- 697 • In addition to the information mentioned above, CEPH's website includes lists and information
698 on [applicant](#) and [accredited](#) SPH, PHP, and SBP, including those with probationary
699 accreditation. This information includes a delineation of the degrees included in each unit of
700 accreditation.
701
- 702 • All final accreditation decisions are recorded in the annual reports of CEPH, including decisions
703 to grant or withdraw accreditation status, decisions to confer probationary accreditation status,
704 and decisions of schools or programs to voluntarily withdraw from the review process. CEPH
705 annually submits to the Secretary of Education its annual report and a website link to the list of
706 accredited schools and programs. CEPH's annual report is also posted on the CEPH website.
707

³ See this document's section on appealable actions for the definition of a "finalized" decision in probationary accreditation.

- 708 • After each decision-making Council meeting, CEPH prepares a notice with a list of all initial
709 accreditation decisions, reaccreditation decisions (including final decisions of probationary
710 accreditation), and final decisions to deny or revoke accreditation. The notice also provides a
711 link to CEPH's full list of accredited schools and programs. CEPH distributes this notice to
712 USDE, regional accrediting bodies, other specialized and professional accrediting
713 organizations, and relevant state higher education authorities. CEPH also makes this notice
714 available on its website.
715
- 716 • As a recognized accrediting agency, the Council is also required to report to the USDE the name
717 of any institution or program that the Council has reason to believe is failing in its responsibilities
718 under Title IV of the Higher Education Amendments or is engaged in fraud or abuse and to
719 report the reasons for the agency's concerns.
720
721

Section 8: Initial accreditation

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

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

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

1. Contact CEPH's director of accreditation services via email. Contact information for all staff members is available on the [website](#). During and after this initial contact, CEPH staff will work with the unit to answer questions and develop a reasonable timeline for the accreditation review.
2. Participate in CEPH's Pre-Application Orientation Workshop (P-AOW), which is described in this document's information on consultation and technical assistance.
3. Submit payment for the initial application submission (IAS) fee. (This fee is waived for accredited units seeking a change in category.) See CEPH's [fee schedule](#), available on the website, for information. An invoice can be provided upon request.
4. Submit a first draft of the IAS for CEPH staff review. The IAS is a concise document, with accompanying appendices, that demonstrates eligibility to begin the applicant period. Units must use the IAS templates available on the CEPH website. The initial submission for staff review need not include all appendices, but submitting a more complete draft will allow staff to provide more comprehensive feedback.
5. Receive staff feedback on the draft IAS. CEPH staff will acknowledge receipt of a draft IAS via email and will provide feedback via phone conference or email within two weeks of acknowledging receipt. Staff feedback will focus on making the documentation as strong as possible.

Staff feedback does **not** constitute a decision on whether a unit can proceed to the applicant period. Only an official notice from the Council allows the unit to begin the applicant period.
6. Revise the IAS in response to CEPH staff feedback. Multiple rounds of drafts may be required for preparing a successful IAS.
7. Officially submit the IAS and its appendices to the Council for review. [Review will occur at the next decision-making meeting for which the docket remains open.](#)
8. Receive official notification of Council decision regarding acceptance of the IAS. This notification will be provided in writing within 30 days of the meeting's completion.

774 9. Pay the applicant fee defined in the [fee schedule](#) (available on the CEPH website). Unlike
775 the IAS fee, units should not send payment for the application fee until they have received
776 an invoice from CEPH.

777
778 The unit is responsible for ensuring adequate time to complete all steps by the desired date for
779 submission to the Council, so advance planning is required. CEPH staff are available to help units
780 develop appropriate timelines.

781
782 If the Council does not accept a unit's IAS and the unit wishes to revise and resubmit its IAS for
783 consideration, the unit must repeat all required steps outlined above, unless steps are specifically
784 waived by the Council in the letter communicating the Council's decision.

785
786 **Initial Application Submission (IAS) requirements**

787
788 The IAS must follow the template provided on the CEPH website and include the following:

- 789
790 1. A cover letter, on letterhead, that addresses items a and b:
- 791 a. A statement indicating that the unit understands the required components of the application
792 process, including conduct of an on-site consultation visit, attendance at an Accreditation
793 Orientation Workshop and prompt payment of all fees.
 - 794 b. A request signed by administrators/leaders for CEPH to initiate the accreditation process.
795 The request must be signed by the following:
796 1) the chief executive officer of the institution in which the program is located (university
797 president or chancellor, in most cases)
798 2) the chief administrative officer of the university unit in which the program is located
799 (e.g., vice president for health sciences, dean)
800 3) the program director (PHP) or program lead (SBP), if applicable

801
802 In the case of a program that is sponsored by more than one institution (applications for
803 multi-partner programs), signatures must be obtained from the leaders (1 and 2) at each
804 institution.

805
806 2. Statement of ~~Regional~~Institutional Accreditation

807
808 Documentation of location in an institution that is ~~regionally~~ accredited by an eligible federally-
809 recognized institutional accrediting agency, as defined in CEPH policy. An applicant housed in
810 an institution located outside the United States that is not eligible for ~~regional-institutional~~
811 accreditation in the United States must demonstrate a comparable external evaluation process.

812
813 3. Documentation that the degrees and concentrations included in the unit of accreditation have
814 all of the following characteristics.

815
816 a. Accreditable Curricula for All Degrees in the Unit of Accreditation

817
818 Each degree in the accreditation unit must meet the minimum curricular expectations
819 and credit hours defined in CEPH criteria. Demonstration of compliance requires the
820 following, at a minimum:

- 821 1) programs of study that list the courses and associated credits required to
822 complete the degree

- 827 2) evidence of coverage of CEPH-specified foundational competencies for
828 graduate degrees, through curriculum mapping and syllabi
829 3) if applicable, coverage of required domains for bachelor's degrees in the
830 accreditation unit, through curriculum mapping and syllabi
831 4) articulation of appropriate concentration-specific competencies for all
832 graduate public health degrees in the accreditation unit with evidence of
833 coverage through curriculum mapping and syllabi
834 5) evidence of coverage of all concentration-specific competencies for
835 graduate public health degrees in the accreditation unit, through curriculum
836 mapping and syllabi
837

838 b. Adequate Faculty Resources
839

840 Documentation must demonstrate that the unit has adequate faculty resources, as
841 defined in the criteria.
842

843 c. Evidence of Full Curricular Implementation by the Time of the Review
844

845 Documentation must include one of the following:
846

- 847 1) Evidence that the unit has already graduated at least one student OR
848 2) Strong, ~~solid~~ evidence that the unit will graduate at least one student by
849 the time the preliminary self-study is submitted.
850

851 SPH must provide evidence of either item 1 or item 2 for the following programs of
852 study:

- 853 ■ MPH concentrations in three areas
 - 854 ■ Doctoral concentrations in two areas
 - 855 ■ ~~Bachelor's degrees in public health, if applicable~~
- 856

857 PHP and SBP must provide this evidence for all degrees and concentrations
858 included in the unit of accreditation.⁴
859

860 The required graduates for this element must have completed the curriculum
861 documented in the IAS or a previous version of the curriculum that would also be
862 creditable by CEPH.
863

864 d. Completion and Attrition Data
865

866 Completion rates must satisfy CEPH criteria for each degree in the unit of
867 accreditation. For units that have not been in operation long enough to provide
868 completion data, the unit must demonstrate that it is positioned to demonstrate
869 compliant completion rates, through data on attrition and retention.
870

871 e. Fiscal Support
872

873 The unit must demonstrate ~~Description of how the school or program adequate~~
874 funding fors the following ~~(if multiple models are possible, indicate this and provide~~
875 ~~examples):~~
876

⁴ The differing requirements for SPH vs. reflects the fact that PHP and SBP can choose which degrees to include in the unit of accreditation, while SPH cannot.

- 877 1) Operational costs
878 2) Student support, including scholarships, support for student conference
879 travel, support for student activities, etc.
880 3) Faculty development expenses, including travel support
881

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

- 883
884 f. A mission and expected student learning outcomes for the program that align with
885 the mission statement(s) of the parent institution(s) ~~and the regional accreditation~~
886 ~~standards of the institution(s).~~
887
888 g. Evidence of a structure for collecting data on program effectiveness, including, at
889 a minimum, regular surveys or data collection from enrolled students, alumni, and
890 relevant community stakeholders.
891

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

- 893
894 f. Defined Guiding Statements and Evaluation Practices
895
896 The unit must define a vision, mission, and goals that comply with CEPH criteria and
897 articulate a clear and comprehensive statement of measures, data collection
898 methods, and responsible parties that allow the unit to continually evaluate its
899 progress in achieving its specific mission and goals.
900

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

- 902
903 f. Defined Guiding Statements and Evaluation Practices
904
905 The unit must define a vision, mission, and goals that comply with CEPH criteria and
906 articulate a clear and comprehensive statement of measures, data collection
907 methods, and responsible parties that allow the unit to continually evaluate its
908 progress in achieving its specific mission and goals.
909
910 g. Equivalent Structure and Reporting Mechanisms
911
912 The SPH must demonstrate an independent structure and reporting mechanism that
913 ~~is equivalent to other professional schools or colleges~~ places the SPH at the highest
914 reporting level within the university. This requires an organizational chart that shows
915 the SPH leader's reporting line(s) and the reporting lines of other school/college
916 leaders and, if applicable, narrative that supports the organizational chart.
917
918
919 h. Degree Offerings
920
921 The school must offer, at a minimum, a professional public health master's degree
922 in at least three distinct concentrations and public health doctoral degree programs
923 (academic or professional) in at least two distinct concentrations.
924

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

926

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

931

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

933

934 The request for consideration should include the following:

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

945

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

948

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

955

956 **Date of initial accreditation**

957

958 The Council's acceptance of the IAS is an indication that the school or program has presented
959 evidence that it meets all requirements outlined above in the Initial Application Submission
960 Requirements section; however, it is not eligible for full accreditation until it can demonstrate
961 satisfactory student learning and other outcomes. Given that the accreditation decision is based on
962 data and student outcomes from the applicant period, the date of initial accreditation accounts for
963 the evidence presented during this period by assigning, as the date of initial accreditation,
964 **whichever date is later:**

965

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

968

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

972

973 **Maintenance of applicant period**

974

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

- 978
979 • Attend an Accreditation Orientation Workshop (see this document's information on consultation
980 and technical assistance)
981 • Host an on-site consultation visit (see this document's information on consultation and technical
982 assistance)
983 • Correspond with CEPH staff to establish site visit dates and other procedural arrangements
984 • Submit a self-study document for preliminary review (see this document's information on the
985 self-study process)
986

987 Failure to complete any one of these requirements by the end date of the defined applicant period
988 will cause the applicant period to end. No further review action will be taken, and units wishing to
989 pursue CEPH accreditation must repeat all steps necessary for initiating a new applicant period
990 (attend a P-AOW, submit a draft IAS, etc.).
991

992 **Extension of applicant period** 993

994 The Council may, at its discretion, extend the end date of the applicant period to allow units
995 additional time to complete one or more of the required steps. A request for extension can be
996 submitted at any time prior to the scheduled end of the application period and must be provided in
997 writing to submissions@ceph.org. The Council will officially reply to the request.
998

999 Extensions are typically granted in one-year increments, but the unit need not use the full extension
1000 period. Unless extraordinary circumstances exist, the Council will grant no more than two, one-year
1001 extensions of the applicant period. Units that wish to continue after this must repeat all steps
1002 necessary for initiating a new applicant period (attend a P-AOW, submit a draft IAS, etc.).
1003

1004 Requests for extension are not viewed negatively by the Council and are preferable to proceeding
1005 with an accreditation timeline that is unlikely to result in a positive accreditation decision.
1006

1007

Section 9: Reaccreditation

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1032

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

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

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

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

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

1033 **Section 10: Self-study and site visit process**

1034
1035 All units in the applicant period and accredited units approaching the end of their accreditation terms
1036 must undertake a self-study and site visit process to obtain or maintain CEPH accreditation.

1037
1038 **Scheduling the self-study and site visit process**

1039
1040 The dates of the on-site visit, once established, provide the basis for setting other relevant
1041 accreditation review deadlines, including a number of those associated with the self-study process.
1042 Thus, establishing site visit dates is the first step in outlining the calendar for an initial accreditation
1043 or reaccreditation.

1044
1045 For site visit scheduling:

- 1046
1047 a. CEPH staff will contact *accredited* schools and programs approximately two years
1048 before the end of the current accreditation term's expiration to invite the unit to
1049 schedule a site visit.
- 1050
1051 b. CEPH staff will contact *applicant* schools and programs approximately 18 months
1052 before the preliminary self-study due date that was defined when the Council
1053 accepted the IAS.
- 1054
1055 c. For *accredited* SPH, PHP, and SBP that wish to maintain accreditation, a site visit
1056 must occur prior to the end of the current accreditation term.
- 1057
1058 d. For *applicant* SPH, PHP, and SBP, the key deadline is the preliminary self-study due
1059 date, as noted in this document's information on maintaining the applicant period.
1060 CEPH staff will work with the applicant unit to define a site visit date that allows the
1061 unit to maintain its current applicant period, if desired and feasible, AND allows at
1062 least five months between the preliminary self-study submission and the site visit.
- 1063
1064 e. An *accredited* unit may request a postponement of its regularly scheduled review,
1065 but only for extraordinary reasons. Extraordinary reasons that might lead to
1066 postponement generally include the following:
- 1067 • natural disasters
 - 1068 • similarly severe and unusual circumstances

1069
1070 The Council typically does *not* consider the following reasons to be extraordinary
1071 circumstances that warrant a postponement of a regularly scheduled review:

- 1072
1073
- 1074 • turnover or vacancies in administrative, faculty, or staff positions
 - 1075 • planned or unplanned major revisions to curriculum, governance, or operations
 - 1076 • lack of resources to support the review
- 1077

1078 Postponement for extraordinary reasons must be requested in writing and requires action
1079 by the Council to extend the current accreditation term by a specific period of time. If the
1080 Council does not grant a postponement, and the unit does not conduct a self-study and site
1081 visit process as required, the unit's accreditation will be revoked at the end of the current
1082 term.

1083

1084 Postponement of a scheduled site visit may also occur at the Council's request. If a visit is
1085 postponed at the Council's request, the Council will extend the unit's current accreditation
1086 term to accommodate the delay.
1087

- 1088 • An *applicant* unit may request postponement of its scheduled review, but this postponement
1089 may require requesting an extension of the applicant period. See this document's
1090 information on maintaining the applicant period for additional information.
1091
- 1092 • All site visit dates are scheduled on a first-come, first-served basis through email
1093 correspondence with CEPH staff. As soon as a site visit date is confirmed, CEPH staff will
1094 provide the unit with a letter that details all relevant deadlines. The accreditation review is
1095 only considered to be officially scheduled when CEPH staff issues the letter outlining the
1096 schedule. Discussions or email correspondence prior to the issuance of a letter do not
1097 constitute an official accreditation review schedule. Failure to meet any of the defined
1098 deadlines may result in serious consequences, including loss of accreditation.
1099

1100 **Self-study process**

1101 The self-study process is one in which the unit

- 1102 1. Assesses the school or program's educational quality and success in meeting its mission and
1103 goals, highlights opportunities for improvement, and includes plans for making those
1104 improvements
- 1105 2. Systematically evaluates its current curricula, operations, resources, etc. against the
1106 expectations defined in CEPH criteria
1107
- 1108 3. Makes modifications, where necessary, to bring its operations, curricula, resources, etc. into
1109 compliance with CEPH criteria
1110
- 1111 4. Prepares and completes a self-study document, defined below
1112
1113

1114 The self-study process typically takes at least 18-24 months. The three components described
1115 above occur simultaneously and/or in an iterative process. Often, the act of drafting the self-study
1116 document provides a focus for the required self-analysis and evaluation. The act of self-evaluation
1117 suggests areas where modifications are required, and the self-study document can then be updated
1118 to reflect new data and practices. The unit should define a schedule for internal review and
1119 circulation of drafts prior to submission to CEPH.
1120
1121

1122 CEPH expects that the unit will include a broad array of stakeholders in the self-study process,
1123 including administrators, faculty, students, alumni, and community partners, among others. CEPH
1124 encourages units that appoint committees to lead the self-study process to include a variety of
1125 stakeholders on those committees.
1126

1127 Stakeholders may be involved in preparing the self-study document, reviewing document drafts,
1128 evaluating specific elements of policy or curriculum, and developing solutions or modifications, as
1129 needed, etc. CEPH encourages units to be thoughtful regarding the involvement of students,
1130 alumni, and community partners, in particular, with attention to focusing their involvement in the
1131 self-study process on their strengths and areas where they are best positioned to make
1132 contributions.
1133
1134

1135 **Self-study document and electronic resource file (ERF)**
1136

1137 The self-study document is a document in which the unit demonstrates that it meets all CEPH
1138 accreditation criteria. The self-study document follows, exactly, the format of CEPH’s criteria
1139 document. The criteria document describes the information and documentation that must be
1140 provided for each criterion.

1141
1142 In some cases, CEPH criteria direct units to provide information in an electronic resource file (ERF).
1143 The ERF functions as a set of appendices to the body of the self-study document and must be
1144 prepared and provided to reviewers on a USB drive or comparable storage device.

1145
1146 Self-study documents must follow [CEPH’s self-study template](#). Formatting is as follows:
1147

- 1148 • Reproduce the criterion and documentation request as provided in the self-study template.
- 1149
- 1150 • Place the unit’s response directly below the relevant documentation request, unless instructions
1151 indicate otherwise.
- 1152
- 1153 • Use [data templates](#) wherever requested.
- 1154
- 1155 • When the documentation request directs units to place information in the electronic resource
1156 file (ERF), place a statement that says, for example, “See ERF A1-3” in the self-study document,
1157 and label the electronic folder or file accordingly.
- 1158
- 1159 • Print the document double-sided.
- 1160
- 1161 • Use easy-to-read font.
- 1162
- 1163 • Use sequential page numbers throughout the document.
- 1164 .
- 1165 • Place tabs or dividers between each criterion (e.g., A, B, C)
- 1166
- 1167 • Start each criterion on a new page (e.g., A1, A2, A3)
- 1168
- 1169 • Bind the document (e.g., spiral binding) for copies sent to reviewers and CEPH.
- 1170

1171 The ERF must be prepared as follows:
1172

- 1173 • Clearly organized into folders for each criterion, with subfolders and files labeled with the
1174 documentation request to which they respond.
- 1175
- 1176 • Filenames must allow reviewers to readily identify materials.
- 1177

1178 For example, when the criteria document requests syllabi for a documentation request, the
1179 folder that contains the syllabi will be named with the number of the documentation request
1180 (e.g., D2-3), and each individual syllabus in the folder will be named with the appropriate course
1181 number (e.g., PBH 352.pdf).

- 1182
- 1183 • In addition to all materials specifically delineated in the criteria document, the ERF must contain
1184 the following materials. Each of these should be housed in its own, appropriately titled, folder:
1185
 - 1186 • documentation that allows reviewers to verify that the unit solicited third-party comments.
1187 See this document’s discussion on the third-party comment requirement
 - 1188 • a schedule of courses offered, with instructor identified, for the last three years

- 1189
- a copy, or link to, the official university catalog or bulletin that presents degree offerings
 - for SPH and PHP only, a freestanding MS Word document that presents the instructional matrix (Template Intro-1) included in the introduction to the self-study
- 1190
- 1191
- 1192

1193 **Self-study preliminary review**

1194

1195 As soon as the unit establishes a schedule for review with CEPH, CEPH will provide a due date for
1196 the self-study and ERF. CEPH will communicate all dates in a letter to the unit, as noted in the
1197 section on scheduling the self-study and site visit process. The self-study and ERF due date is the
1198 first official deadline in the full accreditation process and allows for a process called “preliminary
1199 review.”

1200

- For units seeking reaccreditation, the self-study and ERF are due for preliminary review five
1202 months prior to the scheduled site visit (see this document’s section on site visit scheduling for
1203 additional information).
 - For units seeking initial accreditation (i.e., units in the applicant period), the self-study and ERF
1206 are due for preliminary review on **whichever of the following dates is earlier:**
 - Two years after the date of the Council’s acceptance of the IAS (i.e., the end date for the
1209 applicant period)
 - or
 - Five months before the scheduled site visit
- 1212

1213 Approximately a month before the preliminary review due date, CEPH will provide the unit with the
1214 names and addresses of the preliminary reviewers. Reviewers will typically may include the
1215 following:

1216

- ~~A CEPH staff member(s), typically the same staff member who will coordinate the site visit,~~
1218 ~~and~~
 - The assigned chair of the unit’s site visit team; or
 - The Council’s Executive Committee member(s).
- 1221

1222 The unit must ensure that, by the established self-study due date, each of the preliminary reviewers
1223 receives 1) a print copy of the self-study document, 2) an electronic copy of the self-study document,
1224 and 3) an electronic copy of the ERF.

1225

1226 Within eight weeks of receiving the self-study, CEPH staff will provide a letter summarizing
1227 reviewers’ detailed comments on the self-study and ERF. Preliminary reviewers’ comments focus
1228 on improving the utility and quality of the self-study document to allow the site visit and subsequent
1229 review to progress smoothly. Units can expect a detailed response with specific, actionable
1230 suggestions and questions.

1231

1232 **The preliminary review of the self-study document does not provide decisions on**
1233 **compliance with the accreditation criteria. Subsequent stages of the review process will**
1234 **assess the unit’s compliance with accreditation criteria.** Reviewers at the preliminary stage
1235 may, however, identify areas in which they expect that subsequent reviewers may have difficulty
1236 verifying compliance, based on the information presented.

1237

1238 **For units seeking initial accreditation *only*, the preliminary review serves an additional**
1239 **purpose. The preliminary review determines whether the document is sufficiently**
1240 **descriptive and analytical to proceed with the site visit.**

1241

1242 If reviewers raise concerns about the applicant unit's ability to proceed with the site visit after reading
1243 the preliminary self-study document, the reviewers will provide the self-study and draft comments
1244 to the CEPH ~~president~~Executive Committee. The ~~president~~Executive Committee must validate
1245 reviewers' conclusion that the unit may not proceed with the site visit.

1246
1247 The reviewers might find the preliminary document unacceptable, for example, if it is not analytical
1248 or if it is incomplete. Reviewers may determine that an applicant unit is not yet at a developmental
1249 stage in which a site visit would be successful, particularly in cases in which an accreditation unit
1250 outlined plans to meet the eligibility requirements within the specified timeframe and plans were not
1251 met.

1252
1253 If the review is not to proceed because the reviewers deemed the self-study document
1254 unsatisfactory, CEPH will notify the accreditation unit of the unacceptable features of the
1255 document and of any other reasons necessitating the postponement. In this case, in addition to
1256 providing specific feedback to the unit, CEPH staff will work with the accreditation unit to reschedule
1257 the visit, establish new dates, and repeat the process described above.

1258 **Self-study final document**

1259
1260 After the preliminary review process, the unit must update and revise the self-study document and
1261 ERF to produce a final self-study document. Typically, the unit will have approximately two months
1262 to incorporate reviewers' comments and produce the final self-study document and ERF. No line-
1263 by-line or itemized response to reviewers' comments is expected or required, but all reviewer
1264 comments should be considered and incorporated in the production of the final self-study document
1265 and ERF. The final self-study document (but not the ERF) is a public document, as indicated in this
1266 document's section on required disclosures.

1267
1268
1269 The final self-study document provides the basis for the site visit and Council review that produce
1270 an accreditation decision.

1271 **Required opportunity for third-party comment**

1272
1273 Approximately three months before the scheduled site visit, the accreditation unit should notify its
1274 major constituents that an accreditation review is scheduled and that they are invited to provide
1275 written comments to CEPH until 30 days before the scheduled site visit. This opportunity is referred
1276 to as the opportunity for "third-party comments."

1277
1278 The requirement to invite third-party comments is a separate procedural requirement from the
1279 expectation that units will involve stakeholders in the self-study process and from the ongoing
1280 obligation, expressed in the accreditation criteria, for units to solicit input from constituents, including
1281 students, alumni, employers, community partners, etc.

1282
1283 The third-party comment process is a broader, more general call for comment that allows any
1284 stakeholder to provide feedback directly to CEPH to inform the accreditation review. CEPH does
1285 not share this feedback with the unit.

1286
1287 Notice to constituents of the opportunity to provide comments must include the [email address
1288 submissions@ceph.org as the sole address for submission of third-party comments](mailto:email_address_submissions@ceph.org). The form of
1289 such notice is at the discretion of the accreditation unit. Notification methods might include the
1290 following: a notice posted in a visible location, an announcement in a regular newsletter for
1291 constituents, a notice published on the website or email listservs, etc. Methods of soliciting third-
1292 party comments must be documented in the ERF and verifiable by the site visit team. See this
1293 document's description of the ERF for additional information.

1294
1295

1296 **Site visit planning**

1297
1298 The CEPH website contains information on site visit planning, including an [overview video](#) outlining
1299 the major logistical requirements.

1300
1301 No later than three months before the site visit, the accreditation unit should begin working with the
1302 site visit coordinator to plan an agenda and other logistics. Beginning the agenda and logistics
1303 planning at least three months before the visit allows for multiple agenda drafts, ensures that
1304 university administrators will be able to participate in the visit and lessens the likelihood of the need
1305 for last-minute adjustments.

1306
1307 At all stages of the agenda and logistics planning process, the unit should communicate only with
1308 the site visit coordinator and not directly with site visitors. The site visit coordinator will facilitate
1309 communication, as needed, with the site visit chair and team members. This protocol ensures
1310 consistency of communication.

1311
1312 The unit should begin with the sample agenda, [available on the CEPH website](#), and should prepare
1313 an initial draft for the site visit coordinator. CEPH staff are available by phone and email for questions
1314 throughout the agenda planning process.

1315
1316 No later than three months before the site visit, the accreditation unit should also make hotel
1317 reservations for all site visit team members (three for PHP and SBP; four to five for SPH). At the
1318 hotel, the unit must reserve a simple meeting space for use by the site visit team for each evening
1319 of the site visit, starting at 5 p.m. on the evening before the team's arrival on campus. No supplies
1320 or refreshments are required for the hotel meeting space, and the living room associated with suite-
1321 style hotel rooms may often serve this purpose. The team only needs one meeting room, so if a
1322 suite-style room is used, it should be reserved for the team chair. The meeting room must have a
1323 table that seats the site visit team, with room for laptops and/or notes. The unit must complete the
1324 [Site Visit Logistics Form](#), available on the CEPH website, with hotel confirmation numbers and other
1325 related information, and must return the logistics form to the team coordinator as soon as possible.

1326
1327 Additionally, the unit must reserve meeting space on campus for the site visit. To the extent possible,
1328 a single room should be used for all meetings, though the unit may wish to use a different room for
1329 lunch meetings and/or the visitors' meeting with university-level leaders. Time spent traveling
1330 between rooms should be minimized to use the team's time most efficiently. The on-campus
1331 logistics must also include the following:

- 1332
- 1333 • Each day on campus: wireless internet access for each site visitor in the main meeting room.
 - 1334
 - 1335 • Each day on campus: food for a working lunch, as defined on the agenda. Coffee, water, and
1336 other beverages throughout the day are appreciated.
 - 1337
 - 1338 • Visit's final day (or throughout the visit, if possible): a university-supplied computer with internet
1339 access, connected to a printer. The printer must allow for privacy so that the team can maintain
1340 confidential documents, so a shared printer in a public space is typically not acceptable.
 - 1341
 - 1342 • Visit's final day: a screen and projector for the exit briefing (described later in this document).
 - 1343

1344 In specific circumstances, site visitors may also want to inspect campus facilities such as
1345 classrooms, library, laboratories, and computer centers. The team coordinator will notify the unit if
1346 this is required.

1347
1348 The unit will receive a specific list of the site visit team members two to three months before the site
1349 visit. At that time, CEPH will provide an opportunity to identify any conflicts of interest that were not

1350 previously identified through CEPH’s screening process. If a conflict of interest exists, CEPH will
1351 seek a replacement for that team member.

1352
1353 SPH site visit teams include four to five individuals, and PHP and SBP site visit teams include three
1354 individuals. A larger or smaller team may be requested of CEPH or required by CEPH, depending
1355 on the need to properly evaluate the SPH, PHP, or SBP. The size of SPH site visit teams relates
1356 to the number of degrees and concentrations offered, with larger teams necessary to provide a
1357 thorough review for schools with larger arrays of degrees and concentrations.

1358
1359 Units may not select the individuals who will visit their campuses, and replacements to teams
1360 identified by CEPH will only be made in the case of verified conflict of interest or illness, emergency,
1361 or other unanticipated situation that requires a site visitor to withdraw from the team.

1362
1363 The teams are constructed as follow. See this document’s information on site visitors for additional
1364 information.

1365

SPH site visit team	PHP or SBP site visit team
1. Team coordinator	1. Team coordinator
2. Academic member	2. Academic member
3. Academic member	3. Practitioner member
4. Practitioner member	

One of the academic or practitioner members serves as the team chair.

Team coordinator is typically a full-time CEPH staff member but might also be drawn from a list of specially trained consultants and/or volunteers with significant accreditation experience.

1366
1367 By one month before the site visit, the unit must ensure that each of the members of its site visit
1368 team receives all of the following items at his or her preferred address (provided by CEPH):
1369

- 1370 1. a print copy of the final self-study document
- 1371 2. an electronic copy of the final self-study document (single document in Word or PDF format)
- 1372 3. an electronic copy of the ERF
- 1373 4. a copy of the CEPH Site Visit Logistics Form
- 1374 5. a site visit agenda

1375

CEPH preparation for site visit

1377

1378 Approximately one month before the visit, CEPH sends written notice to the chief executive officer
1379 of the university (typically, the president or chancellor) of the site visit dates.

1380

1381 CEPH provides all team members with a list of the other team members, the procedures manual,
1382 the applicable criteria document, a copy of the last accreditation report (if applicable), any interim
1383 reports or substantive change notices since the last full review, and any other pertinent information.

1384

1385 CEPH also schedules a site visit team conference call one to three weeks before the visit, after the
1386 team members have received the mailing from the accreditation unit (which is described in this
1387 document's information on the final self-study document).
1388

1389 Throughout the process of preparing for the visit, including during the conference call, site visitors
1390 may identify additional information or material needed to conduct a thorough review. The team
1391 coordinator will communicate all such requests to the unit as soon as possible, and replies should
1392 be addressed to the team coordinator, unless otherwise indicated. Requests for additional materials
1393 are minimized, to the extent possible, to only those materials needed to ensure a thorough, fair, and
1394 accurate review. These requests may arise any time from the receipt of the final self-study through
1395 the last morning of the site visit but will always be communicated as soon as possible.
1396

1397 **Site visit**

1398

1399 SPH visits require three days on campus, plus the evening preceding the arrival of the team on
1400 campus. PHP and SBP visits require two days on campus, plus the evening preceding the visit. The
1401 two days on campus include meetings with a variety of stakeholders. The evening preceding the
1402 arrival on campus involves the site visit team only—no faculty or university staff are present.
1403

1404 The duration of the visit may be shorter or longer if special circumstances dictate the need for less
1405 or more time to accomplish the work of the site visit team. Unusual circumstances might include,
1406 for example, a visit focused on a narrow set of issues, a visit to a particularly complex or multi-
1407 partner accreditation unit, or a visit to an accreditation unit where the team needs to observe more
1408 than one geographic site. Any deviation from the standard duration will be defined by CEPH staff
1409 and will be reflected in the fees charged.
1410

1411 Depending on the structure of the accreditation unit and the specific issues to be addressed, the
1412 team will need to meet with a broad representation of constituents. These normally include the
1413 following:
1414

- 1415 • university officials (president or provost)
- 1416 • accreditation unit administrators (dean, department chair, program director, designated
1417 leader, etc.)
- 1418 • faculty of all ranks and classifications (junior and senior faculty, primary instructional faculty
1419 and non-primary faculty, adjuncts, etc.)
- 1420 • students from all degree programs in the unit
- 1421 • recent alumni
- 1422 • community representatives, including stakeholders involved in applied practice experiences,
1423 employers of graduates, individuals affiliated with community-based organizations that
1424 collaborate with faculty and students, and advisory committee members, as applicable
1425

1426 Typically, the team will meet with these constituent groups separately, and the sample agendas on
1427 the CEPH website provide structure. In particular, the school dean, program director, or designated
1428 leader should not attend the meeting with university officials. All individuals attending the site visit
1429 should be prepared for discussion and should be willing and able to discuss their perspectives and
1430 experiences with the accreditation unit.
1431

1432 In executive sessions, which are private meetings that do not include school or program
1433 stakeholders, the team will discuss its findings and observations and organize and prepare its
1434 comments for succinct presentation.
1435

1436 Throughout the site visit, team members will seek information to validate the self-study document
1437 and to assess compliance with the relevant criteria. Visits are structured as discussions and

1438 question-and-answer sessions. The accreditation unit should not prepare presentations, opening
1439 remarks, etc. The team chair will lead all sessions on the agenda.

1440
1441 The final session of the site visit is an exit briefing, during which the team chair will present an oral
1442 summary of the team’s findings, using material prepared by team members. This oral presentation
1443 will include the team’s assessments of the unit’s compliance with each accreditation criterion. The
1444 team coordinator will provide a summary of the next steps in the process. It is the prerogative of the
1445 dean, director, or designated leader to determine who should attend the exit briefing session.

1446
1447 **Site visit team report**

1448
1449 The site visit team uses the final self-study, ERF, supplemental materials distributed at the visit,
1450 interviews with stakeholders, information gathered during the visit, and other materials to develop a
1451 team report. The report assesses the unit’s compliance with each accreditation criterion and
1452 provides a rationale for the finding. In cases of noncompliance, the report specifically identifies the
1453 issues that lead to a noncompliant finding.

1454
1455 The team coordinator will edit the report after the visit and will circulate the draft to team members
1456 for further review and revision. The school or program will receive the team’s report within eight
1457 weeks of the site visit’s completion.

1458
1459 **Accreditation unit’s response to site visit team report**

1460
1461 The accreditation unit has at least 30 days to review the team’s draft report. The letter
1462 accompanying the site visit team’s report will provide a deadline for submitting a reply to CEPH
1463 staff. An accreditation unit may supply the following materials to aid in the review process:

- 1464
1465 1. a list of any needed factual corrections (e.g., typographical errors, incorrect numbers) in the
1466 team’s report, provided in CEPH’s designated template.
1467
1468 2. a written response to the team’s findings. The response may note any disagreements with the
1469 report’s findings or may provide supplemental information that may be helpful to the Council’s
1470 deliberations. The response must be provided in the designated boxes on the site visit report
1471 document.

1472
1473 Schools and programs that do not wish to submit either type of material should provide CEPH with
1474 a brief written affirmation of this by the response deadline.

1475
1476 The team coordinator will prepare an updated site visit report that includes the factual corrections.

1477
1478 **Distribution of site visit team’s report to Council and institution CEO**

1479
1480 Staff will send the updated site visit team’s report (reflecting factual corrections), along with the
1481 accreditation unit’s response to the team’s report, if applicable, to each CEPH councilor 30 days
1482 prior to the meeting at which the decision is to be made.

1483
1484 CEPH staff will also send the updated report (reflecting factual corrections) to the chief executive
1485 officer of the educational institution (typically the president or chancellor). The chief executive officer
1486 will be provided an opportunity to review the report and provide written comments if desired. A letter
1487 accompanying the report will provide a deadline for submitting these comments.

1488
1489 The Council will review the report and responses at its next scheduled decision-making meeting for
1490 which the docket is open.

1491

1492 **Final accreditation report**

1493

1494 The final report is produced and sent to the SPH, PHP, or SBP within 30 days of the Council meeting
1495 at which the accreditation decision is made.

1496

1497 The accreditation report is not final and subject to public disclosure until after review and adoption
1498 by the Council. See this document's information on public disclosures and on Council decisions
1499 after a site visit for additional information.

1500

1501 **Focused and/or abbreviated self-study and site visit**

1502

1503 The Council may require an already accredited unit to undergo a focused and/or abbreviated
1504 review that addresses a narrowly defined set of issues, rather than the criteria as a whole. This
1505 might occur, at the discretion of the Council, when an accreditation unit has serious deficiencies
1506 that require on-site follow up, or if the Council determines a need for additional on-site information.

1507

1508 In some cases, when the Council confers probationary accreditation based on a narrow set of
1509 deficiencies, the Council may request a focused self-study and site visit, rather than a
1510 comprehensive review.

1511

1512 In other cases, the Council may request a focused self-study and site visit based on information
1513 received in an annual report, interim report, substantive change notice, or any other information
1514 received by the Council that raises sufficiently serious concerns about compliance with
1515 accreditation criteria.

1516

1517 While the accreditation unit must meet all accreditation criteria, the self-study process, site visit,
1518 and report described above may be directed at a specific sub-set of criteria identified by the
1519 Council. When the Council authorizes an abbreviated review, it will specify the scope of the review
1520 and may specify a site visit team composition or visit duration that differs from what is described
1521 elsewhere in this document, and the Council may make other procedural modifications as needed.

1522

1523 **Section 11: Ongoing reporting and review after accreditation**

1524

1525 **SPH, PHP, SBP annual reports to CEPH**

1526

1527 All accredited SPH, PHP, and SBP are required to submit an annual report to CEPH, using a
1528 prescribed format. Annual reporting begins in the calendar year after initial accreditation is granted,
1529 unless the Council specifically requests an annual report. The purpose of the annual report is to
1530 allow the accrediting body to monitor significant changes in the SPH, PHP, or SBP between on-site
1531 visits. Annual reports must contain at least the following information: fiscal information, measures
1532 of student achievement, and headcount enrollment data. Collaborative accreditation units must
1533 submit a single annual report that accurately portrays all components of the accreditation unit.
1534

1535 The Council will provide written notice of its receipt of the annual report and a determination of
1536 whether any further action is needed within 30 days of the completion of the meeting at which annual
1537 reports are reviewed. As a result of annual reporting, the Council may require an interim report,
1538 additional information, a consultation visit, a substantive change notice, an abbreviated review, or
1539 an early full review. These terms are defined in relevant sections throughout this document.
1540

1541 **Prior notice of substantive change**

1542

1543 An accredited unit must notify CEPH in writing before making any substantive change that affects
1544 its mission or degree offerings. A substantive change includes, but is not limited to, the following
1545 changes:

- 1546
- 1547 • a major change in the established mission or objectives of the accreditation unit
 - 1548 • offering a new degree
 - 1549 • addition, discontinuance, or temporary suspension of a concentration area or reactivation of
1550 a concentration area that was previously suspended
 - 1551 • ~~offering a degree program that differs substantially in method of delivery from those previously~~
1552 ~~reviewed~~ in a fully distance-based format, if the degree program was only previously delivered
1553 in a campus-based or hybrid format
 - 1554 • offering a degree program in a campus-based or hybrid format, if the degree program was
1555 only previously delivered in a fully distance-based format
 - 1556 • offering a degree program at a site distant from the unit
 - 1557 • ~~substantial~~ increase or decrease in the length of a degree program
 - 1558 • ~~any~~ revision of degree requirements that could impact compliance with curricular or other
1559 criteria
 - 1560 ○ Replacing or removing a required MPH, DrPH, or public health bachelor's degree class
1561 if that class was previously submitted to CEPH as assessing a foundational or
1562 concentration competency (see Criteria D2, D3, D4, D11 for PHP & SPH and Criterion
1563 B2 for SBP)
 - 1564 ○ Replacing or removing a required class from any degree program if that class was
1565 previously submitted to CEPH as covering or assessing a foundational knowledge area
1566 (see Criteria D1, D17, D18, D19 for PHP & SPH)
 - 1567 ○ Changing substantive requirements relating to applied practice experiences or
1568 integrative learning experiences (see Criteria D5, D6, D7, D8 for PHP & SPH)

1569

1570 As a general rule, accreditation units must provide notice to the Council

1571

- 1572 1. after a curricular change has been approved through appropriate channels BUT
 - 1573 2. before the change has been implemented
- 1574

1575 All notices of substantive change must include the following:

- 1576
1577
1578
1579
1580
- a completed Substantive Change Form, which can be found on the [CEPH website](#)
 - supporting documentation, as specified on the relevant substantive change form, that will allow the Council to evaluate the change and determine whether the change may impact continued compliance with the accreditation criteria

1581
1582
1583
1584
1585

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 required elements. For example, all of the following are required for substantive change notices relating to adding a new degree or concentration:

- 1586
1587
1588
1589
1590
1591
- number of students in the new degree/concentration (projected enrollment)
 - list of required coursework with syllabi
 - competencies associated with the degree/concentration for master's and doctoral degrees
 - learning outcomes for bachelor's degrees
 - a faculty list highlighting the faculty supporting the new degree/specialization

1592
1593
1594
1595
1596
1597
1598
1599

The substantive change process ~~does not apply~~ is not sufficient when the addition or deletion of a degree program necessitates a change in accreditation category. In addition to submitting the appropriate substantive change form(s), provisions related to seeking a change in category would apply. For programs, the category is defined by whether a master's degree is already offered or not. An SBP adding a master's-level degree must undergo a change in category to PHP, while a PHP adding a baccalaureate or doctoral degree would not require a change in category.

1600
1601
1602
1603
1604

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

1605

Notice of adverse action by other accrediting bodies

1606
1607
1608
1609

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

- 1610
1611
1612
1613
1614
1615
- Adverse actions by any other recognized accrediting bodies, including probation and loss of accreditation. The obligation to report to CEPH includes accreditation actions related to university or larger administrative units in which the accreditation unit is located.
 - Loss of legal authority to operate

1616
1617
1618

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

Section 12: Accreditation decisions

Compliance with criteria

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

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

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

Decisions on compliance after a site visit

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

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

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

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

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

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

1665 **Possible compliance findings**

1666
1667 There are four possible compliance findings. A separate finding is returned for each accreditation
1668 criterion.

1669
1670 1. Met

1671
1672 The accreditation unit fully complies with or exceeds the expectations embodied in the
1673 criterion.

1674
1675 2. Met with commentary

1676
1677 The accreditation unit evidences the minimum characteristics expected by the criterion, but
1678 some aspects of performance could be strengthened, or some aspect of the unit's
1679 performance warrants discussion.

1680
1681 3. Partially met

1682
1683 The accreditation unit or one or more components of the accreditation unit (e.g., one of
1684 multiple concentrations or degree programs offered) fails to meet one or more aspects of the
1685 criterion.

1686
1687 4. Not met

1688
1689 The accreditation unit fails to meet the criterion in its entirety or performs so poorly in regard
1690 to the criterion that the efforts of the accreditation unit are found to be unacceptable.

1691
1692 Findings of met and met with commentary are compliant findings, and no further action is required.
1693 Findings of partially met and not met are noncompliant findings and will require action to remediate
1694 the issue(s) that gave rise to the noncompliant finding.

1695
1696 **Possible Council decisions after a site visit**

1697
1698 In all cases, the Council makes decisions on the totality of the information, rather than making
1699 decisions based on the compliance status of any individual criterion ~~in isolation~~ or solely on the raw
1700 number of compliant and non-compliant criteria.

1701
1702 Following a full or focused/abbreviated self-study and site visit, the Council will make one of the
1703 following decisions:

- 1704
1705 • **Grant an *initial* accreditation term for five years** forward from when the Council makes the
1706 accreditation decision. If applicable, the Council will define requirements for demonstrating that
1707 it has remediated any criteria found to be noncompliant. Mechanisms for demonstrating
1708 compliance and timelines and consequences associated with compliance are defined
1709 elsewhere in this document.

1710
1711 For more information, see this document's section on the date of initial accreditation.

- 1712
1713 • **Deny *initial* accreditation** to a unit in its applicant period when the unit does not meet criteria
1714 for accreditation and the Council deems that reasonable remedial actions will not bring the unit
1715 into compliance within the required timeframe.

1716

- 1717 • **Grant a reaccreditation term for seven years** forward from when the Council makes the
1718 accreditation decision. If applicable, the accreditation unit must demonstrate compliance with
1719 any criteria found to be noncompliant. Mechanisms for demonstrating compliance and timelines
1720 and consequences associated with compliance are defined elsewhere in this document.
1721
- 1722 • **Grant an initial accreditation or reaccreditation term for a period shorter than the**
1723 **maximum of five or seven years**, respectively, if the Council deems it necessary to assure
1724 continued compliance with all criteria.
1725
- 1726 • **Grant probationary accreditation** to an accredited unit that is judged deficient in resources
1727 and procedures to continue to accomplish its stated mission and objectives or fails to meet the
1728 requirements for its reaccreditation review. This status is conferred for a specific length of time
1729 and may not exceed three years in total, based on federal regulations. The Council will define
1730 the length of probationary accreditation at the time it makes its decision. Typically, a unit
1731 receiving probationary accreditation can expect an immediate requirement to begin a new full
1732 or abbreviated self-study and site visit process, ~~with the site visit occurring within 12-18 months~~
1733 ~~of the conferral of probationary accreditation.~~
1734

1735 ~~The three-year maximum allowable period for probationary accreditation is defined by federal~~
1736 ~~regulations. It~~ The probationary accreditation term includes up to two years in time during which
1737 the accreditation unit works to come into compliance with the accreditation criteria and time to
1738 complete the review process. If the unit does not demonstrate compliance within the time
1739 specified, the Council must revoke accreditation, or it can allow up to one additional year to
1740 remedy the deficiencies if the accreditation unit shows good cause. Extension for good cause
1741 must be based on specific reasoning and is not guaranteed, as described in this document's
1742 information on addressing noncompliance.
1743

1744 Additional definitional information for probationary accreditation is available in this document's
1745 information on accreditation status, and additional public disclosure requirements associated
1746 with probationary accreditation also appear in the relevant section of this document.
1747

- 1748 • **Revoke accreditation** of a unit that does not meet the criteria for continued accreditation or
1749 does not permit a reevaluation after proper notice by CEPH. Revocation also applies when an
1750 institution disestablishes or closes an accreditation unit.
1751
- 1752 • **Defer an accreditation decision** if the Council requires further information to be able to make
1753 an appropriate decision. This occurs in rare circumstances, and the Council will define a specific
1754 time limit for deferral. The accreditation unit will maintain its existing classification (e.g., applicant
1755 period) and/or category (e.g., program) until the time of the Council's next decision.
1756
1757

1758 **Required Council decisions after adverse actions by other accrediting bodies or regulators**

1759 As noted in this document's information on required reporting after accreditation, the unit must notify
1760 CEPH when a recognized accrediting body takes adverse action against the institution that houses
1761 the unit or a component of the institution that relates to or houses the unit.
1762
1763

1764 Per federal regulations, CEPH will not grant initial or renewed accreditation, except as described
1765 below, to a school or program if it knows, or has reasonable cause to know, that it is located in an
1766 institution that is the subject of 1) a pending or final action brought by a state agency to suspend,
1767 revoke, withdraw or terminate the institution's legal authority to provide postsecondary education in
1768 the state; 2) a decision by a recognized agency to deny accreditation or preaccreditation; 3) a
1769 pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw or

1770 terminate the institution's accreditation or preaccreditation; or 4) probation or an equivalent status
1771 imposed by a recognized agency.

1772
1773 CEPH may grant initial or renewed accreditation to a school or program described above if the school
1774 or program has provided evidence that the reason for the pending or actual adverse action (or
1775 probation) against the institution or related programmatic entity does not and will not affect the ability
1776 of the public health school or program to meet CEPH accreditation criteria. If the Council determines
1777 that initial or renewed accreditation is warranted, CEPH will provide a thorough and reasonable
1778 explanation, consistent with its criteria, why the action of the other body does not preclude CEPH's
1779 grant of accreditation. This notice will be provided to the Secretary of Education within 30 days of
1780 the Council's action.

1781
1782 Similarly, if CEPH learns that an institution with an accredited school or program is the subject of an
1783 adverse action or is placed on probation or an equivalent status by another accrediting agency or
1784 recognized state agency during the course of an existing accreditation term, CEPH will request a
1785 response from the school or program describing the action taken by the other agency and if and/or
1786 how the action taken by the other agency impacts the accredited unit. The Council will review this
1787 information at its next regularly scheduled meeting to determine whether it should initiate an adverse
1788 action against the school or program or place the school or program on probation.

1789
1790 Since public health programs are often administratively located within or related to units accredited
1791 by other specialized accreditors (e.g., in schools of medicine), any action by another specialized
1792 accrediting agency in a public health-related unit to suspend, revoke, terminate, or confer
1793 probationary accreditation will also be considered in the same manner as described above by the
1794 Council.

1795

1796 **Adverse and appealable actions**

1797
1798 Denial of accreditation and revocation of accreditation are adverse actions. Adverse actions and the
1799 conferral of probationary accreditation are appealable actions.

1800
1801 The following are **not** adverse or appealable actions:

- 1802
- 1803 • deferral
 - 1804 • extension of accreditation
 - 1805 • extension of probationary accreditation for good cause
 - 1806 • any decision relating to a unit that is not yet accredited, including units in the applicant period.
- 1807 Denial of initial accreditation, after a full self-study and site visit, is the only exception to this rule.

1808
1809 CEPH notifies the dean, director, or program lead and the chief executive officer of an institution,
1810 stating specific reasons for the adverse action or probationary accreditation. Appealable actions are
1811 not made public for 30 days following notification, during which time an accreditation unit may
1812 appeal the decision. Appeals procedures and disclosure of appealable actions are described
1813 elsewhere in this document.

Section 13: Addressing noncompliant findings

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

Federal regulations require that all units accredited by CEPH demonstrate compliance with all criteria. Units that are found to be noncompliant with one or more criteria at any time must demonstrate compliance as soon as it is practicable, but at most, within three years ~~within two years~~ of the noncompliant finding, or CEPH will revoke accreditation, unless CEPH determines that there is a good cause for maintaining the accreditation for one additional year. At the time the Council issues a finding of non-compliance, it will establish a date by which compliance must be demonstrated in an interim report by the school or program. The time available to come into compliance will be determined based on the collective judgment of the Council of the time necessary to make the specific change required. In most cases, interim reports will be required at least annually until the issue is resolved.

A determination of good cause must be based on specific factors. In determining whether good cause exists for an extension, CEPH may consider circumstances that impact the time needed to come into full compliance. These factors include, but are not limited to, the complexity of the changes that must be made, financial considerations, logistical considerations and circumstances outside the control of the accreditation unit that may impact normal university operation (e.g., a natural disaster). Appropriate and satisfactory progress toward achieving full compliance during the preceding two-year time period is also a consideration in determining good cause.

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

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

Mechanisms for addressing compliance concerns

1. Interim report

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

The Council will act to accept or not accept the interim report as evidence of compliance with each individual element requested. Reports are accepted as evidence of compliance with an element if the Council concludes, based on evidence provided in the interim report, that the accreditation unit has demonstrated full compliance with the criterion or aspect of the criterion identified in the letter requesting the report.

1865 If the accreditation unit has not fully resolved the cited deficiencies within the timeframe specified
1866 by the Council, the Council must act not to accept the interim report and must a) revoke the
1867 accreditation of the SPH, PHP, or SBP or b) extend, for good cause, the time period by which the
1868 SPH, PHP, or SBP must come into compliance.

1869
1870 In no case will the accredited unit be out of compliance with a criterion for longer than three years,
1871 barring a good cause extension. If the accredited unit remains out of compliance following an
1872 extension for good cause, the Council must revoke accreditation.

1873
1874 If an SPH, PHP, or SBP does not submit a requested interim report by the specified deadline, the
1875 Council will define appropriate next steps, which may include but are not limited to: 1) requiring
1876 an early focused or full accreditation review, 2) conferring probationary accreditation, or
1877 3) revoking accreditation. If a unit does not submit a required interim report and is at the end of
1878 the maximum allowable period of non-compliance, the Council must revoke accreditation.

1879
1880 **2. Additional information**

1881
1882 In situations where the Council does not have sufficient information to make a determination about
1883 compliance, the Council will require the unit to provide additional information or evidence. The
1884 request for additional information will specify the information needed and the date of expected
1885 submission.

1886
1887 **3. Abbreviated or full self-study and site visit**

1888
1889 The Council may require the school or program to submit to an abbreviated/focused or full self-
1890 study and site visit, as described in this document's information on site visits, if it determines that
1891 the self-study and site visit process are necessary to validate compliance.

1892
1893 **4. Consultative activities**

1894
1895 The Council may require an already accredited unit to conduct an in-person or distance-based
1896 consultation visit with a CEPH staff member ~~and/or CEPH councilor~~ to support the unit's efforts
1897 to address areas of concern and present evidence of compliance. The consultative activities do
1898 not, on their own, give rise to a Council decision to validate compliance. Rather, they may be
1899 required in addition to the preparation of an interim report, additional information submission, or
1900 self-study.

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Section 14: Appeals

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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 writing, following CEPH's typical practices for initial notification of accreditation decisions after a Council meeting. 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 (other than CEPH's obligation to notify the USDE— see this document's information on public disclosure for additional information). 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 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 [Policy on Conflicts of Interest](#). 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 relevant 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. Once constituted, the CEPH executive director will conduct a training for the Appeals Panel on CEPH policies, procedures, and accreditation criteria.

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;

- 1958 c. Relevant self-study document of the SPH, PHP, or SBP;
- 1959 d. Relevant accreditation reports and responses to those reports by the SPH, PHP, or SBP;
- 1960 and
- 1961 e. Relevant written communications to and from the SPH, PHP, or SBP regarding the review,
- 1962 including any prior decision letters.
- 1963

1964 Opportunity to appear before the Appeals Panel will be extended to representatives of the school
1965 or program and its counsel. The SPH, PHP, or SBP will have 60 minutes to orally present its
1966 position. Thereafter, the Appeals Panel will direct questions to and hear responses from the
1967 program. The SPH, PHP, or SBP will also be permitted to make a closing statement. A written
1968 transcript will be made of the hearing. All sessions in which the Appeals Panel meets to organize
1969 its work, as well as all deliberations of the Appeals Panel, will be conducted in closed executive
1970 session.

1971
1972 In reaching its decision, the Appeals Panel will consider the record before the Council at the time it
1973 made its decision, the SPH, PHP, or SBP's written appeal statement, any presentation made by
1974 the program at the hearing as well as the SPH, PHP, or SBP's responses to questions from the
1975 Appeals Panel members. The Appeals Panel will base its decision on conditions as they existed at
1976 the time of the Council's decision and will not consider new evidence not before the Council at the
1977 time of its decision. Consistent with the standard for review on appeal, the Appeals Panel considers
1978 whether the decision was arbitrary and capricious or not supported by substantial evidence that
1979 existed in the record at the time of the Council's decision, and whether the action of the Council was
1980 in accordance with its established procedures.

1981
1982 The Appeals Panel, on a majority vote, affirms, amends, ~~reverses,~~ or remands the decision being
1983 appealed. If the Appeals Panel affirms the decision, the decision becomes final at that time. If the
1984 Appeals Panel amends, ~~reverses,~~ or remands the decision, it must provide a detailed written
1985 explanation of its rationale. The Council will implement the Appeals Panel's decision in a manner
1986 consistent with the Appeals Panel's decisions or instructions and the Accreditation Procedures.
1987 Implementation includes the ability to define the length of an accreditation term and any required
1988 reporting or other conditions. The accreditation term, required reporting, and any other conditions
1989 must be consistent with the Appeals Panel's written rationale.

1990
1991 The chair of the Appeals Panel will send notification, including specific findings, of the Appeals
1992 Panel's decision to the Council within 21 business days of the hearing. The Council will notify the
1993 SPH, PHP, or SBP and the chief executive of the institution housing the accreditation unit of the
1994 Appeals Panel's decision within 24 hours of its receipt.

1995
1996 If the only deficiency cited in support of a final adverse action or conferral of probationary
1997 accreditation is the SPH, PHP, or SBP's failure to meet the CEPH criterion relating to finances, the
1998 SPH, PHP, or SBP may seek the review of new financial information before the Council returns a
1999 final decision if and only if 1) the financial information was unavailable to the SPH, PHP, or SBP
2000 until after the decision subject to appeal was made and 2) the financial information is significant and
2001 bears materially on the financial deficiencies identified by the agency. The Council will determine
2002 whether the criteria of "significance" and "materiality" in item 2, above, are met. The school or
2003 program may seek review of the financial information only once. The Council's decision regarding
2004 "significance" and "materiality" is not separately appealable.

2005
2006 If the Appeals Panel upholds denial or revocation of accreditation, the name of the SPH, PHP, or
2007 SBP will be removed from the list of accredited units and notification of the removal will appear on
2008 CEPH's website. The USDE, appropriate state agencies, and appropriate accrediting agencies will
2009 be notified immediately. If the panel upholds probationary accreditation, the SPH, PHP, or SBP will
2010 remain on the accredited list, but notification of the probationary status will appear on CEPH's

2011 website, and the SPH, PHP, or SBP must proceed with its accreditation review at the time originally
2012 stipulated by CEPH. Failure to do so will result in revocation of accreditation.

2013
2014 The SPH, PHP, or SBP shall be responsible for the cost of the appeal as set forth in CEPH's [fee](#)
2015 [schedule](#). The appeal fee is due at the time the SPH, PHP, or SBP files its notice of appeal.

2016
2017 The SPH, PHP, or SBP may terminate the appeal in writing at any time up until the decision of the
2018 Appeals Panel is rendered. In so doing, the SPH, PHP, or SBP foregoes any right to reassert the
2019 appeal at a later date. If the SPH, PHP, or SBP terminates the appeal, it will remain responsible for
2020 any costs of the appeal incurred up to that point. Any remaining portion of the appeal fee shall then
2021 be refunded to the SPH, PHP, or SBP. The action of the Council becomes final upon receipt of a
2022 written request to withdraw the appeal.

2023
2024 In addition to the foregoing appeal procedures, CEPH staff shall assume certain responsibilities
2025 related to the appeal hearing. Those responsibilities are set forth in a separate document, "[Council](#)
2026 [on Education for Public Health – Staff Responsibilities During Appeals Proceedings](#)." This
2027 document is posted on the CEPH website and shall be provided to any SPH, PHP, or SBP that
2028 initiates an appeal.

2029
2030

Section 15: Complaints

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

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

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

Filing a complaint

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

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

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

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

Jurisdiction

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

2082 **Exhausting administrative rights**

2083
2084 CEPH expects a complainant first to attempt to resolve a grievance through the accredited unit's
2085 own published policies and procedures through the level of the college or university before
2086 submitting a complaint to CEPH. Therefore, the complainant must document that all
2087 administrative processes and appeals have been exhausted in the complaint filing.
2088

2089 **Time limitation**

2090
2091 CEPH will not review or act upon a complaint if it is filed with CEPH more than one year after the
2092 circumstances leading to the complaint occurred or more than one year of the final disposition of
2093 the complaint by the accredited unit after the application of its own grievance policies and
2094 procedures through the college or university level.
2095

2096 **Complaint procedure**

2097
2098 If the complaint meets all of the above requirements, is specific, and includes documentation that
2099 administrative processes have been exhausted, the following steps will be taken by CEPH:

- 2100
- 2101 1. After receipt of the complaint, CEPH staff will send a letter or email to the complainant, within
2102 15 days, acknowledging receipt of the complaint and explaining the process CEPH will follow
2103 in investigating the complaint.
2104
 - 2105 2. CEPH staff will conduct an initial review of the complaint to determine whether it sets forth
2106 information or allegations that reasonably suggest that the accredited unit may not be in
2107 compliance with CEPH accreditation standards. If additional information or clarification is
2108 required, the executive director will send a request to the complainant. If the requested
2109 information is not received within 15 days, the complaint may be considered abandoned and
2110 may not be investigated by CEPH.
2111
 - 2112 3. If the executive director determines after the initial review of the complaint that the information
2113 or allegations do not reasonably demonstrate that an accredited unit is out of compliance with
2114 CEPH standards, the complaint may be considered closed and will not be investigated by
2115 CEPH.
2116
 - 2117 4. If the executive director determines, after the initial review of the complaint, that the
2118 information or allegations suggest that an accredited unit may not be in compliance with CEPH
2119 standards, the executive director will notify the accredited unit that a complaint has been filed.
2120 The notice will summarize the allegations, identify the CEPH standards that were allegedly
2121 violated and provide a copy of the original complaint to the accredited unit. The accredited
2122 unit will be given 30 days to provide a response. A shorter response time may be required
2123 where, in the judgment of the executive director, a complaint alleges serious violations of
2124 accreditation standards or policies that may pose a potential risk to students and/or the public.
2125 ~~5. The executive director will review the complaint and the accredited unit's response. If the~~
2126 ~~executive director concludes that the allegations do not establish that there has been a~~
2127 ~~violation of standards or procedures, the executive director will consider the complaint closed~~
2128 ~~with notice to the complainant and the accredited unit, and no further action will be required.~~
2129
 - 2130 ~~6.5.~~ The executive director will ~~report this finding~~ provide the complaint materials, ~~along with~~
2131 ~~recommendations,~~ and the school or program's response, to the CEPH Executive Committee
2132 at its next regularly scheduled meeting, or sooner where circumstances require.
2133
 - 2134 ~~7.6.~~ The Executive Committee shall be the final decision-making body on the complaint and its
2135 decision may include any of the following:

- 2136
2137 a. Consider the complaint resolved and continue the accreditation status of the SPH, PHP,
2138 or SBP without change;
2139
2140 b. Continue the accreditation status of the unit, but require further reporting from the SPH,
2141 PHP, or SBP to include an interim report, substantive change, additional information or
2142 other reporting, as appropriate;
2143
2144 c. Continue the accreditation status of the SPH, PHP, or SBP, but initiate an earlier focused
2145 or full review of the accreditation unit;
2146
2147 d. Direct an on-site visit to be conducted at the accreditation unit by a full or partial team to
2148 investigate the allegations;
2149
2150 e. Recommend to the Council that it place the accredited unit on probation, subject to an
2151 appeal in accordance with CEPH policies and procedures; or
2152
2153 f. Recommend to the Council that it revoke the SPH, PHP, or SBP's CEPH accreditation,
2154 subject to appeal in accordance with CEPH policies and procedures.
2155
2156 ~~8.7.~~In all instances, the executive director will send a letter to the complainant and the accredited
2157 unit informing it of the final disposition of the complaint.
2158

2159 **Appeal rights**

2160
2161 The accreditation unit may not appeal a decision on a complaint except where probationary
2162 accreditation is conferred or accreditation is revoked. The appeals procedures described
2163 elsewhere in the CEPH policies and procedures shall apply.
2164

2165 If a complainant is not satisfied with the resolution determined by the Executive Committee, CEPH
2166 will provide the complainant with the name and address of the appropriate office within the USDE
2167 and of any other applicable recognition bodies.
2168

2169 **Recordkeeping**

2170
2171 CEPH maintains a record of all complaints. The maintenance and destruction of complaint records
2172 shall comply with CEPH's Document Retention Policy.
2173

2174 ~~All complaints are summarized and presented to the Council at each meeting. The summary~~
2175 ~~provides a complaint history, categorizing complaints by nature and source, and a report on any~~
2176 ~~unresolved complaints against an accredited unit being considered for (re)accreditation.~~
2177

2178 **Expenses**

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2180 In the event that the Council directs an on-site visit to an accredited unit to investigate complaint
2181 allegations, the costs of the visit will be borne by the accredited unit.
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2183 **Complaints against CEPH**

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2185 Complaints about CEPH's performance related to its own procedures, policies, or criteria may be
2186 forwarded to CEPH's offices. Complaints must be in writing, must be specific, and must be signed
2187 by the complainant. The executive director will seek to achieve an equitable, fair, and timely

2188 resolution of the complaint. As necessary, complaints may be referred to the CEPH Executive
2189 Committee and if so referred, will be considered at the Executive Committee's next regular
2190 meeting. Executive Committee decisions relative to the complaint will be communicated to the
2191 complainant in writing within 30 days of the meeting. CEPH maintains complete and accurate
2192 records of complaints, if any, against itself and makes those records available for inspection upon
2193 request at the CEPH office.
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Section 16: Payment of fees

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The Council publishes its [fee schedule](#) for application, consultation, accreditation reviews, continuing support, and other services on the CEPH website.

In addition to the listed fees, accreditation units must reimburse CEPH for travel and expenses for site visit teams, team coordinators, and consultants. CEPH reimburses each individual and invoices the accreditation unit for the total costs according to the [Travel Expense and Reimbursement Policy](#).

The [fee schedule](#) is updated at least annually and is available on the CEPH website.

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

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

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

Section 17: Maintenance of accreditation records

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CEPH maintains complete and accurate records of the most recent accreditation review of each accreditation unit. Records include official accreditation reports, responses from accreditation units to reports, interim reports, official correspondence between CEPH and the accreditation unit, and self-study documents. Except for final self-study documents and the official accreditation report, official records are confidential and are not distributed publicly by CEPH.

CEPH also maintains permanent~~complete and accurate~~ records of all accreditation decisions, ~~including adverse actions, in~~ and substantive change letters. ~~formally adopted minutes and in annual reports.~~ All records are maintained in accordance with CEPH's Document Retention Policy.