ACCREDITATION PROCEDURES

SCHOOLS OF PUBLIC HEALTH
PUBLIC HEALTH PROGRAMS
STANDALONE BACCALAUREATE PROGRAMS

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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.

Section 1: Establishment and revision of accreditation criteria and procedures

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

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

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

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

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

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

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

Section 2: CEPH Board of Councilors

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

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

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

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

Councilors include the following:

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

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

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

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

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

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

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

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[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.

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

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

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

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

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 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.

    AND
- Have a doctoral degree or an appropriate professional master's degree with extensive academic experience.

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 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.

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

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

Section 4: Consultation and technical assistance

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

Pre-Application Orientation Webinar (P-AOW)
The P-AOW focuses on key components and requirements of CEPH accreditation, including information on preparing a successful initial application submission (IAS). The IAS is a mandatory step in pursuing initial accreditation. This document's information on initial accreditation provides information on the sequence of requirements preceding initial accreditation, including the P-AOW and the IAS.

Accreditation Orientation Workshop (AOW)

The Accreditation Orientation Workshop is offered at least annually online and may be offered on additional dates. Attendance is required of all applicants. The AOW is also recommended to representatives of units undergoing the reaccreditation process. The purpose of the workshop is to explain CEPH accreditation policies, procedures, and criteria; to discuss the self-study process and expectations for the resulting document; and to elucidate guidelines for hosting a site visit. There is a registration fee for the workshop.

Consultation visits

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

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

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

Section 5: The accreditation unit

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

All US-based accreditation units operate within an 'institution,' which CEPH defines as an entity that holds institutional accreditation, as defined by the 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.

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

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

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

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

- A unit whose governance and leadership structure includes both baccalaureate and MPH (or equivalent) degrees is not eligible for accreditation in the SBP category.

    — An SBP may be accredited in an institution that also offers an MPH degree ONLY IF the MPH degree is offered by and operated under a separate organizational and governance structure from the SBP.
    — When there are plans to add an MPH or equivalent degree to the same governance and leadership structure as a currently accredited SBP, the SBP must either 1) comply with the procedures for changes in accreditation category (referred to as "transitions") or 2) voluntarily withdraw from CEPH accreditation, including completing public disclosures of the withdrawal of accreditation, before the MPH program is advertised as available for enrollment.

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

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

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

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

Defining the accreditation unit: SPH

For SPH, the accreditation unit is defined to include all degree programs, majors, concentrations, etc. that are functionally housed in the school or college. No degree programs may be excluded from the accreditation review. The term "functionally housed" relates to the fact that, in some cases, another school or college (e.g., the graduate school) may perform administrative functions

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

Defining the accreditation unit: PHP and SBP

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

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

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

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

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

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

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

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

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

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

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

CEPH approves a specific list of all degree offerings included in the PHP or SBP at the time of application. PHP or SBP whose applications have been officially accepted by the Council but are not yet accredited may seek to modify the accreditation unit through the application amendment process, defined later in this document. CEPH accreditation will be designated only for the agreed-upon concentrations, majors, and/or degree programs.

Multi-partner accreditation units

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

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

- Multiple institutions pursue or maintain CEPH accreditation separately while maintaining active collaboration around instruction (e.g., facilitating transfer credits, co-teaching), scholarship or service. These institutions may or may not have formal agreements with one another. Each institution is responsible for individually fulfilling all requirements defined in CEPH criteria.

- An institution with a CEPH-accredited unit engages in collaboration or affiliation with an institution that does not operate a CEPH-accredited school or program. The cooperation provides a supplement or complement to the unit's offerings. All parties must be transparent about the scope and nature of the collaboration and must disclose their CEPH accreditation status accurately, as defined in this document's section on disclosure of accreditation status.

Changes in accreditation category

Changes in category include the following:

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

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

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

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

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

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

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

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

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

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

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

An SPH, PHP, or SBP in transition from one category to another continues in its obligation to notify CEPH before making any substantive change that affects its mission or degree offerings. See this

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[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.

document's section on substantive changes for additional information. Multiple substantive change notices are common during the transition period.

Section 6: Accreditation status

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

Two additional terms are relevant to accreditation status:

1. Applicant period

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

2. Probationary accreditation

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

Section 7: Required public disclosures

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

Units considering or planning for CEPH accreditation

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

Applicants

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

- Applicants may **only** use the following language to describe their affiliation with CEPH: *"____ is an applicant for accreditation by the Council on Education for Public Health."*

- PHPs and SBPs must also include the following language: *"The accreditation review will address the ___ [list the specific degree program(s) included in the accreditation unit, as defined in the Council's letter accepting the application]. Other degrees and areas of study offered by this institution will not be included in the unit of accreditation review."*

- Applicants must provide CEPH's website address for additional information whenever referring to the application and accreditation process.

- CEPH encourages all applicants to disclose as much information as possible regarding their progress toward accreditation, including planned dates for the self-study submission, site visit and accreditation decision date. This information must be accompanied with a notice that all dates are subject to change.

- Applicants who wish to answer questions about projections for their initial accreditation dates must only use the following language: *"The date of initial accreditation will be whichever of the two dates occurs **later:** either 1) the date on which our application was accepted by the Council [insert date] or 2) the date on which the most recent extension of applicant status was granted, if applicable [insert date, if applicable]. The Council assigns the date of initial accreditation during the Council meeting at which the accreditation decision is made. Entry into the process and acceptance of an application are not a guarantee of initial accreditation."*

- If the SPH, PHP, or SBP elects to withdraw its application for any reason, it must remove the term "applicant," as it relates to CEPH accreditation, from all materials, including print materials and websites, within 24 hours of providing notice to the Council.

- Applicant units may not use CEPH's logo or seal and may only use CEPH's name in the manner mentioned above.

All accredited SPHs, PHPs & SBPs

— CEPH will periodically audit units' compliance with these disclosure provisions.

— A unit must disclose all information pertaining to its accreditation status, contents of reports of site visits, and CEPH's accreditation actions accurately. Should the unit provide incorrect or misleading information in these areas, CEPH will require the unit to publicly correct the information by providing notice via its website and, if deemed necessary by CEPH, direct written notification to students and/or potential students. See CEPH's policy on Correcting Misrepresentation of Accreditation Status.

— SPH, PHP, and SBP may use the official accreditation seal provided electronically by CEPH. Use of CEPH's logo is not permitted.

— Units must disclose their CEPH accreditation status accurately, including the category of accreditation. Additional, specific requirements relating to accredited units that plan to change their category of accreditation (e.g., PHP seeking to transition to SPH) appear in this document's section on changes in accreditation category.

— Accredited units must provide CEPH's website address whenever referring to affiliation with CEPH.

— Whenever using CEPH's name or seal, PHP and SBP must clearly list the instructional programs (degree, major, concentration, specialization, or track, whichever applies) included in the accreditation unit and must ensure that all electronic and print materials are clear in distinguishing the accreditation unit from other degree offerings housed in the same organizational structure.

— The official accreditation report and final self-study, as submitted to CEPH, are public documents and must be available to any interested party no later than 60 days following the date of the Council's accreditation decision.

— The electronic resource file (ERF) materials are not included in the required public disclosures; however, CEPH encourages units to make ERF materials available as appropriate when helpful for providing context to readers of the self-study and report.

— CEPH facilitates electronic access for faculty and staff at accredited and applicant units to all public accreditation reports and self-studies, via password-protected website.

— Other interested parties may request copies from the unit or from CEPH. All requests for accreditation report copies received by CEPH will first be referred to the accreditation unit, but the unit must respond promptly to any such requests.

  — Units that wish to facilitate such requests may make their final self-study documents and final accreditation reports publicly available on their websites, eliminating the need for reviewing and responding to individual requests.

  — Accreditation units that plan to provide the documents in response to individual requests must clearly indicate on their websites how to contact an appropriate person to request a copy of the final self-study document and final accreditation report and must ensure that such requests are honored promptly.

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

PHP outside of the United States

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

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

Multi-partner SPH, PHP & SBP

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

SPH, PHP & SBP receiving probationary accreditation decisions

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

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

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

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

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

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

CEPH disclosures

See CEPH's policy on Notice Requirements and policy on Public Disclosure for more information. As a recognized accreditor, CEPH provides notice, as required or requested, to the US Department of Education, institutional accrediting bodies, other specialized and professional accrediting bodies, and relevant state higher education authorities.

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

Section 8: Initial accreditation or transition in accreditation category

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

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

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

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

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

For all other units, the following steps are required:

1) Participate in CEPH's Pre-Application Orientation Webinar (P-AOW), which is described in this document's information on consultation and technical assistance.

2) Request an invoice for the initial application submission (IAS) fee, if needed for payment processing within the unit's context. (This fee is waived for accredited units seeking a change in category.)

   Submit payment for the initial application submission (IAS) fee. See CEPH's fee schedule, available on the website, for information.

3) Submit a first draft of the IAS for CEPH staff review. The IAS is a concise document, with accompanying appendices, that demonstrates eligibility to begin the applicant period. Units must use the IAS templates available on the CEPH website. The initial submission for staff review need not include all appendices but submitting a more complete draft will allow staff to provide more comprehensive feedback.

4) Receive staff feedback on the draft IAS. CEPH staff will acknowledge receipt of a draft IAS via email and will provide feedback via email within two weeks of acknowledging receipt.

   — Staff feedback focuses on making the documentation as clear as possible, attempting to ensure that the IAS contains all information the Council would require to make a decision. Staff feedback helps to obviate the need for Council denial of an IAS based on deficiencies or ambiguities in documentation.

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

5) Revise the IAS in response to CEPH staff feedback. Multiple rounds of drafts are typically required for preparing a successful IAS.

6) Submit an IAS and appendices that contain complete information, as validated by CEPH staff. Council review will occur at the next decision-making meeting for which the docket remains open, and review occurs year-round with submissions accepted on a rolling basis.

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

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

The unit is responsible for ensuring adequate time to complete all steps, so advance planning is required. CEPH staff are available to help units develop appropriate timelines.

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

SBP only: Notice of Intent (NOI) requirements

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

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

1) Information about the timing of the development and implementation of the MPH (or equivalent) degree (i.e., date(s) of approval through university and state processes, as applicable, timeline for advertising the degree and enrolling the first students, expected date of first graduate)

2) Instructional matrix that presents all degrees and concentrations to be included in the accreditation unit

3) Programs of study that list the courses and associated credits required to complete new graduate degree offerings

4) Evidence of coverage of CEPH-specified foundational competencies for graduate degrees, through curriculum mapping and syllabi (if available) or course descriptions

5) Articulation of appropriate concentration-specific competencies for all graduate public health degrees in the accreditation unit with evidence of coverage through curriculum mapping and syllabi (if available) or course descriptions

6) Projected student enrollment in each degree and concentration in the accreditation unit over the next three years

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

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

Initial Application Submission (IAS) requirements

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

1) A cover letter, on letterhead, that addresses items a and b:

   a. A statement indicating that the unit understands the required components of the application process, including conduct of an on-site consultation visit, attendance at an Accreditation Orientation Workshop and prompt payment of all fees.

   b. A request signed by administrators/leaders for CEPH to initiate the accreditation process. The request must be signed by the following:

   - the chief executive officer of the institution in which the program is located (university president or chancellor, in most cases)
   - the chief administrative officer of the university unit in which the program is located (e.g., vice president for health sciences, dean)
   - the program director (PHP) or program lead (SBP), if applicable

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

2) Statement of Institutional Accreditation

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

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

   a. Accreditable Curricula for All Degrees in the Accreditation Unit

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

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

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

b. Adequate Faculty Resources

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

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

Documentation must include one of the following:

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

SPH must provide evidence of either of the previous documentation options for the following programs of study:
- MPH concentrations in three areas, not including concentrations that are restricted to joint, dual, or concurrent degree students
- Doctoral concentrations in two areas, not including concentrations that are restricted to joint, dual, or concurrent degree students
-

PHP and SBP must provide this evidence for all degrees and concentrations included in the accreditation unit.[5]

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

d. Completion and Attrition Data

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

e. Fiscal Support

The unit must demonstrate adequate funding for the following:

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

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

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

f. A mission and expected student learning outcomes for the program that align with the mission statement(s) of the parent institution(s).

g. Evidence of a structure for collecting data on program effectiveness, including, at a minimum, regular surveys or data collection from enrolled students, alumni, and relevant community members.

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

h. Defined Guiding Statements and Evaluation Practices

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

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

i. Defined Guiding Statements and Evaluation Practices

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

j. Equivalent Structure and Reporting Mechanisms

The SPH must demonstrate an independent structure and reporting mechanism that is equivalent to other professional schools/colleges and places the SPH at the highest reporting level within the university. Specifically, the 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).

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

k. Degree Offerings

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

Units located outside the United States seeking initial accreditation

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

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

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

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

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

Date of initial accreditation

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

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

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

Maintenance of applicant period

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

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

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

Extension of applicant period

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

Extensions are typically granted in one-year increments, but the unit need not use the full extension period.

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

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

Section 9: 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.

- 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

The self-study process is one in which the unit

- 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

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

CEPH expects that the unit will include a broad array of individuals in the self-study process, including administrators, faculty, students, alumni, and community partners, among others.

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

Self-study document and electronic resource file (ERF)

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

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

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

- Reproduce the criterion and documentation request as provided in the self-study template.

- Place the unit's response directly below the relevant documentation request, unless instructions indicate otherwise.

- Use [data templates](#) wherever requested.

- When the documentation request directs units to place information in the electronic resource file (ERF), place a statement that says, for example, "See ERF A1-3" in the self-study document, and label the electronic folder or file accordingly.

- Print the document double-sided.

- Use easy-to-read font.

- Use sequential page numbers throughout the document.
  .
- Place tabs or dividers between each criterion (e.g., A, B, C)

- Start each criterion on a new page (e.g., A1, A2, A3)

- Bind the document (e.g., spiral binding) for copies sent to reviewers and CEPH.

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

- Clearly organized into folders for each criterion, with subfolders and files labeled with the documentation request to which they respond.

- Filenames must allow reviewers to readily identify materials.

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

- In addition to all materials specifically delineated in the criteria document, the ERF must contain the following materials. Each of these should be housed in its own, appropriately titled, folder:

  — documentation that allows reviewers to verify that the unit solicited third-party comments. See this document's discussion on the third-party comment requirement
  — a schedule of courses offered, with instructor identified, for the last three years
  — a copy, or link to, the official university catalog or bulletin that presents degree offerings
  — for SPH and PHP only, a freestanding MS Word document that presents the instructional matrix (Template Intro-1) included in the introduction to the self-study

Self-study preliminary review

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

- For units seeking reaccreditation, the self-study and ERF are due for preliminary review five months prior to the scheduled site visit (see this document's section on site visit scheduling for additional information).

- For units seeking initial accreditation (i.e., units in the applicant period), the self-study and ERF are due for preliminary review on **whichever of the following dates is earlier:**

  — Two years after the date of the Council's acceptance of the IAS (i.e., the end date for the applicant period) *OR*

  — Five months before the scheduled site visit

Preliminary self-study reviewers will include one or more of the following individuals:

- CEPH staff member(s)
- Experienced site visit chair(s)
- The Council's Executive Committee member

Approximately a month before the preliminary review due date, CEPH will provide the unit with a reminder to submit the preliminary self-study document. The preliminary self-study and ERF must be submitted on a USB via FedEx, UPS, or certified mail (to allow for tracking). The submission must be received by the preliminary self-study due date. All units will send one USB to the CEPH office, and, in some cases, CEPH may specify an additional address to receive a USB. .

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

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

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

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

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

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

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

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

Self-study final document

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

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

Required opportunity for third-party comment

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

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

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

Notice to constituents of the opportunity to provide comments must include the email address submissions@ceph.org as the sole address for submission of third-party comments. The form of such notice is at the discretion of the accreditation unit. Notification methods might include the

following: a notice posted in a visible location, an announcement in a regular newsletter for constituents, a notice published on the website or email listservs, etc.

The unit must include evidence that it has solicited third-party comments as part of the ERF submitted with the preliminary self-study document. See this document's description of the ERF for additional information.

Site visit planning

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

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

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

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

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

At the hotel, the unit must reserve a simple meeting space for use by the site visit team for each evening of the site visit, starting at 5 p.m. on the evening before the team's arrival on campus. No supplies or refreshments are required for the hotel meeting space, and the living room associated with suite-style hotel rooms may serve this purpose. The team only needs one meeting room, so if a suite-style room is used, it should be reserved for the team chair. The meeting room must have a table that seats the site visit team, with room for laptops and/or notes.

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

- Each day on campus: wireless internet access for each site visitor in the main meeting room.

- Each day on campus: food for a working lunch, as defined on the agenda. Coffee, water, and other beverages throughout the day are appreciated.

- Visit's final day (or throughout the visit, if possible): a university-supplied computer with internet access, connected to a printer. The printer must allow for privacy so that the team can maintain confidential documents, so a shared printer in a public space is typically not acceptable.

- Visit's final day: a screen and projector for the exit briefing (described later in this document).

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

The unit will receive a specific list of the site visit team members approximately two 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.

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

1. Team coordinator

2. Practitioner member

3. Academic member

4. Academic member

5. Academic member (if applicable)

PHP or SBP site visit team

1. Team coordinator

2. Practitioner member

3. Academic member

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

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

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

- a print copy of the final self-study document
- a USB with the following:

- an electronic copy of the final self-study document (single document in Word or PDF format)
- an electronic copy of the ERF
- a site visit agenda

CEPH preparation for site visit

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

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

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

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

Site visit

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

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

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

- university officials (president or provost)
- accreditation unit administrators (dean, department chair, program director, designated leader, etc.)
- faculty of all ranks and classifications (junior and senior faculty, primary instructional faculty and non-primary faculty, adjuncts, etc.)
- students from all degree programs in the unit
- recent alumni

- community representatives, including individuals involved in applied practice experiences, employers of graduates, individuals affiliated with community-based organizations that collaborate with faculty and students, and advisory committee members, as applicable

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

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

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

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

Site visit team report

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

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

Accreditation unit's response to site visit team report

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

- 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.

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

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

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

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

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

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

Final accreditation report

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

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

Focused and/or abbreviated self-study and site visit

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

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

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

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

Possible Council decisions after a site visit

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

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

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

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

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

- **Grant a reaccreditation term for seven years** forward from when the Council makes the accreditation decision. If applicable, the accreditation unit must demonstrate compliance with any criteria found to be noncompliant. Mechanisms for demonstrating compliance and timelines and consequences associated with compliance are defined elsewhere in this document.

- **Grant an initial accreditation or reaccreditation term for a period shorter than the maximum of five or seven years**, respectively, if the Council deems it necessary to assure continued compliance with all criteria.

- **Grant probationary accreditation** to an accredited unit that is judged deficient in resources and procedures to continue to accomplish its stated mission and objectives or fails to meet the requirements for its reaccreditation review. This status is conferred for a specific length of time and may not exceed three years in total, based on federal regulations. The Council will define the length of probationary accreditation at the time it makes its decision. Typically, a unit receiving probationary accreditation can expect an immediate requirement to begin a new full or abbreviated self-study and site visit process.

  The probationary accreditation term includes time during which the accreditation unit works to come into compliance with the accreditation criteria and time to complete the review process. If the unit does not demonstrate compliance within the time specified, the Council must revoke accreditation, or it can allow up to one additional year to remedy the

deficiencies if the accreditation unit shows good cause. Extension for good cause must be based on specific reasoning and is not guaranteed, as described in this document's information on addressing noncompliance.

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

- **Revoke accreditation** of a unit that does not meet the criteria for continued accreditation or does not permit a reevaluation after proper notice by CEPH. Revocation also applies when an institution disestablishes or closes an accreditation unit.

- **Defer an accreditation decision** if the Council requires further information to be able to make an appropriate decision. This occurs in rare circumstances, and the Council will define a specific time limit for deferral. The accreditation unit will maintain its existing classification (e.g., applicant period) and/or category (e.g., program) until the time of the Council's next decision.

Required demonstration of ongoing compliance with criteria

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

Examples of submissions and information that may cause the Council to reevaluate a unit's compliance with criteria include, but are not limited to, the following:
- notice of substantive change
- annual report
- interim report
- monitoring report
- additional information formally requested by the Council
- complaints lodged with CEPH about a school or program
- notice of adverse action by another recognized accrediting agency[7]
- notice of investigation by a state or federal agency[7]
- credible media reports or other credible information suggesting that the unit may no longer be in compliance with one or more criteria

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

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

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

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

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

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

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

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

Adverse and appealable actions

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

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

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

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

Section 11: Required reporting and review after accreditation

SPH, PHP, SBP annual reports to CEPH

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

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

Prior notice of substantive change

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

- a major change in the established mission or objectives of the accreditation unit
- offering a new degree
- addition, discontinuance, or temporary suspension of a concentration area or reactivation of a concentration area that was previously suspended
- offering a degree program in a fully distance-based format, if the degree program was only previously delivered in a campus-based or hybrid format
- offering a degree program in a campus-based or hybrid format, if the degree program was only previously delivered in a fully distance-based format
- offering a degree program at a site distant from the unit
- increase or decrease in the length of a degree program
- any revision of degree requirements that could impact compliance with curricular or other criteria, such as

    — Replacing or removing a required MPH, DrPH, or public health bachelor's degree class if that class was previously submitted to CEPH as assessing a foundational or concentration competency (see Criteria D2, D3, D4, D10 for PHP & SPH and Criterion B2 for SBP)

    — Replacing or removing a required class from any degree program if that class was previously submitted to CEPH as covering or assessing a foundational knowledge area (see Criteria D1, D16, D17, D18 for PHP & SPH)

    — Changing substantive requirements relating to applied practice experiences or integrative learning experiences (see Criteria D5, D6, D7, D8 for PHP & SPH)

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

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

- before the change has been implemented

All notices of substantive change must include the following:

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

Curricular changes are the most common type of substantive change. When submitting a curricular change, the accreditation unit should ensure that the supporting documentation includes all required elements. For example, all of the following are required for substantive change notices relating to adding a new degree or concentration:

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

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

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

Notice of adverse accreditation action or investigation by government agencies

It is the responsibility of the accreditation unit to promptly notify CEPH in writing if any of the following changes occur:

- The university or larger administrative units in which the accreditation unit is located are subject to adverse actions by any other recognized accrediting bodies, including probation and loss of accreditation.

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

- The unit or any part of the university in which the unit is housed is the subject of investigation by a state or federal governmental agency into ethics in student-related business practices, such as investigations into marketing and recruiting practices or investigations concerning information disseminated to prospective or current students.

  o The unit must only provide notice to the extent such notice is not otherwise prohibited by law, regulation, or the investigating agency. The unit must only provide notice that an investigation is pending and shall provide an update to CEPH upon final resolution or closure of the investigation.

- o 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.

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. 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 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.

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.

Mechanisms for addressing compliance concerns

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

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

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

1. Interim reports

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

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

The Council will act to accept or reject the interim report. When multiple issues of non-compliance are identified, the Council may group multiple issues into a single interim report request, but each element of non-compliance is treated individually.

Reports are accepted as evidence of compliance with an element if the Council concludes, based on evidence provided in the interim report, that the accreditation unit has demonstrated at least minimal compliance with the criterion or aspect of the criterion identified in the letter requesting the report.

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

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

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

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

Monitoring reports

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

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

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

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

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

    a. Accept with no further action required.
    b. Accept and require an additional monitoring report.
    c. Defer the decision, if the Council believes that it needs more information to make an informed decision. The Council will require the unit to provide additional information or evidence, specifying the information needed and the due date.
    d. Reject and require an interim report, if the information provided suggests non-compliance. The interim report process described above begins.
    e. Reject and require a focused or full self-study and/or site visit, while continuing the unit's existing accreditation term without interruption, if the information provided suggests non-compliance.
    f. Reject and confer probationary accreditation, if the information provided suggests non-compliance. Probationary accreditation, as noted elsewhere in this document, requires public notification of the accreditation status and requires a focused or full self-study and site visit. A probation action is an appealable action, as discussed elsewhere in this document.
    g. Reject and revoke the unit's accreditation, if the information provided suggests non-compliance. This action would only be taken when the issues raised are so severe as to threaten the program's integrity and jeopardize the student experience without a reasonable expectation of prompt remediation. Revocation of accreditation is an appealable action, as discussed elsewhere in this document.

Required consultative activities

In conjunction with any of the decisions above, the Council may also require the unit to conduct an in-person or distance-based consultation visit with a CEPH staff member to support the unit's

efforts to address areas of concern and present evidence of compliance. The consultative activities do not, on their own, give rise to a Council decision on compliance. Rather, they may be required in addition to other reporting. The unit is responsible for the costs associated with the consultation, as listed on CEPH's fee schedule, unless specifically waived by the Council.

Failure to submit a required report

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

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

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

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

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

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

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

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

OR

- Hold or held (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 remands the decision, it must explain the basis for a decision that differs from that

of the original decision-making body and the Appeals Panel's decisions or instructions. In this case, the Council will act in a manner consistent with the Appeals Panel's decisions or instructions and the Accreditation Procedures.

The chair of the Appeals Panel will send notification in writing, including specific findings and the basis for the result, of the Appeals Panel's decision to the Council within 21 business days of the hearing. The Council will notify the SPH, PHP, or SBP and the chief executive of the institution housing the accredited unit, in writing, of the Appeals Panel's decision and the basis for that result within three business days of receipt of the Appeals Panel's written notification.

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

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

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

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

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

Section 15: Complaints

CEPH expects accredited units to remain in compliance with all CEPH standards for accreditation throughout the accreditation period granted. Therefore, one of the principal concerns of CEPH when it receives a complaint about an accredited unit is whether the accredited unit continues to comply with CEPH's published criteria and procedures.

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 be submitted in writing, succinctly describe the circumstances leading to the complaint, and include 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 them in the notification to the unit. In the event the complainant requests to 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.

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

If CEPH receives a complaint that would best be resolved through the school or program's or institution's published complaint procedures (e.g., grade disputes, Title IX complaints, disciplinary matters), CEPH staff will advise the complainant of this and direct them to the appropriate resources at the school, program, or institution in question.

Time limitation

CEPH will not review or act upon a complaint if it is filed with CEPH more than one year after the circumstances leading to the complaint occurred.

Complaint procedure

If the complaint meets all of the above requirements the following steps will be taken by CEPH:

1) After receipt of the complaint, CEPH staff will send a letter or email to the complainant, within 15 calendar days, acknowledging receipt of the complaint and explaining the process CEPH will follow in investigating the complaint.

2) The executive director will conduct an initial review of the complaint within 10 business days to determine whether it sets forth information or allegations that reasonably suggest that the accredited unit may not be in compliance with CEPH accreditation criteria. If additional information or clarification is required, the executive director will send a request to the complainant. If the requested information is not received within 15 calendar days, the complaint will be considered abandoned and may not be investigated by CEPH.

3) If the executive director determines after the initial review of the complaint that the information or allegations do not relate to CEPH criteria or procedures, the complaint may be considered closed and will not be investigated by CEPH. In this case, the executive director will provide a written explanation to the complainant within 10 business days of the executive director's review, identifying other avenues to resolve the complaint, if appropriate.

4) If the executive director determines, after the initial review of the complaint, that the information or allegations relate to CEPH criteria, the executive director will notify the accredited unit that a complaint has been filed. The notice, provided within 10 business days of the executive director's review, will summarize the allegations, identify the CEPH criteria that were allegedly violated and provide a copy of the original complaint (redacted if confidentiality has been requested) to the accredited unit. The accredited unit will be given 30 calendar days to provide a response. A shorter response time may be required where, in the judgment of the executive director, a complaint alleges serious violations of accreditation criteria or policies that may pose a potential risk to students and/or the public. The executive director will also notify the complainant at the same time that the complaint has been forwarded to the unit for response and provide a timeline for complaint resolution.

5) The executive director will provide the complaint materials and the school or program's response, to the CEPH Executive Committee at its next regularly scheduled meeting (quarterly), or sooner where circumstances require. The executive director will notify the complainant and the accredited unit of the timing of such meeting.

6) The Executive Committee shall be the final decision-making body on the complaint and its decision may include any of the following:

   a. Consider the complaint resolved and continue the accreditation status of the SPH, PHP, or SBP without change;

   b. Continue the accreditation status of the unit, but require further reporting from the SPH, PHP, or SBP to include an interim report, substantive change, additional information or other reporting, as appropriate;

   c. Continue the accreditation status of the SPH, PHP, or SBP, but initiate an earlier focused or full review of the accreditation unit;

   d. Direct an on-site visit to be conducted at the accreditation unit by a full or partial team to investigate the allegations;

    e.   Recommend to the Council that it place the accredited unit on probation, subject to an appeal in accordance with CEPH policies and procedures; or

    f.   Recommend to the Council that it revoke the SPH, PHP, or SBP's CEPH accreditation, subject to appeal in accordance with CEPH policies and procedures.

7) In all instances, the executive director will send a letter to the complainant and the accredited unit informing them of the final disposition of the complaint within 15 business days of the final decision.

Appeal rights

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

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

Recordkeeping

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

Expenses

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

Complaints against CEPH

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

Section 16: Payment of fees

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

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

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

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

- Removal of the unit's name from its list of accredited schools and programs or list of units in the applicant period

- Suspension of all review activities, including consideration of a future IAS submitted by the unit's home institution, if applicable

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

Section 17: Maintenance of accreditation records

CEPH maintains complete and accurate records of the most recent accreditation review of each accreditation unit. Except for final self-study documents and the official accreditation report, official records are confidential and are not distributed publicly by CEPH. All records are maintained in accordance with CEPH's policy on Document Retention.

Section 18: Index