

ACCREDITATION PROCEDURES

SCHOOLS OF PUBLIC HEALTH PUBLIC HEALTH PROGRAMS STANDALONE BACCALAUREATE PROGRAMS

AMENDED JULY 2022



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About CEPH

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

Mission

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

Vision

Excellence in public health education for a healthier world

Goals and Objectives

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

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

Values

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

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

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

46
47 CEPH is an autonomous organization that establishes its own accreditation policies. These policies
48 are incorporated in two types of publications:

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

53
54 The procedures are supplemented by policy documents, as noted throughout.

55
56 Procedures and criteria are adopted by the CEPH Board of Councilors (“the Council”) after review,
57 discussion, and comment by public health practitioners, educators, students, alumni, and others.
58

59 Procedures and criteria are evaluated and revised periodically. The Council provides an opportunity
60 of at least 60 days to review and comment on any proposed changes of a substantive nature.
61 Review and revision of procedures and criteria is scheduled approximately every five years, or more
62 frequently as needed. However, if the Council determines at any point that changes to the criteria
63 are necessary, they will initiate action within 12 months to make the changes and will complete the
64 revision within a reasonable period of time.

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

71
72 The Council will define an implementation date or schedule for all adopted changes of a substantive
73 nature. The implementation date or schedule will balance best practice in accreditation and the
74 need for consistency with schools’ and programs’ practical considerations.
75

76 **Section 2: CEPH Board of Councilors**

77
78 The Council is the primary decision-making body of CEPH. As an independent body, the Council is
79 responsible for the following:

- 80
81 • establishing policies and procedures
82 • adopting accreditation criteria
83 • making accreditation decisions
84 • managing the business of the corporation

85
86 The Council may delegate decision making on the above matters to its Executive Committee, as
87 appropriate. Thus, the Executive Committee also operates as a decision-making body. In addition
88 to attending all regular CEPH meetings, the CEPH Executive Committee meets at least quarterly.

89
90 Council members are appointed by the agency's two corporate sponsors, the American Public
91 Health Association (APHA), a professional membership organization, and the Association of
92 Schools and Programs of Public Health (ASPPH), an association of schools and programs.

93
94 Councilors include the following:

- 95
96 • Individuals who are or have been public health practitioners
97 • Individuals who are or have been faculty or administrators¹ at schools of public health
98 • Individuals who are or have been faculty or administrators¹ at public health programs
99 • Public members, who are not affiliated with public health academia or practice

100
101 The details of this appointment process are outlined in CEPH's Protocols for Selection of Members
102 of the CEPH Board of Councilors.

103
104 Four councilors are elected by their fellow councilors to serve as officers: president, president-elect,
105 treasurer, and councilor-at-large. These four individuals serve as CEPH's Executive Committee.

106
107 The agency maintains and makes publicly available on its website a list of current council members
108 and principal staff, including their names, academic and professional qualifications and relevant
109 employment and organizational affiliations.

110
111 Councilors who have a conflict of interest in relation to the school or program under review are
112 expected to abstain from any associated decisions. Additional information is available in CEPH's
113 policy on Conflicts of Interest.

114
115 Senior staff and current councilors orient new councilors upon their appointment to the board. Each
116 new councilor receives documents and publications describing the agency's history, procedures,
117 policies (including conflict of interest policies), criteria, and recent activities.

118
119 Each year, CEPH schedules formal training sessions for new councilors prior to their participation
120 in a decision-making meeting. New councilors must also attend site visitor training and observe a
121 site visit if they are not already experienced site visitors. Council members receive ongoing training
122 to ensure continued familiarity with CEPH policies, procedures, and criteria. A complete description
123 of councilor training is outlined in CEPH's policy on Orientation and Training of Councilors.

124
125 **Council meetings and associated deadlines**

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

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

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

132
133 ~~In addition to attending all regular CEPH meetings, the CEPH Executive Committee meets at~~
134 ~~regular intervals throughout the year in person or by videoconferenThe Executive Committee,~~
135 ~~working with CEPH staff, adopts an updated fee schedule for the following year and prepares an~~
136 ~~annual draft budget for approval by the full Council. The Executive Committee may make other~~
137 ~~policy and/or accreditation action decisions, as needed and appropriate.~~The docket of materials for
138 each Council or committee meeting will close ahead of the meeting to ensure adequate time for 1)
139 staff to compile and prepare materials for Council review and 2) Councilors' thorough review of all
140 materials before making accreditation decisions.

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

145
146 Materials for which the Council did not establish a deadline (e.g., initial application submissions,
147 unsolicited notices of substantive change, other materials not specifically requested by the Council),
148 are accepted throughout the year and reviewed on a rolling basis. Such materials will appear on
149 the agenda of the next meeting for which the docket remains open.

150
151
152

Commented [A2]: Due to the need for flexibility in operations and to the fact that Council activities are documented and regularly reviewed in CEPH's Bylaws, this level of detail is not needed in the procedures document.

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 **site visitors for Schools of Public Health (SPH) and Public Health Programs (PHP)** who meet the following criteria:

- Hold or held (if retired) a position as an ~~senior~~ academician (i.e., faculty appointment) at a CEPH-accredited SPH or PHP

AND

- Possess significant administrative and/or leadership experience. Individuals with leadership experience related to accreditation are preferred.

~~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 (if retired) 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 **site visitors for Standalone Baccalaureate Programs (SBP)** who meet the following criteria:

- Hold or held (if retired) 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 (if retired) 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.

Commented [A3]: Additional flexibility intended to best serve organization's needs while ensuring needed minimum qualifications.

Commented [A4]: Redundant with top bullet point

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

209
210 CEPH periodically conducts ~~in-person and/or online programs to~~ training sessions for its site team
211 members, in accordance with its policy on Site Visitor and Site Visit Chair Training. The primary
212 objectives of these training sessions are to ensure that site visitors are fully knowledgeable about
213 CEPH accreditation policies, procedures, and criteria, and are clear about their roles as agency
214 representatives. Materials are provided for orientation and training purposes as needed, and
215 CEPH distributes reference and guidance documents to each team member prior to each site
216 visit. Finally, staff and experienced site visitors provide situation-specific training and guidance
217 during a pre-visit team conference call and an executive session of the team the evening before
218 the site visit.
219

220 **Section 4: Consultation and technical assistance**

221
222 CEPH staff contact information appears on the website, and staff are available to answer
223 individualized questions and provide technical assistance to accredited units and units considering
224 accreditation. CEPH periodically hosts webinars or live technical assistance sessions, and the CEPH
225 website contains resources for accredited units and units considering accreditation. Several specific
226 opportunities, which are mandatory for units progressing toward and through the applicant period
227 (defined in this document's section on initial accreditation) and available to other units, are described
228 below.

229
230 **Pre-Application Orientation ~~Workshop-Webinar~~ (P-AOW)**

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

236
237 **Accreditation Orientation Workshop (AOW)**

238
239 The Accreditation Orientation Workshop is offered at least annually online and may be offered on
240 additional dates ~~in place-based or online formats~~. Attendance is required of all applicants. The AOW
241 is also recommended to representatives of units undergoing the reaccreditation process. The
242 purpose of the workshop is to explain CEPH accreditation policies, procedures, and criteria; to
243 discuss the self-study process and expectations for the resulting document; and to elucidate
244 guidelines for hosting a site visit. There is a registration fee for the workshop ~~to cover expenses,~~
245 ~~and attendees are responsible for covering the cost of their own travel and accommodations for~~
246 ~~place-based offerings~~.

Commented [A5]: All edits simply reflect current practice

247
248 **Consultation visits**

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

252
253 On-site, distance-based, and CEPH office consultation visits are available to schools and programs
254 at other stages in the accreditation process (and to applicants who have already hosted a required
255 on-site consultation visit).

256
257 The consultation visit focuses on CEPH accreditation criteria and procedures and aims to answer
258 the school or program's specific questions and concerns. Fees are associated with each
259 consultation visit option and are outlined in CEPH's fee schedule.

Section 5: The accreditation unit

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

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

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

CEPH documents consider the terms “school” and “college” to be synonymous. Regardless of the unit’s name, all units seeking accreditation in the SPH category share the characteristics listed below.

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

2. Public Health Program (PHP)

- PHP must include a professional master’s-level public health degree that meets the requirements for an MPH degree outlined in CEPH criteria. The professional master’s-level public health degree must be offered without a requirement for enrollment in any other degree program.
- 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.

Commented [A6]: CEPH is aware of the need to consider additional clarifications on the organizational structure requirements for SPH. Because these may involve substantive discussions, they will be incorporated in the upcoming criteria revision process, rather than the current procedures revision.

Commented [A7]: This means that a unit cannot be accredited if the only degree offering is an MD/MPH, for example.

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

319
320 Non-US PHP that are housed in a school or college of public health must follow strict
321 public disclosure protocols, as defined in this document, which clearly indicate the
322 category of accreditation (PHP) and degrees included in the accreditation unit.

323 3. Standalone Baccalaureate Program (SBP)

- 324 • SBP include ONLY baccalaureate public health degree programs, with no graduate public
325 health degree programs included in the accreditation unit.

- 326 • A unit whose governance and leadership structure includes both baccalaureate and MPH
327 (or equivalent) degrees is not eligible for accreditation in the SBP category; ~~such a unit
328 must pursue accreditation in the PHP category.~~

- 329 — An SBP may be accredited in an institution that also offers an MPH degree
330 ONLY IF the MPH degree is offered by and operated under a separate
331 organizational and governance structure from the SBP.

- 332 — When there are plans to add an MPH or equivalent degree to the same
333 governance and leadership structure as a currently accredited SBP, the SBP
334 must either 1) comply with the procedures for changes in accreditation
335 category (referred to as "transitions") or 2) voluntarily withdraw from CEPH
336 accreditation, including completing public disclosures of the withdrawal of
337 accreditation, before the MPH program is advertised as available for
338 enrollment.

- 339 • Majors and degree programs that may be eligible for inclusion in an SBP include the
340 following:

- 341 — bachelor of public health (BPH)
 - 342 — bachelor of arts or bachelor of science in public health (BAPH, BSPH)
 - 343 — bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in public
344 health
 - 345 — bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in a
346 discipline of public health, such as epidemiology or health promotion
 - 347 — bachelor of arts (BA or AB) or bachelor of science (BS or SB) with a major in a
348 closely related field, such as global health, international health or health
349 sciences/studies

- 350 • The following are not eligible for inclusion in an SBP:

- 351 — minors in public health, related fields, or disciplines
 - 352 — certificates in public health
 - 353 — associate degrees in public health

354 Defining the accreditation unit: SPH

355 For SPH, the accreditation unit is defined to include all degree programs, majors, concentrations,
356 etc. that are functionally housed in the school or college. No degree programs may be excluded
357 from the accreditation review. The term "functionally housed" relates to the fact that, in some

Commented [A8]: Language added to clarify the (already existing) implications of adding a graduate degree in an SBP.

368 cases, another school or college (e.g., the graduate school) may perform administrative functions
369 for one or more of the SPH's degree programs. For example, the graduate school may officially
370 render decisions relating to admissions and/or conferral of degree for an MS or PhD that is housed
371 in an SPH, or the university may admit public health bachelor's degree students through a
372 centralized structure. In these cases, the degree would still be functionally housed in the SPH and
373 would be included in the accreditation unit. The actual operations of the degree program(s) and
374 curriculum, along with the manner in which the SPH presents its degree offerings to the public on
375 websites and other media, define the SPH's accreditation unit.

376 **Defining the accreditation unit: PHP and SBP**

377
378
379 CEPH staff will work with the PHP or SBP to determine the appropriate accreditation unit, and the
380 Council must formally act to approve the accreditation unit upon receipt of the IAS (for units
381 pursuing initial accreditation) or upon receipt of a substantive change notice (for already
382 accredited units).

383
384 CEPH must be notified of any changes that might affect the accreditation category. Such changes
385 might include the addition of another degree level, a change in organizational home or name, and
386 addition of new concentrations to an existing degree.

387
388 PHP and SBP are typically offered through an academic unit (or units) that are part of a larger
389 organization. For example, PHP and SBP may be offered 1) through a department located in a
390 college or school, other than a school or college of public health, 2) by several departments
391 operating in cooperation, or 3) through a non-departmental structure, such as a center or institute.
392 There can be variations in the organizational structure of PHP and SBP across institutions.

393
394 A PHP or SBP may draw from multiple departments, colleges, and schools while still operating
395 as a single accreditation unit if it

- 396
397 1) designates a single program director (PHP) or designated leader (SBP),
398 2) operates a single governance structure (i.e., structure for decision making on matters such
399 as curriculum), **AND**
400 3) functions as a single program.

401
402 Two additional principles relate to defining the accreditation unit in PHP and SBP and serve to
403 ensure consistency and transparency around public-health-specific degrees.

- 404
405 1) PHP must define the accreditation unit to include all MPH and DrPH offerings that operate
406 within the same governance and leadership structure.

407
408 For example, a department that offers MPH concentrations in both global health and
409 health promotion may not seek accreditation for one concentration but not the other. A
410 unit that offers both an MPH and a DrPH may not seek accreditation of the MPH only. A
411 department that offers an MPH in rural health and an MS in health administration might,
412 in agreement with CEPH, define an accreditation unit that includes the MPH but excludes
413 the MS.

- 414
415 2) SBP must include all BPH, BSPH, BAPH, BS in public health, or BA in public health
416 degrees that operate within the same governance and leadership structure. This rule does
417 not apply to BS, BA or other degree offerings that are not in public health.

418

419 For example, a department that offers BS degrees in public health, with concentrations in
420 health promotion and environmental health, must include both concentrations in the
421 accreditation unit. Such a department may not seek accreditation for one concentration
422 but not the other. A department that offers BS degrees in health sciences with multiple
423 concentrations may, in consultation with CEPH, define an accreditation unit that includes
424 some concentrations and does not include others.
425

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

429
430 CEPH approves a specific list of all degree offerings included in the PHP or SBP at the time of
431 application. ~~The review process and accreditation decision(s), when applicable, will examine only
432 those degree programs defined by agreement between CEPH and the institution before the
433 accreditation review takes place.~~ PHP or SBP whose applications have been officially accepted
434 by the Council but are not yet accredited may seek to modify the accreditation unit through the
435 application amendment process, defined later in this document. CEPH accreditation will be
436 designated only for the agreed-upon concentrations, majors, and/or degree programs.
437

Commented [A9]: Sentence removed to avoid confusion. In rare cases, the review may necessarily encompass other degrees if, for example, degree options are added between the time of application and the time of review, or in other circumstances when required to comport with the procedural requirements articulated above regarding the unit of accreditation.

438 **Multi-partner accreditation units**

439
440 SPH, PHP, or SBP that involve more than one institution working together to operate a single
441 accreditation unit may seek accreditation as a multi-partner school or program. Multi-partner SPH,
442 PHP, and SBP are shown in CEPH's published list of accredited schools and programs as a single
443 listing, with each sponsoring institution identified.
444

445 Many SPH, PHP, and SPH engage in collaboration, cooperation, and formal affiliation without
446 pursuing a shared (multi-partner) accreditation status. Two examples of cooperation that do not
447 constitute multi-partner accreditation follow. These examples are not intended to be exhaustive.
448

- 449 • Multiple institutions pursue or maintain CEPH accreditation separately while maintaining
450 active collaboration around instruction (e.g., facilitating transfer credits, co-teaching),
451 scholarship or service. These institutions may or may not have formal agreements with one
452 another. Each institution is responsible for individually fulfilling all requirements defined in
453 CEPH criteria.
454
- 455 • An institution with a CEPH-accredited unit engages in collaboration or affiliation with an
456 institution that does not operate a CEPH-accredited school or program. The cooperation
457 provides a supplement or complement to the unit's offerings. All parties must be transparent
458 about the scope and nature of the collaboration and must disclose their CEPH accreditation
459 status accurately, as defined in this document's section on disclosure of accreditation status.
460

461 **Changes in accreditation category**

462
463 Changes in category include the following:

- 464 • a change from one accreditation unit (SPH/PHP/SBP) to a different accreditation unit
- 465 • a change from a multi-partner accreditation unit to an accreditation unit housed in a single
466 institution (or vice versa)
467

468
469 Units can be accredited only in one category at a time. Accredited units seeking a change in
470 category must complete the following steps:

471
472 1) SBP only: Submit a notice of intent (NOI), as defined in this document's section on initial
473 accreditation, about the program's plans to transition from the SBP to PHP category. The
474 NOI must be submitted after the master's-level public health degree (MPH or equivalent)
475 has been approved through all university and state processes, as applicable, but before the
476 program advertises the degree or enrolls students. When the Council accepts the NOI, it
477 will define a time by which the unit must submit an initial application submission (IAS), as
478 well as requirements relating to public disclosures of accreditation status.

479
480 Units must comply with all Council requirements to avoid a lapse in or withdrawal of
481 accreditation due to the fact that, as noted in this document, units that offer both MPH and
482 bachelor's degrees in the same leadership and governance structure are not eligible for
483 accreditation in the SBP category.

484
485 1)2) All units: Submit an initial application submission (IAS), as defined in this document's
486 section on initial accreditation, reflecting the desired (new) category.² The unit may not
487 represent itself to the public in the new category until the Council has officially accepted the
488 IAS. For example, the accreditation unit may not change its name to a name associated
489 with the new category in any web or print-based materials until after the Council accepts the
490 IAS. See this document's information on public disclosures for additional information.

491
492 2)3) All units: Undergo a full accreditation review, including submitting a full self-study
493 and undertaking a site visit, as described in this document, using the criteria associated with
494 the new category. This review must occur within two years of notifying the Council or by the
495 expiration of the current accreditation term, whichever occurs first.

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

501
502 For example, an accredited PHP seeking transition to SPH accreditation may not present itself as
503 housed in or affiliated with a unit that uses the words "School of Public Health" or "College of Public
504 Health" until after receiving Council approval of an IAS for SPH accreditation.

505
506 When the Council accepts the IAS or NOI indicating a transition in accreditation category, it will
507 determine the parameters of the decision (e.g., public disclosure requirements, fee category, etc.).

508
509 The accreditation unit following this process will be subject to an *initial* accreditation decision in the
510 new category. For example, if successful, a unit seeking accreditation in a new category will receive
511 a five-year accreditation term (the standard term for initial accreditation), rather than a seven-year
512 accreditation term (the standard term for reaccreditation).

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

519

Commented [A10]: NOI process reflects the complexities of timing all review activities when a graduate degree is added to an SBP. NOI process ensures that CEPH can receive timely information and program can guard against lapse in accreditation, while maintaining existing timeline for IAS process.

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

520 An SPH, PHP, or SBP in transition from one category to another continues in its obligation to notify
521 CEPH before making any substantive change that affects its mission or degree offerings. See this
522 document's section on substantive changes for additional information. Multiple substantive change
523 notices are common during the transition period.
524
525

526 **Section 6: Accreditation status**

527

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

530

531 Two additional terms are relevant to accreditation status:

532

533 **1. Applicant period**

534

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

544

545 **2. Probationary accreditation**

546

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

557

558

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.

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

- 612
- 613 – CEPH will periodically audit units' compliance with these disclosure provisions.
- 614
- 615 – A unit must disclose all information pertaining to its accreditation status, contents of reports of
- 616 site visits, and CEPH's accreditation actions accurately. Should the unit provide incorrect or
- 617 misleading information in these areas, CEPH will require the unit to publicly correct the
- 618 information by providing notice via its website and, if deemed necessary by CEPH, direct written
- 619 notification to students and/or potential students. See CEPH's policy on Correcting
- 620 Misrepresentation of Accreditation Status.
- 621
- 622 – SPH, PHP, and SBP may use the official accreditation seal provided electronically by CEPH.
- 623 Use of CEPH's logo is not permitted.
- 624
- 625 – Units must disclose their CEPH accreditation status accurately, including the category of
- 626 accreditation. Additional, specific requirements relating to accredited units that plan to change
- 627 their category of accreditation (e.g., PHP seeking to transition to SPH) appear in this document's
- 628 section on changes in accreditation category.
- 629
- 630 – Accredited units must provide CEPH's website address whenever referring to affiliation with
- 631 CEPH.
- 632
- 633 – Whenever using CEPH's name or seal, PHP and SBP must clearly list the instructional
- 634 programs (degree, major, concentration, specialization, or track, whichever applies) included in
- 635 the accreditation unit and must ensure that all electronic and print materials are clear in
- 636 distinguishing the accreditation unit from other degree offerings housed in the same
- 637 organizational structure.
- 638
- 639 – ~~Units must make~~ The official accreditation report and final self-study, (as submitted to CEPH,)
- 640 are publicly documents and must be available to any interested party no later than 60 days
- 641 following the date of the Council's accreditation decision.
- 642
- 643 – The electronic resource file (ERF) materials are not included in the required public disclosures;
- 644 however, CEPH encourages units to make ERF materials available as appropriate when helpful
- 645 for providing context to readers of the self-study and report.
- 646
- 647 – CEPH facilitates electronic access for faculty and staff at accredited and applicant units to all
- 648 public accreditation reports and self-studies, via password-protected website.
- 649
- 650 – ~~Other~~ Interested parties may request copies from the SPH, PHP, or SBP unit or from CEPH. A
- 651 but all requests for accreditation report copies received by CEPH will first be referred to the
- 652 accreditation unit, but the unit must respond promptly to any such requests.
- 653
- 654 – Units that wish to facilitate such requests may make their final self-study documents and
- 655 final accreditation reports publicly available on their websites, eliminating the need for
- 656 reviewing and responding to individual requests.
- 657
- 658 – Accreditation units that plan to provide the documents in response to individual requests
- 659 must clearly indicate on their websites how to contact an appropriate person to request a
- 660 copy of the final self-study document and final accreditation report and must ensure that
- 661 such requests are honored promptly.
- 662

Commented [A11]: Text here & above is moved, not new. Only the reference to (existing) policy is new.

Commented [A12]: Change to reflect current practice

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

667
668 ~~A unit must disclose all information pertaining to its accreditation status, contents of reports of site
669 visits, and CEPH's accreditation actions accurately. Should the unit provide incorrect or misleading
670 information in these areas, CEPH will require the unit to publicly correct the information by providing
671 notice to its stakeholders via its website and, if deemed necessary by CEPH, direct written notification to
672 students and/or potential students. CEPH will periodically audit units' compliance with these document
673 disclosure provi~~

674 **PHP outside of the United States**

675
676 • In addition to all of the requirements defined above, accredited PHP outside of the United States
677 must include the following statements when describing CEPH accreditation on websites,
678 promotional materials, etc:

679
680 *“_____ is accredited by the Council on Education for Public Health as a public health program.
681 The accreditation applies only to the following degree programs: [list the specific degree
682 program(s) included in the accreditation unit, as defined in the Council's letter accepting the
683 application]. Accreditation does not apply to the unit as a whole, and other degrees and areas
684 of study offered by this institution are not included in the unit of accreditation review.”*

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

686
687
688 — In multi-partner accreditation units, as defined in this document's section on categories of
689 accreditation, each partner institution must ensure accurate representation of the category of
690 accreditation and of the degrees included in the accreditation unit, as defined above.

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

692
693
694 • Within seven business days of a final probationary accreditation decision,³ the unit must provide
695 written notice to all students and potential students about the probationary accreditation
696 decision. The notice must indicate to students the specific date by which they must graduate
697 (i.e., the ending date of the probationary accreditation term) to guarantee graduation from an
698 accredited school or program. The notice must be disseminated and posted in a manner that
699 ensures transparency for all current and potential students.

700
701 • CEPH encourages the school or program to share additional information related to the
702 probationary accreditation decision with students and the public, including plans to address
703 identified deficiencies, timelines leading up to the end of the probationary accreditation term,
704 etc.

705 **SPH, PHP & SBP receiving adverse accreditation decisions (i.e., denial or revocation of 706 accreditation)**

707
708
709 • Within seven business days of receiving initial notice of the decision to deny or revoke
710 accreditation, the unit must provide written notice to all students and potential students about
711 this pending action. The notice must indicate to students the specific date on which the

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

712 accreditation term ends. The notice must be disseminated and posted in a manner that ensures
713 transparency for all current and potential students.

- 714
- 715 • Within seven business days of receiving final notice of a decision to deny or revoke
716 accreditation,⁴ the unit must provide written notice to all students and potential students about
717 this final action. The notice must indicate to students the specific date on which the accreditation
718 term ends. The notice must be disseminated and posted in a manner that ensures transparency
719 for all current and potential students.

720

721 **Additional CEPH disclosures**

722

723 ~~— See CEPH's Policy on Notice Requirements and Policy on Public Disclosure for more~~
724 ~~information. As a recognized accreditor, CEPH provides notice, as required or requested, to the~~
725 ~~US Department of Education, institutional accrediting bodies, other specialized and professional~~
726 ~~accrediting bodies, and relevant state higher education authorities. In addition to the information~~
727 ~~mentioned above, CEPH's website includes lists and information on applicant and accredited~~
728 ~~SPH, PHP, and SBP, including those with probationary accreditation. This information includes~~
729 ~~a delineation of the degrees included in each unit of accreditation.~~

730

731 ~~— All final accreditation decisions are recorded in the annual reports of CEPH, including decisions~~
732 ~~to grant or withdraw accreditation status, decisions to confer probationary accreditation status,~~
733 ~~and decisions of schools or programs to voluntarily withdraw from the review process. CEPH~~
734 ~~annually submits to the Secretary of Education its annual report and a website link to the list of~~
735 ~~accredited schools and programs. CEPH's annual report is also posted on the CEPH website.~~

736

737 ~~After each decision-making Council meeting, CEPH prepares a notice with a list of all initial~~
738 ~~accreditation decisions, reaccreditation decisions (including final decisions of probationary~~
739 ~~accreditation), and final decisions to deny or revoke accreditation. The notice also provides a~~
740 ~~link to CEPH's full list of accredited schools and programs. CEPH distributes this notice to~~
741 ~~USDE, regional institutional accrediting bodies, other specialized and professional accrediting~~
742 ~~organizations, and relevant state higher education authorities. CEPH also makes this notice~~
743 ~~available on its website.~~

744 ~~As a recognized accrediting agency, the Council is also required to report to the USDE the name~~
745 ~~of any institution or program that the Council has reason to believe is failing in its responsibilities~~
746 ~~under Title IV of the Higher Education Amendments Act or is engaged in fraud or abuse and to~~
747 ~~report the reasons for the agency's con~~

748

Commented [A13]: Changes to this section reflect the desire for consistency; CEPH's policy manual outlines operational practices and federal requirements that apply to CEPH as an agency, rather than to schools and programs, including all of the components included here. Reproducing information from the policy manual here creates opportunities for confusion and inconsistency.

Commented [A14]: Already in policies under "Public Disclosures"

Commented [A15]: The rest of these items are in policies under "Notice Requirements"

⁴ See this document's section on appealable actions for the definition of a "final" decision in probationary accreditation.

749 **Section 8: Initial accreditation or transition in accreditation category**

750
751 Units pursuing initial accreditation and accredited units seeking a change in category (as defined in
752 Section 5) must complete a series of required procedural steps and receive an official decision by
753 the Council that they are eligible to begin the applicant period. See this document's information on
754 accreditation status (Section 6) and public disclosures (Section 7) for additional information on the
755 applicant period.

756
757 The time from the beginning of the applicant period to an accreditation decision will vary but typically
758 takes approximately three years. Given that the accreditation decision is based on data and student
759 outcomes from the applicant period, the date of initial accreditation accounts for the evidence
760 presented during this period. This document's section on date of initial accreditation explains the
761 parameters around the date of initial accreditation.

762
763 An accreditation unit that is not already accredited by CEPH or an accredited unit seeking a change
764 in category must proceed through the following steps, in order. **All steps must be completed**
765 **before the applicant period begins.**

766
767 First, units must contact CEPH's director of accreditation services via email. Contact information
768 for all staff members is available on the website. During and after this initial contact, CEPH staff will
769 work with the unit to answer questions and develop a reasonable timeline for the accreditation
770 review.

771
772 SBP units planning to add graduate degrees will typically be directed to the Notice of Intent (NOI)
773 process, which will be completed prior to beginning the following steps. Information on the NOI
774 process appears later in this section.

775
776 For all other units, the following steps are required:

- 777
- 778 1) Participate in CEPH's Pre-Application Orientation Webinar (P-AOW), which is described in
779 this document's information on consultation and technical assistance.
 - 780
781 2) Request an invoice for the initial application submission (IAS) fee, if needed for payment
782 processing within the unit's context. (This fee is waived for accredited units seeking a
783 change in category.)
 - 784
785 ~~2) Submit payment for the initial application submission (IAS) fee. (This fee is waived for~~
786 ~~accredited units seeking a change in category.)~~ See CEPH's fee schedule, available on the
787 website, for information. ~~An invoice can be provided upon request.~~
 - 788
789 3) Submit a first draft of the IAS for CEPH staff review. The IAS is a concise document, with
790 accompanying appendices, that demonstrates eligibility to begin the applicant period. Units
791 must use the IAS templates available on the CEPH website. The initial submission for staff
792 review need not include all appendices but submitting a more complete draft will allow staff
793 to provide more comprehensive feedback.
 - 794
795 4) Receive staff feedback on the draft IAS. CEPH staff will acknowledge receipt of a draft IAS
796 via email and will provide feedback via ~~phone conference or~~ email within two weeks of
797 acknowledging receipt.
 - 798
799 — Staff feedback ~~will~~ focuses on making the documentation as ~~strong~~ clear as
800 possible, attempting to ensure that the IAS contains all information the Council would

Commented [A16]: Changes reflect current practice

801 require to make a decision. Staff feedback helps to obviate the need for Council
802 denial of an IAS based on deficiencies or ambiguities in documentation.

- 803
804 — Staff feedback does **not** constitute a decision on whether a unit can proceed to the
805 applicant period. Only an official notice from the Council allows the unit to begin the
806 applicant period.

807
808 4)5) Revise the IAS in response to CEPH staff feedback. Multiple rounds of drafts
809 may be required for preparing a successful IAS.

810
811 5)6) Officially submit the IAS and its appendices that contain complete
812 information, as validated by CEPH staff to the Council for review. Council review will occur
813 at the next decision-making meeting for which the docket remains open, and review occurs
814 year-round with submissions accepted on a rolling basis.

815
816 6)7) Receive official notification of Council decision regarding acceptance of the IAS.
817 This notification will be provided in writing within 30 calendar days of the meeting's
818 completion.

819
820 7)8) Pay the applicant fee defined in the fee schedule (available on the CEPH
821 website). Unlike the IAS fee, units should not send payment for the application fee until they
822 have received an invoice from CEPH.

823
824 The unit is responsible for ensuring adequate time to complete all steps ~~by the desired date for~~
825 ~~submission to the Council~~, so advance planning is required. CEPH staff are available to help units
826 develop appropriate timelines.

827
828 If the Council does not accept a unit's IAS and the unit wishes to revise and resubmit its IAS for
829 consideration, the unit must repeat all required steps outlined above, unless steps are specifically
830 waived by the Council in the letter communicating the Council's decision.

831 **SBP only: Notice of Intent (NOI) requirements**

832
833 Any accredited SBP that plans to add a graduate degree must complete a transition in accreditation
834 category, based on the accreditation definitions in Section 5. Because the timing typically
835 associated with implementing new degrees may be longer than the typical applicant period, SBP
836 units adding a graduate degree follow the NOI process below BEFORE completing the process
837 required for all other applicant units.

838
839 The NOI must follow the template provided on the CEPH website and include the following:

- 840
841
842 1) Information about the timing of the development and implementation of the MPH (or
843 equivalent) degree (i.e., date(s) of approval through university and state processes, as
844 applicable, timeline for advertising the degree and enrolling the first students, expected date
845 of first graduate)
- 846
847 2) Instructional matrix that presents all degrees and concentrations to be included in the
848 accreditation unit
- 849
850 3) Programs of study that list the courses and associated credits required to complete new
851 graduate degree offerings
- 852

- 853 4) Evidence of coverage of CEPH-specified foundational competencies for graduate degrees,
854 through curriculum mapping and syllabi (if available) or course descriptions
- 855
- 856 5) Articulation of appropriate concentration-specific competencies for all graduate public health
857 degrees in the accreditation unit with evidence of coverage through curriculum mapping and
858 syllabi (if available) or course descriptions
- 859
- 860 6) Projected student enrollment in each degree and concentration in the accreditation unit over
861 the next three years
- 862
- 863 7) Documentation that the unit has adequate faculty resources, as defined in the criteria
- 864

865 When the Council accepts the NOI, it will define disclosure requirements relating to the category of
866 accreditation and a timeline for completing an IAS and following all steps in the applicant process.
867 Failure to submit the NOI or IAS and subsequent required steps may lead to a lapse in or withdrawal
868 of accreditation, based on this document's accreditation category definitions.

869

870

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

872

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

874

- 875 1) A cover letter, on letterhead, that addresses items a and b:
- 876
- 877 a. A statement indicating that the unit understands the required components of the application
- 878 process, including conduct of an on-site consultation visit, attendance at an Accreditation
- 879 Orientation Workshop and prompt payment of all fees.
- 880
- 881 b. A request signed by administrators/leaders for CEPH to initiate the accreditation process.
- 882 The request must be signed by the following:
- 883
- 884 • the chief executive officer of the institution in which the program is located (university
 - 885 president or chancellor, in most cases)
 - 886 • the chief administrative officer of the university unit in which the program is located
 - 887 (e.g., vice president for health sciences, dean)
 - 888 • the program director (PHP) or program lead (SBP), if applicable
- 889

890 In the case of a program that is sponsored by more than one institution (applications for

891 multi-partner programs), signatures must be obtained from the leaders (1 and 2) at each

892 institution.

893

- 894 2) Statement of Institutional Accreditation
- 895

896 Documentation of location in an institution that is accredited by an eligible federally recognized

897 institutional accrediting agency, as defined in CEPH policy. An applicant housed in an institution

898 located outside the United States that is not eligible for institutional accreditation in the United

899 States must demonstrate a comparable external evaluation process.

900

- 901 3) Documentation that the degrees and concentrations included in the accreditation unit have all
- 902 of the following characteristics.
- 903

- 904 a. Creditable Curricula for All Degrees in the Accreditation Unit
- 905

906 Each degree in the accreditation unit must meet the minimum curricular expectations and
907 credit hours defined in CEPH criteria. Demonstration of compliance requires the following,
908 at a minimum:

- 909 • programs of study that list the courses and associated credits required to complete
910 the degree
- 911 • evidence of coverage of CEPH-specified foundational competencies for graduate
912 degrees, through curriculum mapping and syllabi
- 913 • if applicable, coverage of required domains for bachelor's degrees in the
914 accreditation unit, through curriculum mapping and syllabi
- 915 • articulation of appropriate concentration-specific competencies for all graduate
916 public health degrees in the accreditation unit with evidence of coverage through
917 curriculum mapping and syllabi
- 918 • ~~evidence of coverage of all concentration-specific competencies for graduate public
919 health degrees in the accreditation unit, through curriculum mapping and syllabi~~

Commented [A17]: Already addressed in bullet above

921
922 b. Adequate Faculty Resources

923
924 Documentation must demonstrate that the unit has adequate faculty resources, as defined
925 in the criteria.

926
927 c. Evidence of Full Curricular Implementation by the Time of the Review

928
929 Documentation must include one of the following:

- 930 • Evidence that the unit has already graduated at least one student who is not enrolled
931 in a joint, dual, or concurrent degree program **OR**
- 932 • Strong evidence that the unit will graduate at least one student who is not enrolled
933 in a joint, dual, or concurrent degree program by the time the preliminary self-study
934 is submitted
- 935

936
937 SPH must provide evidence of either of the previous documentation options for the following
938 programs of study:

- 939 • MPH concentrations in three areas, not including concentrations that are restricted
940 to joint, dual, or concurrent degree students
- 941 • Doctoral concentrations in two areas, not including concentrations that are restricted
942 to joint, dual, or concurrent degree students
- 943 •

944
945 PHP and SBP must provide this evidence for all degrees and concentrations included in the
946 accreditation unit.⁵

947
948 The required graduates for this element must have completed the curriculum documented
949 in the IAS or a previous version of the curriculum that would also be creditable by CEPH.

950
951 d. Completion and Attrition Data

952

⁵ The differing requirements for SPH vs. reflects the fact that PHP and SBP can choose which degrees to include in the accreditation unit, while SPH cannot.

953 Completion rates must satisfy CEPH criteria for each degree in the accreditation unit.⁶ For
954 units that have not been in operation long enough to provide completion data, the unit must
955 demonstrate that it is positioned to demonstrate compliant completion rates, through data
956 on attrition and retention.

957
958 e. Fiscal Support

959 The unit must demonstrate adequate funding for the following:

- 961 • Operational costs
- 962 • Student support, including scholarships, support for student conference travel,
963 support for student activities, etc.
- 964 • Faculty development expenses, including travel support

965
966
967 **If the IAS is for an SBP, then it must also include the following:**

- 968 f. A mission and expected student learning outcomes for the program that align with the
969 mission statement(s) of the parent institution(s).
- 970 g. Evidence of a structure for collecting data on program effectiveness, including, at a
971 minimum, regular surveys or data collection from enrolled students, alumni, and relevant
972 community ~~stakeholders~~members.

973
974
975
976 **If the IAS is for a PHP, then it must also include the following:**

977 h. Defined Guiding Statements and Evaluation Practices

978 The unit must define a vision, mission, and goals that comply with CEPH criteria and
979 articulate a clear and comprehensive statement of measures, data collection methods, and
980 responsible parties that allow the unit to continually evaluate its progress in achieving its
981 specific mission and goals.

982
983
984
985 **If the IAS is for an SPH, then it must also include the following:**

986 i. Defined Guiding Statements and Evaluation Practices

987 The unit must define a vision, mission, and goals that comply with CEPH criteria and
988 articulate a clear and comprehensive statement of measures, data collection methods, and
989 responsible parties that allow the unit to continually evaluate its progress in achieving its
990 specific mission and goals.

991 j. Equivalent Structure and Reporting Mechanisms

992 The SPH must demonstrate an independent structure and reporting mechanism that is
993 equivalent to other professional schools/colleges and places the SPH at the highest
994 reporting level within the university. Specifically, the SPH may NOT be housed within
995 another organizational unit in an institution. For example, a school is not eligible for SPH
996 accreditation if it is housed in a college (or vice versa).

1000
1001

⁶ In SPH that include non-public health degrees (e.g., DPT, MSW), this requirement relates only to the public health degrees.

1002 This requires an organizational chart that shows the SPH leader's reporting line(s) and the
1003 reporting lines of all other school/college leaders and, if applicable, narrative that supports
1004 the organizational chart.
1005

1006 k. Degree Offerings

1007
1008 The school must offer, at a minimum, a professional public health master's degree in at
1009 least three distinct concentrations and public health doctoral degree programs (academic
1010 or professional) in at least two distinct concentrations.
1011

1012 **Units located outside the United States seeking initial accreditation**

1013
1014 CEPH will consider applicant units located outside the United States; however, due to the variable
1015 nature and scope of international accreditation activities, such activity will be undertaken on a case-
1016 by-case basis. All applications from units outside the United States must be invited by the Council
1017 through the process outlined below.
1018

1019 Applicants outside North America must begin the process with a written request for consideration.
1020 The request for consideration should include the following:

- 1021
- 1022 1) a description of the university;
 - 1023 2) description of the curricula and degree objectives for pertinent degree programs;
 - 1024 3) student demographics;
 - 1025 4) a brief description of the secondary and higher education systems in the country;
 - 1026 5) description of available and used quality assurance programs for higher education in the
1027 country;
 - 1028 6) assurance that the self-study will be written in English;
 - 1029 7) assurance that the site visit will be conducted in English (or simultaneous interpretation
1030 provided by the unit); and
 - 1031 8) any other information requested by CEPH staff.
- 1032

1033 If the Council approves the request for consideration, the unit may proceed to the pre-application,
1034 on-site consultation visit.
1035

1036 All applicants outside of the United States, including those in North America, must host a pre-
1037 application, on-site consultation visit before submitting an application. The consultation visit allows
1038 both parties to assess the unit's alignment with CEPH criteria and viability and interest in CEPH
1039 accreditation. After the consultation visit, the Council may issue an invitation for the unit to submit
1040 an application. Information on logistical and other requirements for the consultation visit and
1041 subsequent review are available in the Council's [Policy on International Accreditation](#).
1042

1043 **Date of initial accreditation**

1044
1045 The Council's acceptance of the IAS is an indication that the school or program has presented
1046 evidence that it meets all requirements outlined above in the Initial Application Submission
1047 Requirements section; however, it is not eligible for full accreditation until it can demonstrate
1048 satisfactory student learning and other outcomes. Given that the accreditation decision is based on
1049 data and student outcomes from the applicant period, the date of initial accreditation accounts for
1050 the evidence presented during this period by assigning, as the date of initial accreditation,
1051 **whichever date is later:**

- 1052
- 1053 • the date on which the SPH, PHP, or SBP IAS was accepted by the Council **OR**
 - 1054 • the date on which the most recent extension of applicant status was granted, if applicable

1055
1056 The Council assigns the date of initial accreditation during the Council meeting at which the
1057 accreditation decision is made. The maximum data coverage period is three years before the
1058 accreditation decision is made.

1059
1060 **Maintenance of applicant period**

1061
1062 When the Council provides approval to begin the applicant period, the Council defines an end date
1063 for the applicant period, two years from the date of the Council's decision to accept the IAS. By the
1064 applicant period end date, the unit must complete the following requirements:

- 1065
- 1066 • Attend an Accreditation Orientation Workshop (see this document's information on
 - 1067 consultation and technical assistance)
 - 1068 • Host an on-site consultation visit (see this document's information on consultation and
 - 1069 technical assistance)
 - 1070 • Correspond with CEPH staff to establish site visit dates and other procedural arrangements
 - 1071 • Submit a self-study document for preliminary review (see this document's information on
 - 1072 the self-study process)
- 1073

1074 Failure to complete any one of these requirements by the end date of the defined applicant period
1075 will cause the applicant period to end. No further review action will be taken, and units wishing to
1076 pursue CEPH accreditation must repeat all steps necessary for initiating a new applicant period
1077 (attend a P-AOW, submit a draft IAS, etc.).

1078
1079 **Extension of applicant period**

1080
1081 The Council may, ~~at its discretion,~~ extend the end date of the applicant period to allow units
1082 additional time to complete one or more of the required steps. A request for extension can be
1083 submitted at any time prior to the scheduled end of the applicant ~~tion~~ period and must be provided in
1084 writing to submissions@ceph.org. The Council will officially reply to the request.

1085
1086 Extensions are typically granted in one-year increments, but the unit need not use the full extension
1087 period. ~~Unless extraordinary circumstances exist, the Council will grant no more than two, one-year~~
1088 ~~extensions of the applicant period. Units that wish to continue after this must repeat all steps~~
1089 ~~necessary for initiating a new applicant period (attend a P-AOW, submit a draft IAS, etc.).~~

1090
1091 The Council will grant two, one-year extensions of the applicant period. After two, one-year
1092 extensions, additional extensions will not be granted, except in exceptional circumstances. Units
1093 may, however, re-initiate the initial application process as soon as they wish, with no required
1094 waiting period.

1095
1096 Requests for extension are not viewed negatively by the Council and are preferable to proceeding
1097 with an accreditation timeline that is unlikely to result in a positive accreditation decision.

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Commented [A18]: Reflects longstanding practice

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Section 9: 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. CEPH staff is available to answer questions throughout the unit's period of self-study.

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.

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

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- 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 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

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1168 The self-study process is one in which the unit

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- Assesses the school or program's educational quality and success in meeting its mission and goals, highlights opportunities for improvement, and includes plans for making those improvements
 - Systematically evaluates its current curricula, operations, resources, etc. against the expectations defined in CEPH criteria
 - Makes modifications, where necessary, to bring its operations, curricula, resources, etc. into compliance with CEPH criteria
 - Prepares and completes a self-study document, defined below

1181

1182 The self-study process typically takes at least 18-24 months. The three components described

1183 above occur simultaneously and/or in an iterative process. Often, the act of drafting the self-study

1184 document provides a focus for the required self-analysis and evaluation. The act of self-evaluation

1185 suggests areas where modifications are required, and the self-study document can then be updated

1186 to reflect new data and practices. The unit should define a schedule for internal review and

1187 circulation of drafts prior to submission to CEPH.

1188

1189 CEPH expects that the unit will include a broad array of ~~stakeholders~~ individuals in the self-study

1190 process, including administrators, faculty, students, alumni, and community partners, among others.

1191 ~~CEPH encourages units that appoint committees to lead the self-study process to include a variety~~

1192 ~~of stakeholders on these committees.~~

1193

1194 Stakeholders, Administrators, faculty, students, alumni, community partners, and others may be

1195 involved in preparing the self-study document, reviewing document drafts, evaluating specific

1196 elements of policy or curriculum, and developing solutions or modifications, as needed, etc. CEPH

1197 encourages units to be thoughtful regarding the involvement of students, alumni, and community

1198 partners, in particular, with attention to focusing their involvement in the self-study process on their

1199 strengths and areas where they are best positioned to make contributions.

Self-study document and electronic resource file (ERF)

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1201

1202

1203 The self-study document is a document in which the unit demonstrates that it meets all CEPH

1204 accreditation criteria. The self-study document follows, exactly, the format of CEPH's criteria

1205 document. The criteria document describes the information and documentation that must be

1206 provided for each criterion.

1207

Commented [A19]: Redundant with next paragraph

Commented [A20]: Edits throughout document to remove the term "stakeholders"

1208 In some cases, CEPH criteria direct units to provide information in an electronic resource file (ERF).
1209 The ERF functions as a set of appendices to the body of the self-study document and must be
1210 prepared and provided to reviewers on a USB drive or comparable storage device.

1211 Self-study documents must follow [CEPH's self-study template](#). Formatting is as follows:

- 1212
- 1213
- 1214 • Reproduce the criterion and documentation request as provided in the self-study template.
- 1215
- 1216 • Place the unit's response directly below the relevant documentation request, unless
- 1217 instructions indicate otherwise.
- 1218
- 1219 • Use [data templates](#) wherever requested.
- 1220
- 1221 • When the documentation request directs units to place information in the electronic resource
- 1222 file (ERF), place a statement that says, for example, "See ERF A1-3" in the self-study
- 1223 document, and label the electronic folder or file accordingly.
- 1224
- 1225 • Print the document double-sided.
- 1226
- 1227 • Use easy-to-read font.
- 1228
- 1229 • Use sequential page numbers throughout the document.
- 1230
- 1231 • Place tabs or dividers between each criterion (e.g., A, B, C)
- 1232
- 1233 • Start each criterion on a new page (e.g., A1, A2, A3)
- 1234
- 1235 • Bind the document (e.g., spiral binding) for copies sent to reviewers and CEPH.

1236 The ERF must follow CEPH's ERF template, available on the [CEPH website](#), and be prepared as
1237 follows:

- 1238
- 1239
- 1240 • Clearly organized into folders for each criterion, with subfolders and files labeled with the
- 1241 documentation request to which they respond.
- 1242
- 1243 • Filenames must allow reviewers to readily identify materials.
- 1244
- 1245 For example, when the criteria document requests syllabi for a documentation request, the
- 1246 folder that contains the syllabi will be named with the number of the documentation request
- 1247 (e.g., D2-3), and each individual syllabus in the folder will be named with the appropriate
- 1248 course number (e.g., PBH 352.pdf).
- 1249
- 1250 • In addition to all materials specifically delineated in the criteria document, the ERF must
- 1251 contain the following materials. Each of these should be housed in its own, appropriately
- 1252 titled, folder:
- 1253
 - 1254 — documentation that allows reviewers to verify that the unit solicited third-party
 - 1255 comments. See this document's discussion on the third-party comment requirement
 - 1256 — a schedule of courses offered, with instructor identified, for the last three years
 - 1257 — a copy, or link to, the official university catalog or bulletin that presents degree offerings
 - 1258 — for SPH and PHP only, a freestanding MS Word document that presents the instructional
 - 1259 matrix (Template Intro-1) included in the introduction to the self-study
- 1260

1261 **Self-study preliminary review**

1262
1263 As soon as the unit establishes a schedule for review with CEPH, CEPH will provide a due date for
1264 the self-study and ERF. CEPH will communicate all dates in a letter to the unit, as noted in the
1265 section on scheduling the self-study and site visit process. The self-study and ERF due date is the
1266 first official deadline in the full accreditation process and allows for a process called “preliminary
1267 review.”

- 1268
- 1269 • For units seeking reaccreditation, the self-study and ERF are due for preliminary review five
1270 months prior to the scheduled site visit (see this document’s section on site visit scheduling
1271 for additional information).
 - 1272
 - 1273 • For units seeking initial accreditation (i.e., units in the applicant period), the self-study and
1274 ERF are due for preliminary review on **whichever of the following dates is earlier:**
 - 1275
 - 1276 — Two years after the date of the Council’s acceptance of the IAS (i.e., the end date for
1277 the applicant period) OR
 - 1278
 - 1279 — Five months before the scheduled site visit

1280
1281 ~~Approximately a month before the preliminary review due date, CEPH will provide the unit with the~~
1282 ~~names and addresses of the preliminary reviewers. Preliminary self-study reviewers may will~~
1283 ~~include one or more of the following individuals:~~

- 1284
- 1285 • CEPH staff member(s);
 - 1286 • Experienced site visit chair(s); ~~or~~
 - 1287 • The Council’s Executive Committee member(s).

1288
1289 ~~Approximately a month before the preliminary review due date, CEPH will provide the unit with a~~
1290 ~~reminder to submit the preliminary self-study document. The preliminary self-study and ERF must~~
1291 ~~be submitted on a USB via FedEx, UPS, or certified mail (to allow for tracking). The submission~~
1292 ~~must be received by the preliminary self-study due date. All units will send one USB to the CEPH~~
1293 ~~office, and, in some cases, CEPH may specify an additional address to receive a USB. The unit~~
1294 ~~must ensure that, by the established self-study due date, each of the preliminary reviewers receives~~
1295 ~~1) a print copy of the self study document, 2) an electronic copy of the self study document, and 3)~~
1296 ~~an electronic copy of the ERF.~~

1297
1298 Within eight weeks of receiving the self-study, CEPH staff will provide a letter summarizing
1299 reviewers’ detailed comments on the self-study and ERF. Preliminary reviewers’ comments focus
1300 on improving the utility and quality of the self-study document to allow the site visit and subsequent
1301 review to progress smoothly. Units can expect a detailed response with specific, actionable
1302 suggestions and questions.

1303
1304 **The preliminary review of the self-study document does not provide formal decisions on**
1305 **compliance with the accreditation criteria. Subsequent stages of the review process will**
1306 **assess the unit’s compliance with accreditation criteria.** Reviewers at the preliminary stage
1307 may, however, identify areas in which they expect that subsequent reviewers may have difficulty
1308 verifying compliance, based on the information presented.

1309
1310 **For units seeking initial accreditation *only*, the preliminary review serves an additional**
1311 **purpose. The preliminary review determines whether the document is sufficiently**
1312 **descriptive and analytical to proceed with the site visit.**

1313

1314 If reviewers raise concerns about the applicant unit's ability to proceed with the site visit after reading
1315 the preliminary self-study document, the reviewers will provide the self-study and draft comments
1316 to the CEPH Executive Committee. The Executive Committee must validate reviewers' conclusion
1317 that the unit may not proceed with the site visit.

1318
1319 The reviewers might find the preliminary document unacceptable, for example, if it is not analytical
1320 or if it is incomplete. Reviewers may determine that an applicant unit is not yet at a developmental
1321 stage in which a site visit would be successful, particularly in cases in which an accreditation unit
1322 outlined plans to meet the eligibility requirements within the specified timeframe and plans were not
1323 met.

1324
1325 If the review is not to proceed because the reviewers deemed the self-study document
1326 unsatisfactory, CEPH will notify the accreditation unit of the unacceptable features of the
1327 document and of any other reasons necessitating the ~~postponement~~ site visit's cancellation or
1328 postponement.

1329
1330 If a unit has already received two, one-year extensions of the applicant period when a self-study is
1331 deemed unacceptable, the unit's applicant period comes to an end, and the unit may reapply and
1332 begin the application process anew, as described in this document's information on extensions to
1333 the applicant period.

1334
1335 If the unit has not already received two, one-year extensions, in this case, in addition to providing
1336 specific feedback to the unit, CEPH staff will work with the accreditation unit to reschedule the visit,
1337 establish new dates, and repeat the process described above. The Council will automatically grant
1338 the unit a one-year extension of its applicant period to accommodate the new dates, and staff will
1339 notify the unit of this extension in the letter communicating the Executive Committee's decision to
1340 delay the site visit.

1341 **Self-study final document**

1342
1343 After the preliminary review process, the unit must update and revise the self-study document and
1344 ERF to produce a final self-study document. Typically, the unit will have approximately two months
1345 to incorporate reviewers' comments and produce the final self-study document and ERF. No line-
1346 by-line or itemized response to reviewers' comments is expected or required, but all reviewer
1347 comments should be considered and incorporated in the production of the final self-study document
1348 and ERF. The final self-study document (but not the ERF) is a public document, as indicated in this
1349 document's section on required disclosures.

1350
1351 The final self-study document provides the basis for the site visit and Council review that produce
1352 an accreditation decision.

1353 **Required opportunity for third-party comment**

1354
1355 ~~Approximately three months before the scheduled site visit~~ Prior to the submission of the preliminary
1356 self-study document, the accreditation unit ~~should~~ must notify its major constituents that an
1357 accreditation review is scheduled and that they are invited to provide written comments to CEPH
1358 until 30 calendar days before the scheduled site visit. This opportunity is referred to as the
1359 opportunity for "third-party comments."

1360
1361 The requirement to invite third-party comments is a separate procedural requirement from the
1362 expectation that units will involve ~~stakeholders~~ an array of individuals in the self-study process and
1363 from the ongoing obligation, expressed in the accreditation criteria, for units to solicit input from
1364 constituents, including students, alumni, employers, community partners, etc.

Commented [A21]: Change to reflect longstanding practice as expressed in earlier section on extensions to initial applicant period.

1368 The third-party comment process is a broader, more general call for comment that allows any
1369 ~~stakeholder~~ interested party to provide feedback directly to CEPH to inform the accreditation review.
1370 CEPH does not share this feedback with the unit.

1371
1372 Notice to constituents of the opportunity to provide comments must include the email address
1373 submissions@ceph.org as the sole address for submission of third-party comments. The form of
1374 such notice is at the discretion of the accreditation unit. Notification methods might include the
1375 following: a notice posted in a visible location, an announcement in a regular newsletter for
1376 constituents, a notice published on the website or email listservs, etc.

1377
1378 ~~The unit must include evidence that it has Methods of soliciting~~ third-party comments ~~must be~~
1379 ~~documented in the ERF and verifiable by the site visit team~~ as part of the ERF submitted with the
1380 ~~preliminary self-study document~~. See this document's description of the ERF for additional
1381 information.

1382 **Site visit planning**

1383
1384 The CEPH website contains information on site visit planning, including an [overview video](#) outlining
1385 the major logistical requirements.

1386
1387 No later than three months before the site visit, the accreditation unit should begin working with the
1388 site visit coordinator to plan an agenda and other logistics. Beginning the agenda and logistics
1389 planning at least three months before the visit allows for multiple agenda drafts, ensures that
1390 university administrators will be able to participate in the visit and lessens the likelihood of the need
1391 for last-minute adjustments.

1392
1393 At all stages of the agenda and logistics planning process, the unit should communicate only with
1394 the site visit coordinator and not directly with site visitors. The site visit coordinator will facilitate
1395 communication, as needed, with the site visit chair and team members. This protocol ensures
1396 consistency of communication.

1397
1398 The unit should begin with the sample agenda, [available on the CEPH website](#), and should prepare
1399 an initial draft for the site visit coordinator. CEPH staff are available by phone and email for questions
1400 throughout the agenda planning process.

1401
1402 No later than three months before the site visit, the accreditation unit should also make hotel
1403 reservations for all site visit team members (three [individuals](#) for PHP and SBP; four to five
1404 [individuals](#) for SPH; [specific names will be provided approximately two months before the visit](#)).

1405
1406 At the hotel, the unit must reserve a simple meeting space for use by the site visit team for each
1407 evening of the site visit, starting at 5 p.m. on the evening before the team's arrival on campus. No
1408 supplies or refreshments are required for the hotel meeting space, and the living room associated
1409 with suite-style hotel rooms may ~~often~~ serve this purpose. The team only needs one meeting room,
1410 so if a suite-style room is used, it should be reserved for the team chair. The meeting room must
1411 have a table that seats the site visit team, with room for laptops and/or notes. ~~The unit must complete~~
1412 ~~the Site Visit Logistics Form, available on the CEPH website, with hotel confirmation numbers and~~
1413 ~~other related information, and must return the logistics form to the team coordinator as soon as~~
1414 ~~possible~~.

1415
1416 Additionally, the unit must reserve meeting space on campus for the site visit. To the extent possible,
1417 a single room should be used for all meetings, though the unit may wish to use a different room for
1418 lunch meetings ~~and/or the visitors' meeting with university-level leaders~~. Time spent traveling
1419 between rooms should be minimized to use the team's time most efficiently. The on-campus
1420 logistics must also include the following:
1421

Commented [A22]: Documentation of notice of third-party comment period will now be submitted with preliminary self-study, rather than final self-study; this provides more ample opportunity for units to cure the issue if they inadvertently miss this requirement.

Commented [A23]: CEPH discontinued use of this form several years ago: all information is included on the site visit agenda.

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- 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 approximately 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 to five individuals, and PHP and SBP site visit teams include three individuals. 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. The size of SPH site visit teams relates to the number of degrees and concentrations offered, with larger teams necessary to provide a thorough review for schools with larger arrays of degrees and concentrations. CEPH will notify SPH of the size of the teams, and will notify PHP and SBP of any deviations from the normal team size, in the letter that summarizes reviewers comments on the preliminary self-study document, which typically arrives no later than three months before the visit.

Commented [A24]: Edits better describe longstanding practice

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.

The teams are constructed as follow. See this document's information on site visitors for additional information.

SPH site visit team	PHP or SBP site visit team
1. Team coordinator	1. Team coordinator
2. Practitioner member	2. Practitioner member
3. Academic member	3. Academic member
4. Academic member	
5. Academic member (if applicable)	

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.

1460
1461 By one month before the site visit, the unit must ensure that each of the members of its site visit
1462 team receives all of the following items at ~~his or her~~their preferred address (provided by CEPH):

- 1463 • a print copy of the final self-study document
- 1464 • a USB with the following:
 - 1465 • an electronic copy of the final self-study document (single document in Word or PDF
 - 1466 format)
 - 1467 • an electronic copy of the ERF
 - 1468 • ~~a copy of the CEPH Site Visit Logistics Form~~
 - 1469 • a site visit agenda

1470 1471 **CEPH preparation for site visit**

1472
1473 Approximately one month before the visit, CEPH sends written notice to the chief executive officer
1474 of the university (typically, the president or chancellor) of the site visit dates.

1475
1476 CEPH provides all team members with a list of the other team members, the procedures manual,
1477 the applicable criteria document, a copy of the last accreditation report (if applicable), any interim
1478 reports or substantive change notices since the last full review, and any other pertinent information.

1479
1480 CEPH also schedules a site visit team conference call one to three weeks before the visit, after the
1481 team members have received the mailing from the accreditation unit (which is described in this
1482 document's information on the final self-study document).

1483
1484 Throughout the process of preparing for the visit, including during the conference call, site visitors
1485 may identify additional information or material needed to conduct a thorough review. The team
1486 coordinator will communicate all such requests to the unit as soon as possible, and replies should
1487 be addressed to the team coordinator, unless otherwise indicated. Requests for additional materials
1488 are minimized, to the extent possible, to only those materials needed to ensure a thorough, fair, and
1489 accurate review. These requests may arise any time from the receipt of the final self-study through
1490 the last morning of the site visit but will always be communicated as soon as possible.

1491 1492 **Site visit**

1493
1494 SPH visits require three days on campus, plus the evening preceding the arrival of the team on
1495 campus. PHP and SBP visits require two days on campus, plus the evening preceding the visit. The
1496 ~~two~~ days on campus include meetings with a variety of ~~stakeholders~~individuals, as defined on the
1497 sample agenda. The evening preceding the arrival on campus involves the site visit team only—no
1498 faculty or university staff are present.

1499
1500 The duration of the visit may be shorter or longer if special circumstances dictate the need for less
1501 or more time to accomplish the work of the site visit team. Unusual circumstances might include,
1502 for example, a visit focused on a narrow set of issues, a visit to a particularly complex or multi-
1503 partner accreditation unit, or a visit to an accreditation unit where the team needs to observe more
1504 than one geographic site. Any deviation from the standard duration will be defined by CEPH staff
1505 and will be reflected in the fees charged.

1508 Depending on the structure of the accreditation unit and the specific issues to be addressed, the
1509 team will need to meet with a broad representation of constituents. These normally include the
1510 following:

- 1511
- 1512 • university officials (president or provost)
 - 1513 • accreditation unit administrators (dean, department chair, program director, designated
1514 leader, etc.)
 - 1515 • faculty of all ranks and classifications (junior and senior faculty, primary instructional faculty
1516 and non-primary faculty, adjuncts, etc.)
 - 1517 • students from all degree programs in the unit
 - 1518 • recent alumni
 - 1519 • community representatives, including ~~individual stakeholders~~ involved in applied practice
1520 experiences, employers of graduates, individuals affiliated with community-based
1521 organizations that collaborate with faculty and students, and advisory committee members,
1522 as applicable

1523

1524 Typically, the team will meet with these constituent groups separately, and the sample agendas on
1525 the CEPH website provide structure. In particular, the school dean, program director, or designated
1526 leader should not attend the meeting with university officials. All individuals attending the site visit
1527 should be prepared for discussion and should be willing and able to discuss their perspectives and
1528 experiences with the accreditation unit.

1529

1530 In executive sessions, which are private meetings that do not include school or ~~program-program~~
1531 ~~representatives stakeholders~~, the team will discuss its findings and observations and organize and
1532 prepare its comments for succinct presentation.

1533

1534 Throughout the site visit, team members will seek information to validate the self-study document
1535 and to assess compliance with the relevant criteria. Visits are structured as discussions and
1536 question-and-answer sessions. The accreditation unit should not prepare presentations, opening
1537 remarks, etc. The team chair will lead all sessions on the agenda.

1538

1539 The final session of the site visit is an exit briefing, during which the team chair will present an oral
1540 summary of the team's findings, using material prepared by team members. This oral presentation
1541 will include the team's assessments of the unit's compliance with each accreditation criterion. The
1542 team coordinator will provide a summary of the next steps in the process. It is the prerogative of the
1543 dean, director, or designated leader to determine who should attend the exit briefing session.

1544 **Site visit team report**

1545

1546 The site visit team uses the final self-study, ERF, supplemental materials distributed at the visit,
1547 interviews ~~with stakeholders, information gathered during the visit,~~ and other materials to develop a
1548 team report. The report assesses the unit's compliance with each accreditation criterion and
1549 provides a rationale for the finding. In cases of noncompliance, the report specifically identifies the
1550 issues that lead to a noncompliant finding.

1551

1552 The team coordinator will edit the report after the visit and will circulate the draft to team members
1553 for further review and revision. The school or program will receive the team's report within eight
1554 weeks of the site visit's completion.

1555 **Accreditation unit's response to site visit team report**

1556

1557 The accreditation unit has at least 30 calendar days to review the team's draft report. The letter
1558 accompanying the site visit team's report will provide a deadline for submitting a reply to CEPH
1559 staff. An accreditation unit may supply the following materials to aid in the review process:
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1561

- 1562
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1569
- a list of any needed factual corrections (e.g., typographical errors, incorrect numbers) in the team’s report, provided in CEPH’s designated [template](#).
 - 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. The response must be provided in the designated boxes on the site visit report document.

1570
1571 Schools and programs that do not wish to submit either type of material should provide CEPH with
1572 a brief written affirmation of this by the response deadline.

1573
1574 The team coordinator will prepare an updated site visit report that includes the factual corrections.
1575 CEPH staff is available to answer questions as the school or program prepares its response.

1576
1577 **Distribution of site visit team’s report to Council and institution CEO**

1578
1579 Staff will send the updated site visit team’s report (reflecting factual corrections), along with the
1580 accreditation unit’s response to the team’s report, if applicable, to each CEPH councilor
1581 30 [calendar](#) days prior to the meeting at which the decision is to be made.

1582
1583 CEPH staff will also send the updated report (reflecting factual corrections) to the chief executive
1584 officer of the educational institution (typically the president or chancellor). The chief executive officer
1585 will be provided an opportunity to review the report and provide written comments if desired. A letter
1586 accompanying the report will provide a deadline for submitting these comments.

1587
1588 The Council will review the report and responses at its next scheduled decision-making meeting for
1589 which the docket is open.

1590
1591 **Final accreditation report**

1592
1593 The final report is produced and sent to the SPH, PHP, or SBP within 30 [calendar](#) days of the
1594 Council meeting at which the accreditation decision is made.

1595
1596 The accreditation report is not final and subject to public disclosure until after review and adoption
1597 by the Council. See this document’s information on public disclosures and on Council decisions
1598 after a site visit for additional information.

1599
1600 **Focused and/or abbreviated self-study and site visit**

1601
1602 The Council may require an already accredited unit to undergo a focused and/or abbreviated
1603 review that addresses a narrowly defined set of issues, rather than the criteria as a whole. This
1604 might occur, at the discretion of the Council, when the Council confers probationary accreditation
1605 based on a narrow set of deficiencies, when an accreditation unit has serious deficiencies that
1606 require on-site follow up in between regularly scheduled site visits, or if the Council determines a
1607 need for additional on-site information in between regularly scheduled site visits. See this
1608 document’s sections on [Ongoing reporting and review after accreditation](#) and on [Accreditation
1609 decisions](#) for additional information.

1610
1611 During focused reviews, the self-study process, site visit, and report described above may be
1612 directed at a specific sub-set of criteria identified by the Council. When the Council authorizes an
1613 abbreviated review, it will specify the scope of the review and may specify a site visit team
1614 composition or visit duration that differs from what is described elsewhere in this document, and
1615 the Council may make other procedural modifications as needed.

Section 10: Accreditation decisions

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 (e.g., 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.

Decisions on compliance after a site visit

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

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

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

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

1669
1670 When the Council makes changes to the site visit team's report and/or findings of compliance on
1671 criteria, the Council will communicate the basis for this change in the letter communicating the
1672 accreditation decision.

1673
1674 After the Council's review, the edited report becomes a final accreditation report that is subject to
1675 public disclosure.

1676 **Possible Council decisions after a site visit**

1677
1678
1679 In all cases, the Council makes decisions on the totality of the information, rather than making
1680 decisions based on the compliance status of any individual criterion or solely on the raw number of
1681 compliant and non-compliant criteria.

1682
1683 Following a full or focused/abbreviated self-study and site visit, the Council will make one of the
1684 following decisions:

- 1685
1686 • **Grant an *initial* accreditation term for up to eight years, which includes five years**
1687 **forward from when the Council makes the accreditation decision and up to three years of**
1688 **the previously completed applicant period. Section 8 of these procedures explains CEPH's**
1689 **process for defining an initial date of accreditation that accounts for the applicant period.** ~~five~~
1690 ~~years forward from when the Council makes the accreditation decision.~~ If applicable, the
1691 Council will define requirements for demonstrating that it has remediated any criteria found
1692 to be noncompliant. Mechanisms for demonstrating compliance and timelines and
1693 consequences associated with compliance are defined elsewhere in this document.

1694
1695 For more information, see this document's section on the date of initial accreditation.

- 1696
1697 • **Deny *initial* accreditation** to a unit in its applicant period when the unit does not meet
1698 criteria for accreditation and the Council deems that reasonable remedial actions will not
1699 bring the unit into compliance within the required timeframe.
- 1700
1701 • **Grant a reaccreditation term for seven years** forward from when the Council makes the
1702 accreditation decision. If applicable, the accreditation unit must demonstrate compliance
1703 with any criteria found to be noncompliant. Mechanisms for demonstrating compliance and
1704 timelines and consequences associated with compliance are defined elsewhere in this
1705 document.
- 1706
1707 • **Grant an initial accreditation or reaccreditation term for a period shorter than the**
1708 **maximum of five or seven years**, respectively, if the Council deems it necessary to assure
1709 continued compliance with all criteria.
- 1710
1711 • **Grant probationary accreditation** to an accredited unit that is judged deficient in resources
1712 and procedures to continue to accomplish its stated mission and objectives or fails to meet
1713 the requirements for its reaccreditation review. This status is conferred for a specific length
1714 of time and may not exceed three years in total, based on federal regulations. The Council
1715 will define the length of probationary accreditation at the time it makes its decision. Typically,
1716 a unit receiving probationary accreditation can expect an immediate requirement to begin a
1717 new full or abbreviated self-study and site visit process.

1718
1719 The probationary accreditation term includes time during which the accreditation unit works
1720 to come into compliance with the accreditation criteria and time to complete the review
1721 process. If the unit does not demonstrate compliance within the time specified, the Council

Commented [A25]: Change reflects longstanding practice. CEPH's recent US Dept of Education review suggested that our existing language was not sufficiently clear in describing the length of initial accreditation terms.

1722 must revoke accreditation, or it can allow up to one additional year to remedy the
1723 deficiencies if the accreditation unit shows good cause. Extension for good cause must be
1724 based on specific reasoning and is not guaranteed, as described in this document's
1725 information on addressing noncompliance.

1726
1727 Additional definitional information for probationary accreditation is available in this
1728 document's information on accreditation status, and additional public disclosure
1729 requirements associated with probationary accreditation also appear in the relevant section
1730 of this document.

- 1731
1732 • **Revoke accreditation** of a unit that does not meet the criteria for continued accreditation
1733 or does not permit a reevaluation after proper notice by CEPH. Revocation also applies
1734 when an institution disestablishes or closes an accreditation unit.
- 1735
1736 • **Defer an accreditation decision** if the Council requires further information to be able to
1737 make an appropriate decision. This occurs in rare circumstances, and the Council will define
1738 a specific time limit for deferral. The accreditation unit will maintain its existing classification
1739 (e.g., applicant period) and/or category (e.g., program) until the time of the Council's next
1740 decision.

1741 1742 **Required demonstration of ongoing compliance with criteria**

1743
1744 The self-study and site visit provide the most comprehensive review of a school or program's
1745 compliance, but the Council may determine that it can no longer validate compliance with criteria
1746 based on a variety of information and events after the award of accreditation.

1747
1748 Examples of submissions and information that may cause the Council to reevaluate a unit's
1749 compliance with criteria include, but are not limited to, the following:

- 1750 • notice of substantive change
1751 • annual report
1752 • interim report
1753 • [monitoring report](#)
1754 • additional information formally requested by the Council
1755 • complaints lodged with CEPH about a school or program
1756 • notice of adverse action by another recognized accrediting agency⁷
1757 • notice of investigation by a state or federal agency⁷
1758 • credible media reports or other credible information suggesting that the unit may no longer
1759 be in compliance with one or more criteria

1760
1761 In some cases, the Council's first step when reevaluating a unit's compliance with criteria may be
1762 to formally seek additional written information. If the Council determines that it cannot validate that
1763 the unit complies with all criteria, it will take one of the actions outlined in this document's section
1764 on Addressing noncompliant findings. Federal regulations require the Council to take specific
1765 actions, outlined below, when informed of adverse actions by other accrediting bodies or loss of
1766 authority to operate.

1767 1768 **Required Council decisions after adverse actions by other accrediting bodies or regulators**

1769
1770 As noted in this document's information on required reporting after accreditation, the unit must notify
1771 CEPH when a recognized accrediting body takes adverse action against the institution that houses
1772 the unit or a component of the institution that relates to or houses the unit.

⁷ See this document's section on [Required reporting and review after accreditation](#) for specific details.

Commented [A26]: See explanatory notes later in this document in monitoring report section.

1773
1774 Per federal regulations, CEPH will not grant initial or renewed accreditation, except as described
1775 below, to a school or program if it knows, or has reasonable cause to know, that it is located in an
1776 institution that is the subject of 1) a pending or final action brought by a state agency to suspend,
1777 revoke, withdraw or terminate the institution's legal authority to provide postsecondary education in
1778 the state; 2) a decision by a recognized agency to deny accreditation or preaccreditation; 3) a
1779 pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw or
1780 terminate the institution's accreditation or preaccreditation; or 4) probation or an equivalent status
1781 imposed by a recognized agency.

1782
1783 CEPH may grant initial or renewed accreditation to a school or program described above if the school
1784 or program has provided evidence that the reason for the pending or actual adverse action (or
1785 probation) against the institution or related programmatic entity does not and will not affect the ability
1786 of the public health school or program to meet CEPH accreditation criteria. If the Council determines
1787 that initial or renewed accreditation is warranted, CEPH will provide a thorough and reasonable
1788 explanation, consistent with its criteria, why the action of the other body does not preclude CEPH's
1789 grant of accreditation. This notice will be provided to the Secretary of Education within 30 [calendar](#)
1790 days of the Council's action.

1791
1792 Similarly, if CEPH learns that an institution with an accredited school or program is the subject of an
1793 adverse action or is placed on probation or an equivalent status by another accrediting agency or
1794 recognized state agency during the course of an existing accreditation term, CEPH will request a
1795 response from the school or program describing the action taken by the other agency and if and/or
1796 how the action taken by the other agency impacts the accredited unit. The Council will review this
1797 information at its next regularly scheduled meeting to determine whether it should initiate an adverse
1798 action against the school or program or place the school or program on probation.

1799
1800 Since public health programs are often administratively located within or related to units accredited
1801 by other specialized accreditors (e.g., in schools of medicine), any action by another specialized
1802 accrediting agency in a public health-related unit to suspend, revoke, terminate, or confer
1803 probationary accreditation will also be considered in the same manner as described above by the
1804 Council.

1805 1806 **Adverse and appealable actions**

1807
1808 Denial of accreditation and revocation of accreditation are adverse actions. Adverse actions and the
1809 conferral of probationary accreditation are appealable actions.

1810
1811 The following are **not** adverse or appealable actions:

- 1812
1813
- 1814 • deferral
 - 1815 • extension of accreditation
 - 1816 • extension of probationary accreditation for good cause
 - 1817 • any decision relating to a unit that is not yet accredited, including units in the applicant
1818 period. Denial of initial accreditation, after a full self-study and site visit, is the only exception
1819 to this rule.

1820 CEPH notifies the dean, director, or program lead and the chief executive officer of an institution,
1821 stating specific reasons for the adverse action or probationary accreditation. Appealable actions are
1822 not made public for 30 [calendar](#) days following notification, during which time an accreditation unit
1823 may appeal the decision. Appeals procedures ~~and disclosure of appealable actions~~ are described
1824 elsewhere in this document. [Disclosures by CEPH are addressed in the policy on Public Disclosure.](#)

1825

1826 **Section 11: Required reporting and review after accreditation**

1827
1828 **SPH, PHP, SBP annual reports to CEPH**

1829
1830 All accredited SPH, PHP, and SBP are required to submit an annual report to CEPH, using a
1831 prescribed format. Annual reporting begins in the calendar year after initial accreditation is granted,
1832 unless the Council specifically requests an annual report. The purpose of the annual report is to
1833 allow the accrediting body to monitor significant changes in the SPH, PHP, or SBP between on-site
1834 visits. Annual reports must contain at least the following information: fiscal information, measures
1835 of student achievement, and headcount enrollment data. Collaborative accreditation units must
1836 submit a single annual report that accurately portrays all components of the accreditation unit.

1837
1838 The Council will provide written notice of its receipt of the annual report and a determination of
1839 whether any further action is needed within 30 calendar days of the completion of the meeting at
1840 which annual reports are reviewed. As a result of annual reporting, the Council may require an
1841 interim report, additional information, a consultation visit, a substantive change notice, an
1842 abbreviated review, or an early full review. These terms are defined in relevant sections throughout
1843 this document.

1844
1845 **Prior notice of substantive change**

1846
1847 An accredited unit must notify CEPH in writing before making any substantive change that affects
1848 its mission or degree offerings. A substantive change includes, but is not limited to, the following
1849 changes:

- 1850
- 1851 • a major change in the established mission or objectives of the accreditation unit
 - 1852 • offering a new degree
 - 1853 • addition, discontinuance, or temporary suspension of a concentration area or reactivation
 - 1854 of a concentration area that was previously suspended
 - 1855 • offering a degree program in a fully distance-based format, if the degree program was only
 - 1856 previously delivered in a campus-based or hybrid format
 - 1857 • offering a degree program in a campus-based or hybrid format, if the degree program was
 - 1858 only previously delivered in a fully distance-based format
 - 1859 • offering a degree program at a site distant from the unit
 - 1860 • increase or decrease in the length of a degree program
 - 1861 • any revision of degree requirements that could impact compliance with curricular or other
 - 1862 criteria, such as
 - 1863 — Replacing or removing a required MPH, DrPH, or public health bachelor's degree class
 - 1864 if that class was previously submitted to CEPH as assessing a foundational or
 - 1865 concentration competency (see Criteria D2, D3, D4, D10 for PHP & SPH and
 - 1866 Criterion B2 for SBP)
 - 1867 — Replacing or removing a required class from any degree program if that class was
 - 1868 previously submitted to CEPH as covering or assessing a foundational knowledge area
 - 1869 (see Criteria D1, D16, D17, D18 for PHP & SPH)
 - 1870 — Changing substantive requirements relating to applied practice experiences or
 - 1871 integrative learning experiences (see Criteria D5, D6, D7, D8 for PHP & SPH)
 - 1872
 - 1873
 - 1874
 - 1875

1876 As a general rule, accreditation units must provide notice to the Council

- 1877
1878 • after a curricular change has been approved through appropriate channels **BUT**

1879

1880 • before the change has been implemented

1881

1882 All notices of substantive change must include the following:

1883

1884 • a completed Substantive Change Form, which can be found on the [CEPH website](#)

1885 • supporting documentation, as specified on the relevant substantive change form, that will

1886 allow the Council to evaluate the change and determine whether the change may impact

1887 continued compliance with the accreditation criteria

1888

1889 Curricular changes are the most common type of substantive change. When submitting a curricular

1890 change, the accreditation unit should ensure that the supporting documentation includes all required

1891 elements. For example, all of the following are required for substantive change notices relating to

1892 adding a new degree or concentration:

1893

1894 • number of students in the new degree/concentration (projected enrollment)

1895 • list of required coursework with syllabi

1896 • competencies associated with the degree/concentration for master's and doctoral degrees

1897 • learning outcomes for bachelor's degrees

1898 • a faculty list highlighting the faculty supporting the new degree/~~specialization~~concentration

1899

1900 The substantive change process is not sufficient when the addition or deletion of a degree program

1901 necessitates a change in accreditation category. In addition to submitting the appropriate

1902 substantive change form(s), provisions related to seeking a change in category would apply. For

1903 programs, the category is defined by whether a master's degree is already offered or not. An SBP

1904 adding a master's-level degree must undergo a change in category to PHP, while a PHP adding a

1905 baccalaureate or doctoral degree would not require a change in category.

1906

1907 The accreditation unit must provide one electronic copy of the notice and attachments. The Council

1908 or Executive Committee will review the notice at the next meeting for which the docket remains

1909 open. CEPH will provide written notice of its determination relating to any substantive changes

1910 within 30 [calendar](#) days of review.

1911

1912 **Notice of adverse accreditation action or investigation by government agencies**

1913

1914 It is the responsibility of the accreditation unit to promptly notify CEPH in writing if any of the

1915 following changes occur:

1916

1917 • The university or larger administrative units in which the accreditation unit is located are

1918 subject to adverse actions by any other recognized accrediting bodies, including probation

1919 and loss of accreditation.

1920

1921 • The university or any part of the university lose legal authority to operate

1922

1923 • The unit or any part of the university in which the unit is housed is the subject of

1924 investigation by a state or federal governmental agency into ethics in student-related

1925 business practices, such as investigations into marketing and recruiting practices or

1926 investigations concerning information disseminated to prospective or current students.

1927

1928 ○ The unit must only provide notice to the extent such notice is not otherwise prohibited

1929 by law, regulation, or the investigating agency. The unit must only provide notice that

1930 an investigation is pending and shall provide an update to CEPH upon final resolution

1931 or closure of the investigation.

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- The unit is not required to notify CEPH of Title IX or other civil rights, discrimination, or harassment investigations pertaining to students or faculty UNLESS the investigation culminates in a finding related to the accreditation unit's students, faculty, or staff whose responsibilities involve interactions with students. Notification is not required when prohibited by law, regulation, institutional policy, or confidentiality or privacy concerns.

The Council will review the written notice and determine what additional action or information is required. See this document's information on [Accreditation decisions](#) for additional information on the range of actions the Council may take, including specific actions that the Council must take in the presence of adverse actions by other accrediting bodies or loss of legal authority to operate.

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Section 12: Addressing noncompliant findings

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

When the Council confers initial accreditation or reaccreditation with noncompliant findings on some criteria, or when the Council identifies a compliance concern or potential compliance concern 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:

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

Timeline for demonstrating compliance

Federal regulations require that all units accredited by CEPH demonstrate compliance with all criteria. Units that are found to be noncompliant with one or more criteria at any time must demonstrate compliance as soon as it is practicable, but at most, within three years 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.

When warranted, e.g., when the noncompliance is so severe as to threaten the program's integrity and jeopardize the student experience without a reasonable expectation of prompt remediation, CEPH may take immediate adverse action. Determination of such severity will be based on the Council's collective judgment, considering all available contextual information, including the unit's accreditation history.

At the time the Council issues a finding of non-compliance, it will establish a date by which compliance must be demonstrated ~~in an interim report by the school or program~~. The time available to come into compliance will be determined based on the collective judgment of the Council of the time necessary to make the specific change required. ~~In most cases, interim reports will be required at least annually until the issue is resolved.~~ In no case will the accredited unit be out of compliance with a criterion for longer than three years, barring a good cause extension, as defined in this document. If the accredited unit remains out of compliance following an extension for good cause, the Council must revoke accreditation.

Commented [A27]: Council may choose other methods to demonstrate compliance--this was true prior to this edit.

Commented [A28]: For ongoing reporting, monitoring reports may replace interim reports in some cases.

Extension of compliance timeline beyond three years for good cause

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

2036 **Mechanisms for addressing compliance concerns**

2037
2038 In most cases, the Council acts to require interim reporting when it identifies non-compliance, and
2039 interim reports may be followed by monitoring reports. Information on interim and monitoring
2040 reporting is provided below.

2041 When the Council determines that additional action is necessary to validate compliance, however,
2042 the Council may require the school or program to submit to an abbreviated/focused or full self-
2043 study and site visit, as described in this document's information on site visits, instead of requiring
2044 interim or monitoring reporting.

2045
2046
2047 Additionally, the Council may require consultation with CEPH staff, as described below.

Commented [A29]: This text consolidates items that appeared throughout the text below.

2048
2049
2050 **1. Interim reports**

2051
2052 In situations where the Council identifies a deficiency in compliance but determines that
2053 reasonable remedial actions could bring the SPH, PHP, or SBP into compliance with the criterion,
2054 the Council will typically award or continue the typical term of accreditation and require an interim
2055 report.

2056
2057 The request for an interim report will specify the areas of deficiency, the required evidence to
2058 demonstrate compliance, and the due date of expected submission.

2059
2060 The Council will act to accept or ~~not accept~~ reject the interim report. When multiple issues of non-
2061 compliance are identified, the Council may group multiple issues into a single interim report
2062 request, but each element of non-compliance is treated individually.

Commented [A30]: All edits to interim report section are for clarity & reflect current practice. No changes to policy or process.

2063 ~~-as evidence of compliance with each individual element requested.~~ Reports are accepted as
2064 evidence of compliance with an element if the Council concludes, based on evidence provided in
2065 the interim report, that the accreditation unit has demonstrated ~~full~~ at least minimal compliance
2066 with the criterion or aspect of the criterion identified in the letter requesting the report.

2067
2068
2069 The Council will take one of the following actions for each interim report element:

- 2070
2071 a. Accept the interim report as evidence of compliance, with no further action required.
2072 b. Accept the interim report as evidence of minimal compliance and require a monitoring
2073 report to ensure sustained compliance. See guidance on monitoring reports.
2074 c. Defer the decision, if time allows (see above information on allowable time to demonstrate
2075 compliance), if the Council believes that it needs more information to make an informed
2076 decision on compliance. The Council will require the unit to provide additional information
2077 or evidence, specifying the information needed and the due date.
2078 d. Reject the interim report, and, if time allows (see above information on allowable time to
2079 demonstrate compliance), require another interim report.
2080 e. Reject the interim report, and, if time allows (see above information on allowable time to
2081 demonstrate compliance), require a focused or full self-study and/or site visit, while
2082 continuing the unit's existing accreditation term without interruption.
2083 f. Reject the interim report, and, if time allows (see above information on allowable time to
2084 demonstrate compliance), confer probationary accreditation. Probationary accreditation,
2085 as noted elsewhere in this document, requires public notification of the accreditation status

2086 and requires a focused or full self-study and site visit. A probation action is an appealable
2087 action, as discussed elsewhere in this document.

2088 g. Reject the interim report and revoke the unit's accreditation. Revocation of accreditation is
2089 an appealable action, as discussed elsewhere in this document.

2090
2091 ~~unit to conduct an in-person or distance-based consultation visit with a CEPH staff member to~~
2092 ~~support the unit's efforts to address areas of concern and present evidence of compliance. The~~
2093 ~~consultative activities do not, on their own, give rise to a Council decision to validate compliance.~~
2094 ~~Rather, they may be required in addition to other requirements.~~

2095
2096 ~~If the accreditation unit has not fully resolved the cited deficiencies within the timeframe specified~~
2097 ~~by the Council, the Council must act not to accept the interim report and must a) revoke the~~
2098 ~~accreditation of the SPH, PHP, or SBP or b) extend, for good cause, the time period by which the~~
2099 ~~SPH, PHP, or SBP must come into compliance.~~

2100 **~~2. Additional information~~**

2101
2102 ~~3. In situations where the Council does not have sufficient information to make a determination~~
2103 ~~about compliance, the Council will require the unit to provide additional information or~~
2104 ~~evidence. The request for additional information will specify the information needed and the~~
2105 ~~date of expected submission. **Abbreviated or full self-study and site visit**~~

2106 ~~The Council may require the school or program to submit to an abbreviated/focused or full self-~~
2107 ~~study and site visit, as described in this document's information on site visits, if it determines that~~
2108 ~~the self-study and site visit process are necessary to validate compliance.~~

2109 **~~4. Consultative activities~~**

2110
2111 ~~The Council may require an already accredited Monitoring reports~~

2112
2113 The Council may require a monitoring report when a unit demonstrates minimal or short-term
2114 compliance with a criterion or element of a criterion but the Council identifies a need for continued
2115 monitoring to ensure ongoing or sustained compliance.

2116
2117 For instance, some criteria require ongoing, sustained data collection efforts; an interim report
2118 may demonstrate that the unit has successfully implemented data collection one time, but the unit
2119 has not yet had an opportunity to demonstrate that the efforts are sustained over time, due to the
2120 timing of interim report submission. Monitoring reports allow units to show that they have
2121 sustained the compliant actions over time.

2122
2123 The request for a monitoring report will specify the area(s) of monitoring, the required evidence
2124 and documentation, and the due date. When multiple issues are identified, the Council may group
2125 multiple issues into a single monitoring request, but each element is treated individually.

2126
2127 Monitoring reports will typically be required at six-month or one-year intervals until the Council
2128 determines that there is no further need for monitoring to ensure ongoing compliance.

2129
2130 The Council will take one of the following actions for each monitoring report element:

- 2131
2132 a. Accept with no further action required.
2133 b. Accept and require an additional monitoring report.
2134 c. Defer the decision, if the Council believes that it needs more information to make an
2135 informed decision. The Council will require the unit to provide additional information or
2136 evidence, specifying the information needed and the due date.

Commented [A31]: This, and text immediately below, has been consolidated into the list of options above.

Commented [A32]: As noted in the description, monitoring reports provide an option for the Council to request documentation without requiring an interim report (since interim reports signal active noncompliance). The Council's past practice was to accept an interim report as evidence of temporary compliance but simultaneously request a new interim report as evidence of future compliance for the next year(s). Monitoring report eliminates this awkwardness and more accurately reflects the nature of the needed reporting.

- 2137 d. Reject and require an interim report, if the information provided suggests non-compliance.
2138 The interim report process described above begins.
- 2139 e. Reject and require a focused or full self-study and/or site visit, while continuing the unit's
2140 existing accreditation term without interruption, if the information provided suggests non-
2141 compliance.
- 2142 f. Reject and confer probationary accreditation, if the information provided suggests non-
2143 compliance. Probationary accreditation, as noted elsewhere in this document, requires
2144 public notification of the accreditation status and requires a focused or full self-study and
2145 site visit. A probation action is an appealable action, as discussed elsewhere in this
2146 document.
- 2147 g. Reject and revoke the unit's accreditation, if the information provided suggests non-
2148 compliance. This action would only be taken when the issues raised are so severe as to
2149 threaten the program's integrity and jeopardize the student experience without a reasonable
2150 expectation of prompt remediation. Revocation of accreditation is an appealable action, as
2151 discussed elsewhere in this document.

2152 **Required consultative activities**

2153
2154
2155 In conjunction with any of the decisions above, the Council may also require the unit to conduct
2156 an in-person or distance-based consultation visit with a CEPH staff member to support the unit's
2157 efforts to address areas of concern and present evidence of compliance. The consultative
2158 activities do not, on their own, give rise to a Council decision on compliance. Rather, they may be
2159 required in addition to other reporting. The unit is responsible for the costs associated with the
2160 consultation, as listed on CEPH's fee schedule, unless specifically waived by the Council.

2161 **Failure to submit a required report**

2162
2163
2164 If an SPH, PHP, or SBP does not submit a requested interim or monitoring report by the specified
2165 deadline, the Council will define appropriate next steps, which may include but are not limited to
2166 1) requiring an early focused or full accreditation review, 2) conferring probationary accreditation,
2167 or 3) revoking accreditation. If a unit does not submit a required ~~interim~~ report and is at the end
2168 of the maximum allowable period of non-compliance, the Council must revoke accreditation.

Commented [A33]: Reflects longstanding practice

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Section 13: 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 consider 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.

[CEPH will act in accordance with its policy on Notice Requirements when it receives notice that a unit does not wish to maintain its accreditation status or when accreditation lapses.](#)

Section 14: Appeals

2209
2210
2211 If the decision of the Council is to place an SPH, PHP, or SBP on probation or to deny or revoke
2212 accreditation, CEPH notifies the school dean, program director, or designated leader and the chief
2213 executive officer of the university in writing, following CEPH's typical practices for initial notification
2214 of accreditation decisions after a Council meeting (i.e., no later than 30 calendar days after the
2215 decision). In the notice, a specific statement of reasons for the action is given, as well as information
2216 about the right to appeal.

2217
2218 A probation action will not be made public for 30 calendar days. During that time period, which
2219 begins on the date the SPH, PHP, or SBP receives CEPH's decision letter, the SPH, PHP, or SBP
2220 may file a notice of appeal in writing and request an appeal hearing. If the SPH, PHP, or SBP
2221 initiates the appeal within the prescribed 30 calendar days, there is no change in accreditation status
2222 pending disposition of the appeal, and the action is not made public. If the SPH, PHP, or SBP does
2223 not file a written notice of appeal within 30 calendar days, the Council's action becomes final and
2224 public. Probation actions are subject to the notice requirements outlined in CEPH's policy on Notice
2225 Requirements.

2226
2227 A decision to deny or revoke accreditation is also subject to the notice requirements outlined in
2228 CEPH's policy on Notice Requirements. Within 30 calendar days of receiving CEPH's decision
2229 letter, the SPH, PHP, or SBP may file a notice of appeal in writing and request an appeal hearing.
2230 If the SPH, PHP, or SBP initiates the appeal within the prescribed 30 calendar days, there is no
2231 change in accreditation status pending disposition of the appeal. If the SPH, PHP, or SBP does not
2232 file a written notice of appeal within 30 calendar days, the Council's action becomes final and public.
2233

2234 The SPH, PHP, or SBP bears the burden of proof on appeal. The grounds for appeal are a) that
2235 the Council's decision was arbitrary, capricious, or not supported by substantial evidence in the
2236 record on which the Council took action; or b) that the procedures used by the Council to reach its
2237 decision were contrary to the Council's bylaws, accreditation procedures, or other established
2238 policies and practices, and that procedural error prejudiced the Council's consideration. The appeal
2239 will be limited to only such evidence as was before the Council at the time it made its decision.
2240

2241 The Appeals Panel will consist of three members, none of whom served on the site visit team or are
2242 current CEPH councilors. Each member of the Appeals Panel is subject to CEPH's [policy on](#)
2243 [Conflicts of Interest](#). The Appeals Panel will include one public health practitioner, appointed by the
2244 American Public Health Association; one member of the faculty or administration of an accredited
2245 school of public health, appointed by the Association of Schools and Programs of Public Health;
2246 and one public member, appointed by the relevant ~~regional~~-institutional accrediting commission.
2247 The public member must act as a representative of the general public and may be an educator, but
2248 may not be associated in any way with schools or programs of public health, be engaged in public
2249 health practice (or be a member of any affiliated public health membership organization), or be an
2250 employee of or otherwise associated with an institution that has a school or program of public health.
2251 This individual must also not be the spouse, parent, child, or sibling of any individual who would not
2252 meet the public member definition. Academic and practitioner members appointed to the Appeals
2253 Panel must be qualified by education and experience. Qualifications include the following:

- 2254
- 2255 • Hold or held (if retired) a position as a senior academician at a CEPH-accredited SPH or
2256 PHP. In most cases, individuals must serve as the dean, associate dean, department chair,
2257 or MPH/DrPH director in an SPH or the program director or department chair in a PHP AND
2258 • Have a doctoral degree or an appropriate professional master's degree with extensive
2259 academic experience, including faculty roles.
- 2260
- 2261

OR

Commented [A34]: CEPH's USDE review indicated insufficient clarity in description of Appeals Panel qualifications.

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- Hold or held (if retired) 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.

Public members appointed to the Appeals Panel must be familiar with higher education and accreditation.

The Appeals Panel will select one of its members as chair. Once constituted, the CEPH executive director will conduct 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 calendar 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:

- CEPH Procedures Manual, applicable at the time of the review;
- CEPH Criteria for Accreditation, applicable at the time of the review;
- Relevant self-study document of the SPH, PHP, or SBP;
- Relevant accreditation reports and responses to those reports by the SPH, PHP, or SBP; and
- 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 30 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, or remands the decision being appealed. If the Appeals Panel affirms or amends the decision, the decision becomes final at that time. If the Appeals Panel ~~amends or~~ remands the decision, it must ~~provide a detailed written explanation of~~

2316 ~~its rationale~~ explain the basis for a decision that differs from that of the original decision-making body
2317 ~~and the Appeals Panel's decisions or instructions. The~~ In this case, the Council will act in a manner
2318 consistent with the Appeals Panel's decisions or instructions and the Accreditation Procedures.

2319
2320 The chair of the Appeals Panel will send notification in writing, including specific findings and the
2321 basis for the result, of the Appeals Panel's decision to the Council within 21 business days of the
2322 hearing. The Council will notify the SPH, PHP, or SBP and the chief executive of the institution
2323 housing the ~~accreditation~~ accredited unit, in writing, of the Appeals Panel's decision and the basis
2324 for that result within ~~24 hours~~ three business days of ~~its~~ receipt of the Appeals Panel's written
2325 notification.

2326
2327 If the only deficiency cited in support of a final adverse action or conferral of probationary
2328 accreditation is the SPH, PHP, or SBP's failure to meet the CEPH criterion relating to finances, the
2329 SPH, PHP, or SBP may seek the review of new financial information before the Council returns a
2330 final decision if and only if 1) the financial information was unavailable to the SPH, PHP, or SBP
2331 until after the decision subject to appeal was made and 2) the financial information is significant and
2332 bears materially on the financial deficiencies identified by the agency. The Council will determine
2333 whether the criteria of "significance" and "materiality" in item 2, above, are met. The school or
2334 program may seek review of the financial information only once. The Council's decision regarding
2335 "significance" and "materiality" is not separately appealable.

2336
2337 If the Appeals Panel upholds denial or revocation of accreditation, the name of the SPH, PHP, or
2338 SBP will be removed from the list of accredited units and notification of the removal will appear on
2339 CEPH's website. The USDE, appropriate state agencies, and appropriate accrediting agencies will
2340 be notified immediately. If the panel upholds probationary accreditation, the SPH, PHP, or SBP will
2341 remain on the accredited list, but notification of the probationary status will appear on CEPH's
2342 website, and the SPH, PHP, or SBP must proceed with its accreditation review at the time originally
2343 stipulated by CEPH. Failure to do so will result in revocation of accreditation.

2344
2345 The SPH, PHP, or SBP shall be responsible for the cost of the appeal as set forth in CEPH's fee
2346 schedule. The appeal fee is due at the time the SPH, PHP, or SBP files its notice of appeal.

2347
2348 The SPH, PHP, or SBP may terminate the appeal in writing at any time up until the decision of the
2349 Appeals Panel is rendered. In so doing, the SPH, PHP, or SBP foregoes any right to reassert the
2350 appeal at a later date. If the SPH, PHP, or SBP terminates the appeal, it will remain responsible for
2351 any costs of the appeal incurred up to that point. Any remaining portion of the appeal fee shall then
2352 be refunded to the SPH, PHP, or SBP. The action of the Council becomes final upon receipt of a
2353 written request to withdraw the appeal.

2354
2355 In addition to the foregoing appeal procedures, CEPH staff shall assume certain responsibilities
2356 related to the appeal hearing. Those responsibilities are set forth in a separate document, "Council
2357 on Education for Public Health – Staff Responsibilities During Appeals Proceedings." This
2358 document is posted on the CEPH website and shall be provided to any SPH, PHP, or SBP that
2359 initiates an appeal.

2360
2361

Commented [A35]: Language changes to align more directly with federal regulations.

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 comply with CEPH's published criteria 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 requires the accredited unit to have procedures for fairly and promptly resolving complaints that are raised by students and others.~~ 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. Given the importance of clarity and due process for all parties, if a complainant contacts CEPH by phone, CEPH staff will assist the complainant in locating the form and submitting the complaint in writing. Complaints must ~~meet all of the following minimum requirements:~~ be submitted in writing, succinctly describe the circumstances leading to the complaint, and include the complainant's contact information. ~~submitted in writing~~

- ~~specifically indicates which accreditation criterion or policy is allegedly being violated~~ includes documentation that the complainant has already exhausted the accredited unit's administrative complaint or grievance processes
- ~~is signed~~
- ~~includes the complainant's contact information~~

CEPH also requires a release authorizing CEPH to forward a copy of the complaint to the accredited unit for a response. The Complaint Form informs the complainant that CEPH will identify ~~the complainant~~ them in the notification to the unit. In the event the complainant requests to ~~remain confidential~~ keep personally identifiable information confidential from the school or program that is subject to the complaint, CEPH will make every effort to honor such request. However, such requests may hinder CEPH's ability to conduct a full investigation into the allegations of the complaint. CEPH cannot guarantee confidentiality.

~~In rare circumstances, where~~ When credible violations of CEPH criteria 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 criteria or policies is specifically alleged. Such matters include admission; grading; credit transfer decisions; fees or other financial matters;

Commented [A36]: All edits to this section align our language with federal regulations and recently released federal guidance.

2414 disciplinary matters; and contractual rights and obligations of students and personnel. CEPH will
2415 not seek any type of compensation, re-admission, or other redress on behalf of an individual.
2416 CEPH will not respond to or take action on any complaint that is defamatory, hostile, or profane.
2417 In addition, CEPH will not involve itself in collective bargaining disputes.

2418 **Exhausting administrative rights**

2419
2420 ~~CEPH expects a complainant first to attempt to resolve a grievance through the accredited unit's~~
2421 ~~own published policies and procedures through the level of the college or university before~~
2422 ~~submitting a complaint to CEPH. If CEPH receives a complaint that would best be resolved~~
2423 ~~through the school or program's or institution's published complaint procedures (e.g., grade~~
2424 ~~disputes, Title IX complaints, disciplinary matters), CEPH staff will advise the complainant of this~~
2425 ~~and direct them to the appropriate resources at the school, program, or institution in~~
2426 ~~question. Therefore, the complainant must document that all administrative processes and~~
2427 ~~appeals have been exhausted in the complaint filing.~~

2428 **Time limitation**

2429
2430
2431 CEPH will not review or act upon a complaint if it is filed with CEPH more than one year after the
2432 circumstances leading to the complaint occurred ~~or more than one year of the final disposition of~~
2433 ~~the complaint by the accredited unit after the application of its own grievance policies and~~
2434 ~~procedures through the college or university level.~~

2435 **Complaint procedure**

2436
2437
2438 If the complaint meets all of the above requirements, ~~is specific, and includes documentation that~~
2439 ~~administrative processes have been exhausted,~~ the following steps will be taken by CEPH:

- 2440
2441 1) After receipt of the complaint, CEPH staff will send a letter or email to the complainant, within
2442 15 calendar days, acknowledging receipt of the complaint and explaining the process CEPH
2443 will follow in investigating the complaint.
- 2444
2445 2) ~~CEPH staff~~The executive director will conduct an initial review of the complaint within
2446 10 business days to determine whether it sets forth information or allegations that reasonably
2447 suggest that the accredited unit may not be in compliance with CEPH accreditation criteria. If
2448 additional information or clarification is required, the executive director will send a request to
2449 the complainant. If the requested information is not received within 15 calendar days, the
2450 complaint ~~may will~~ be considered abandoned and may not be investigated by CEPH.
- 2451
2452 3) If the executive director determines after the initial review of the complaint that the information
2453 or allegations do not ~~reasonably demonstrate that an accredited unit is out of compliance~~
2454 ~~with~~relate to CEPH criteria or procedures, the complaint may be considered closed and will
2455 not be investigated by CEPH. In this case, the executive director will provide a written
2456 explanation to the complainant within 10 business days of the executive director's review,
2457 identifying other avenues to resolve the complaint, if appropriate.
- 2458
2459 4) If the executive director determines, after the initial review of the complaint, that the
2460 information or allegations ~~suggest that an accredited unit may not be in compliance with~~relate
2461 to CEPH criteria, the executive director will notify the accredited unit that a complaint has been
2462 filed. The notice, provided within 10 business days of the executive director's review, will
2463 summarize the allegations, identify the CEPH criteria that were allegedly violated and provide
2464 a copy of the original complaint (redacted if confidentiality has been requested) to the
2465 accredited unit. The accredited unit will be given 30 calendar days to provide a response. A
2466 shorter response time may be required where, in the judgment of the executive director, a
2467 complaint alleges serious violations of accreditation criteria or policies that may pose a

2468 potential risk to students and/or the public. The executive director will also notify the
2469 complainant at the same time that the complaint has been forwarded to the unit for response
2470 and provide a timeline for complaint resolution.

- 2471
- 2472 5) The executive director will provide the complaint materials and the school or program's
2473 response, to the CEPH Executive Committee at its next regularly scheduled meeting
2474 (quarterly), or sooner where circumstances require. The executive director will notify the
2475 complainant and the accredited unit of the timing of such meeting.
- 2476
- 2477 6) The Executive Committee shall be the final decision-making body on the complaint and its
2478 decision may include any of the following:
- 2479
- 2480 a. Consider the complaint resolved and continue the accreditation status of the SPH, PHP,
2481 or SBP without change;
- 2482
- 2483 b. Continue the accreditation status of the unit, but require further reporting from the SPH,
2484 PHP, or SBP to include an interim report, substantive change, additional information or
2485 other reporting, as appropriate;
- 2486
- 2487 c. Continue the accreditation status of the SPH, PHP, or SBP, but initiate an earlier focused
2488 or full review of the accreditation unit;
- 2489
- 2490 d. Direct an on-site visit to be conducted at the accreditation unit by a full or partial team to
2491 investigate the allegations;
- 2492
- 2493 e. Recommend to the Council that it place the accredited unit on probation, subject to an
2494 appeal in accordance with CEPH policies and procedures; or
- 2495
- 2496 f. Recommend to the Council that it revoke the SPH, PHP, or SBP's CEPH accreditation,
2497 subject to appeal in accordance with CEPH policies and procedures.
- 2498
- 2499 7) In all instances, the executive director will send a letter to the complainant and the accredited
2500 unit informing ~~it~~ them of the final disposition of the complaint within 15 business days of the
2501 final decision.

2502 **Appeal rights**

2503 The accreditation unit may not appeal a decision on a complaint except where probationary
2504 accreditation is conferred or accreditation is revoked. The appeals procedures described
2505 elsewhere in the CEPH policies and procedures shall apply.

2506 If a complainant is not satisfied with the resolution determined by the Executive Committee, CEPH
2507 will provide the complainant with the name and address of the appropriate office within the USDE
2508 and of any other applicable recognition bodies.

2509 **Recordkeeping**

2510 CEPH maintains a record of all complaints. The maintenance and destruction of complaint records
2511 shall comply with CEPH's Document Retention Policy.

2512

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2517

2518 **Expenses**

2519

2520 In the event that the Council directs an on-site visit to an accredited unit to investigate complaint
2521 allegations, the costs of the visit will be borne by the accredited unit.

2522

2523 **Complaints against CEPH**

2524

2525 Complaints about CEPH's performance related to its own procedures, policies, or criteria may be
2526 forwarded via mail or email to the CEPH's offices. Complaints must be in writing, and must be
2527 specific, ~~and must be signed by the complainant~~. The executive director will seek to achieve an
2528 equitable, fair, and timely resolution of the complaint. As necessary, complaints may be referred
2529 to the CEPH Executive Committee and if so referred, will be considered at the Executive
2530 Committee's next regularly scheduled meeting (quarterly), or sooner where circumstances
2531 require. Executive Committee decisions relative to the complaint will be communicated to the
2532 complainant in writing within 30 calendar days of the meeting. CEPH maintains complete and
2533 accurate records of complaints, if any, against itself and makes those records available for
2534 inspection upon request at the CEPH office.

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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.

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Section 17: Maintenance of accreditation records

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

~~CEPH also maintains permanent records of all accreditation decision and substantive change letters.~~ All records are maintained in accordance with CEPH's policy on Document Retention.

Commented [A37]: Policy statement contains most accurate information on record keeping.

Section 18: Index

Commented [A38]: Disregard index: it is no longer current and will be updated when the document is finalized

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