

# ACCREDITATION PROCEDURES

## SCHOOLS OF PUBLIC HEALTH PUBLIC HEALTH PROGRAMS STANDALONE BACCALAUREATE PROGRAMS

AMENDED JUNE 2017



# CEPH

Council *on* Education  
*for* Public Health

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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.

### **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.

## **Section 1: Establishment and revision of accreditation criteria and procedures**

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

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

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

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

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

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

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

## Section 2: CEPH Board of Councilors

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

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

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

Councilors include the following:

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

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

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

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

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

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

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

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

## **Council meetings and associated deadlines**

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

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

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

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

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

### Section 3: Site visitors

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

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

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

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

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

OR

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

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

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

OR

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

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

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

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

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



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

### **Consultation visits**

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

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

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

- SPH must include master’s- and doctoral-level public health degrees.
- SPH maintain organizational structures that comply with CEPH criteria for SPH-specific administration, leadership and status (see criteria document for details).
- In SPH, accreditation covers all degrees that are located in the school or college, including baccalaureate, master’s and doctoral degrees, as well as degrees in non-public health fields, when applicable.
- In general, institutions outside of 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.
- 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 reflects the differing terminology, history and context of public health higher education outside of the United States.

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

### **3. Standalone Baccalaureate Program (SBP)**

- SBP include ONLY baccalaureate public health degree programs, with no graduate public health degree programs included in the unit of accreditation.
- Majors and degree programs that may be eligible for inclusion in an SBP include the following:

- bachelor of public health (BPH)
  - bachelor of arts or bachelor of science in public health (BAPH, BSPH)
  - bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in public health
  - bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in a discipline of public health, such as epidemiology or health promotion
  - bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in a closely related field, such as global health, international health or health sciences/studies
- The following are not eligible for inclusion in an SBP:
    - minors in public health, related fields or disciplines
    - certificates in public health
    - associate degrees in public health

### **Defining the accreditation unit**

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

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

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

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 (ie, structure for decision making on matters such as curriculum) for the accreditation unit as a whole.

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

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

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

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

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

For example, a department that offers MPH concentrations in both global health and health promotion may not seek accreditation for one concentration but not the other. A department that offers an MPH in rural health and an MS in health administration might, in agreement with CEPH, define an accreditation unit that includes the MPH but excludes the MS.

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

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

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

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

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

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

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

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

### **Changes in accreditation category**

Changes in category include the following:

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

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

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

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

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

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

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

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

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

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

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

## **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.



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

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

## **PHP outside of the United States**

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

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

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

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

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

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

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

### **Additional CEPH disclosures**

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

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

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

## Section 8: Initial accreditation

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

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

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

1. Contact CEPH's director of accreditation services. Contact information for all staff members is available on the [website](#). Initial contact may be via phone or email. During and after this initial contact, CEPH staff will work with the unit to answer questions and develop a reasonable timeline for the accreditation review.
2. Participate in CEPH's Pre-Application Orientation Webinar (P-AOW), which is described in this document's information on consultation and technical assistance.
3. Submit payment for the initial application submission (IAS) fee. (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.
8. Receive official notification of Council decision regarding acceptance of the IAS. This notification will be provided in writing within 30 days of the Council meeting's completion.

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

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

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

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

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

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

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

- Statement of Regional Accreditation

Documentation of location in an institution that is regionally accredited. An applicant housed in an institution located outside the United States that is not eligible for regional accreditation must demonstrate a comparable external evaluation process.

- Degrees and Concentrations in the Unit of Accreditation

Documentation of the degrees and concentrations included in the unit of accreditation

- Accreditable Curricula for All Degrees in the Unit of Accreditation

Documentation that each degree in the accreditation unit meets the minimum curricular expectations and credit hours defined in CEPH criteria. This documentation requires the following, at a minimum:

- programs of study that list the courses and associated credits required to complete the degree

- evidence of coverage of CEPH-specified foundational competencies for graduate degrees, through curriculum mapping and syllabi
  - if applicable, coverage of required domains for bachelor's degrees in the accreditation unit, through curriculum mapping and syllabi
  - articulation of appropriate concentration-specific competencies for all graduate public health degrees in the accreditation unit with evidence of coverage through curriculum mapping and syllabi
  - evidence of coverage of all concentration-specific competencies for graduate public health degrees in the accreditation unit, through curriculum mapping and syllabi
- Adequate Faculty Resources

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

- Appropriate Student Progress Toward Graduation

Documentation of one of the following:

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

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

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

- SPH must provide this evidence for the following:
    - MPH concentrations in three areas
    - Doctoral concentrations in two areas
    - Bachelor's degrees in public health, if applicable
  - This difference in requirements reflects the fact that PHP and SBP have the ability to choose which degrees to include in the unit of accreditation, while SPH do not.
- Completion and Attrition Data

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

- Fiscal Support

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

- Operational costs
- Student support, including scholarships, support for student conference travel, support for student activities, etc.
- Faculty development expenses, including travel support

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

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

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

- Defined Guiding Statements and Evaluation Practices

Articulation of a vision, mission and goals that comply with CEPH criteria and a clear and comprehensive statement of measures, data collection methods and responsible parties that allow the unit to continually evaluate its progress in achieving its specific mission and goals.

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

- Defined Guiding Statements and Evaluation Practices

Articulation of a vision, mission and goals that comply with CEPH criteria and a clear and comprehensive statement of measures, data collection methods and responsible parties that allow the unit to continually evaluate its progress in achieving its specific mission and goals.

- Equivalent Structure and Reporting Mechanisms

Documentation that the school has an independent structure and reporting mechanism that is equivalent to other professional schools or colleges within the university. This requires the following, at a minimum:

- an organizational chart that shows the SPH leader's reporting line(s) and the reporting lines of other professional school/college leaders within the institution
- if applicable, narrative that supports the organizational chart, including an explanation of any processes or lines of authority that differ for the SPH leader from other school/college leaders

- Degree Offerings

Documentation that the school offers, at a minimum, a professional public health master's degree in at least three distinct concentrations and public health doctoral degree programs (academic or professional) in at least two distinct concentrations.

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

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

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

The request for consideration should include the following:

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

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

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

### **Date of initial accreditation**

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

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

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

### **Maintenance of applicant period**

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

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



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

### **Extension of applicant period**

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

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

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

## Section 9: Reaccreditation

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.

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

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

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

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

For site visit scheduling:

- CEPH staff will contact *accredited* schools and programs approximately two years before the end of the current accreditation term's expiration to invite the unit to schedule a site visit.
- CEPH staff will contact *applicant* schools and programs approximately 18 months before the preliminary self-study due date that was defined when the Council accepted the IAS.
- For *accredited* SPH, PHP and SBP that wish to maintain accreditation, a site visit must occur prior to the end of the current accreditation term.
- For *applicant* SPH, PHP and SBP, the key deadline is the preliminary self-study due date, as noted in this document's information on maintaining the applicant period. CEPH staff will work with the applicant unit to define a site visit date that allows the unit to maintain its current applicant period, if desired and feasible, AND allows at least five months between the preliminary self-study submission and the site visit.
- An *accredited* unit may request a postponement of its regularly scheduled review, but only for extraordinary reasons. Extraordinary reasons that might lead to postponement generally include the following:
  - natural disasters
  - similarly severe and unusual circumstances

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

- turnover or vacancies in administrative, faculty or staff positions
- planned or unplanned major revisions to curriculum, governance or operations
- lack of resources to support the review

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

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

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

### **Self-study process**

The self-study process is one in which the unit

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

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

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

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

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

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

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

Self-study documents must be formatted as follows:

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

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

The ERF must be prepared as follows:

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

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

- In addition to all materials specifically delineated in the criteria document, the ERF must contain the following materials. Each of these should be housed in its own, appropriately titled, folder:
  - documentation that allows reviewers to verify that the unit solicited third-party comments. See this document's discussion on the third-party comment requirement
  - a schedule of courses offered, with instructor identified, for the last three years
  - 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 budget table as requested in the criterion on fiscal resources
  - 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

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

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

- For units seeking reaccreditation, the self-study and ERF are due for preliminary review five months prior to the scheduled site visit (see this document's section on site visit scheduling for additional information).
- For units seeking initial accreditation (ie, units in the applicant period), the self-study and ERF 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 (ie, the end date for the applicant period)  
*or*
  - Five months before the scheduled site visit

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

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

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

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

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

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

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

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

If the review is not to proceed because the reviewers deemed the self-study document unsatisfactory, CEPH will notify the accreditation unit of the unacceptable features of the document and of any other reasons necessitating the postponement. In this case, in addition to

providing specific feedback to the unit, CEPH staff will work with the accreditation unit to reschedule the visit, establish new dates and repeat the process described above.

### **Self-study final document**

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

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

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

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

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

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

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

### **Site visit planning**

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

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

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

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

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

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

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

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

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



**SPH site visit team**

1. Team coordinator
2. Academic member
3. Academic member
4. Practitioner member

**PHP or SBP site visit team**

1. Team coordinator
2. Academic member
3. 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.

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

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

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

**CEPH preparation for site visit**

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

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

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

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

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

### **Site visit**

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

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

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

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

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

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

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

The final session of the site visit is an exit briefing, during which the team chair will present an oral summary of the team's findings, using material prepared by team members. This oral presentation will include the team's assessments of the unit's compliance with each accreditation criterion. The

team coordinator will provide a summary of the next steps in the process. It is the prerogative of the dean, director or designated leader to determine who should attend the exit briefing session.

### **Site visit team report**

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

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

### **Accreditation unit's response to site visit team report**

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

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

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

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

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

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

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

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

### **Final accreditation report**

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

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

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

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

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

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

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

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

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

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

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

### **Prior notice of substantive change**

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

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

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

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

All notices of substantive change must include the following:

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

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

- number of students in the new degree/concentration (projected enrollment)
- list of required coursework with syllabi

- competencies associated with the degree/concentration for master's and doctoral degrees
- learning outcomes for bachelor's degrees
- a faculty list highlighting the faculty supporting the new degree/specialization

The substantive change process does not apply when the addition or deletion of a degree program necessitates a change in accreditation category. In this case, provisions related to seeking a change in category would apply. 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.

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

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

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

- 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

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 make a determination of compliance on each individual criterion defined in CEPH's criteria documents.

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

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

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

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

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

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

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

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

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

## Possible compliance findings

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

### 1. Met

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

### 2. Met with commentary

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

### 3. Partially met

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

### 4. Not met

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

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

## Possible Council decisions after a site visit

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

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

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

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

- Deny *initial* accreditation to a unit in its applicant period, when the unit does not meet criteria for accreditation and the Council deems that reasonable remedial actions will not bring the unit into compliance within the required timeframe.
- Grant a reaccreditation term for seven years forward from when the Council makes the accreditation decision. If applicable, the accreditation unit must demonstrate compliance with



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

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

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

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

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

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

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

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

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

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

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

### **Adverse and appealable actions**

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

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

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

CEPH notifies the dean, director or program lead and the chief executive officer of an institution, stating specific reasons for the adverse action or probationary accreditation. Appealable actions are not made public for 30 days following notification, during which time an accreditation unit may appeal the decision. Appeals procedures and disclosure of appealable actions are described 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 within two years of the noncompliant finding, or CEPH will revoke accreditation, unless CEPH determines that there is a good cause for maintaining the accreditation for one additional year.

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

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

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

### **Mechanisms for addressing compliance concerns**

#### **1. Interim report**

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

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

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

In no case will the accredited unit be out of compliance with a criterion for longer than three years. If the accredited unit remains out of compliance following an extension for good cause, the Council must revoke accreditation. If an SPH, PHP or SBP does not submit a requested interim report by the specified deadline, the Council will revoke the accreditation of that SPH, PHP or SBP.

## **2. Additional information**

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

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

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

## **4. Consultative activities**

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

## Section 14: Appeals

If the decision of the Council is to place an SPH, PHP or SBP on probation or to deny or revoke accreditation, CEPH notifies the school dean, program director or designated leader and the chief executive officer of the university in 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;
- c. Relevant self-study document of the SPH, PHP or SBP;
- d. Relevant accreditation reports and responses to those reports by the SPH, PHP or SBP; and
- e. Relevant written communications to and from the SPH, PHP or SBP regarding the review, including any prior decision letters.

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

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

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

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

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

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

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

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

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

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

## **Section 15: Complaints**

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

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

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

### **Filing a complaint**

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

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

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

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

### **Jurisdiction**

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



## **Exhausting administrative rights**

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

## **Time limitation**

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

## **Complaint procedure**

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

1. After receipt of the complaint, CEPH staff will send a letter or email to the complainant, within 15 days, acknowledging receipt of the complaint and explaining the process CEPH will follow in investigating the complaint.
2. CEPH staff will conduct an initial review of the complaint to determine whether it sets forth information or allegations that reasonably suggest that the accredited unit may not be in compliance with CEPH accreditation standards. If additional information or clarification is required, the executive director will send a request to the complainant. If the requested information is not received within 15 days, the complaint may be considered abandoned and may not be investigated by CEPH.
3. If the executive director determines after the initial review of the complaint that the information or allegations do not reasonably demonstrate that an accredited unit is out of compliance with CEPH standards, the complaint may be considered closed and will not be investigated by CEPH.
4. If the executive director determines, after the initial review of the complaint, that the information or allegations suggest that an accredited unit may not be in compliance with CEPH standards, the executive director will notify the accredited unit that a complaint has been filed. The notice will summarize the allegations, identify the CEPH standards that were allegedly violated and provide a copy of the original complaint to the accredited unit. The accredited unit will be given 30 days to provide a response. A shorter response time may be required where, in the judgment of the executive director, a complaint alleges serious violations of accreditation standards or policies that may pose a potential risk to students and/or the public.
5. The executive director will review the complaint and the accredited unit's response. If the executive director concludes that the allegations do not establish that there has been a violation of standards or procedures, the executive director will consider the complaint closed with notice to the complainant and the accredited unit and no further action will be required.
6. If the executive director concludes that the allegations may establish a violation of CEPH standards, the executive director will report this finding, along with recommendations, to the

CEPH Executive Committee at its next regularly scheduled meeting, or sooner where circumstances require.

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

### **Appeal rights**

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

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

### **Recordkeeping**

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

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

### **Expenses**

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

### **Complaints against CEPH**

Complaints about CEPH's performance related to its own procedures, policies or criteria or about agency conduct inconsistent with good accreditation practices as defined in its adopted code of good practice, may be forwarded to CEPH's offices. Complaints must be in writing, must

be specific and must be signed by the complainant. The executive director will seek to achieve an equitable, fair and timely resolution of the complaint. As necessary, complaints may be referred to the CEPH Executive Committee and if so referred, will be considered at the Executive Committee's next regular meeting. Executive Committee decisions relative to the complaint will be communicated to the complainant in writing within 30 days of the meeting. CEPH maintains complete and accurate records of complaints, if any, against itself and makes those records available for inspection upon request at the CEPH office.

## Section 16: Payment of fees

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 records**

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