

All activities presented in this document will occur during the programs accreditation cycle. They are not presented in order of occurrence in the annotation but are represented cyclically in the accompanying graphic. Timelines reflect “best practice” guidelines with the understanding that accrediting bodies notifications may vary. Supporting documents and activities may be noted.

Activity	Action/Participants
<p>Accreditation Standards</p> <p>Supporting Activity (Quarterly Accreditation Planning Meetings)</p>	<p>Program Directors are to upload current standards from their accreditor to the KWeb program folder (Accreditation Box). These will be the standards documented for the current review cycle and compliance activities. Previous standards are to be kept in the Archive Folder and labeled accordingly.</p> <p>During the accreditation cycle programs will be expected to engage in the documentation and review of their accrediting bodies standards to facilitate continuous alignment to expected outcomes, ensure program activities meet requirements and assessment practices are ongoing.</p> <p>These activities will continue for the duration of the accreditation cycle period, to include quarterly meetings and will help to support the writing of the self-study narrative at the time it is due. Stakeholders beyond Program Director/Managers who contribute to this work (Faculty, students, advisory committee members, etc.)</p>
<p>Annual Kick-off for Planning and Preparation</p>	<p>An Accreditation Body Survey is deployed annually to confirm upcoming site visits and cyclical reports. The reminders for the due dates to the AVP of PAHCI are placed on the Program Directors outlook calendar copying the Associate Dean/Dean.</p> <p>Program Director/Manager, Associate Dean, Dean and AVP Program Accreditation and Healthcare Initiatives may meet with stakeholders to coordinate efforts based on new and existing standards as warranted.</p>
<p>Self-Study Report</p>	<p>Eight - Ten weeks prior to the submission to the accrediting agency:</p> <ul style="list-style-type: none"> • Program Director/Manager prepares and shares the draft self-study report with Associate Dean, Dean for their initial review. The draft document is then to be sent to the AVP Program Accreditation for review before submission to the accreditor. <p>Six weeks prior to the submission date:</p> <ul style="list-style-type: none"> • Discuss any identified issues from the review by Program/Associate Dean/Dean via an in-person/virtual meeting with AVP Accreditation and HCI and as warranted EVP, and VP. • Follow with appropriate changes, final signatures obtained. • The approved report should be uploaded to the KWeb site for administrative access and record retention. <p>A copy of final self-study report to be uploaded to the accreditation KWeb site, identifying copy as “Final” within the document title. Use date Year/Month/Day the filename (example): 2026.02.22_Final Self Study (name of Program) – A site visit teams channel may be established in collaboration with ITS during this review cycle to hold files for site visitors review coordinated through the PAHCI office.</p>

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<p>All Report(s) Annual Survey Reaffirmation Certification Compliance</p>	<p>All accreditation reports are completed by Program Director/Manager and reviewed by Associate Dean/Dean for language and standard criteria response. These documents should then be forwarded to the AVP Program Accreditation and HCI for final review 30-60 days prior to being submitted to accrediting bodies. Electronic submissions must be converted into a readable PDF for review.</p> <p><i>E-copy to be uploaded to, accreditation KWeb site once all reviews are complete. This includes electronic submissions which should be converted into a readable PDF document.</i></p> <p><i>If there is a signature required (CEO, EVP, or VP), the document needs to be sent to the AVP, Program Accreditation and HCI Office for these to be obtained (no exceptions).</i></p>
<p>Mock Visit and Site Visit Protocols</p> <p>Document: Accreditation Planning and Site Visit Checklist</p>	<p>Mock site visits will be planned by the Program Accreditation and HCI Office and will ideally be between three - six months, but not less than two months prior to actual site visit and include EVP, VP, Associate Dean, Dean, AVP Program Accreditation, Compliance and Risk Management, Program Dir/Mgr., faculty, program personnel and designated mock site visitors. The Office of Program Accreditation and HealthCare Initiatives will manage arrangements for the Mock visits.</p> <p>Confirmed site visit schedules/invites must be shared with AVP Program Accreditation and will be entered into the KWeb calendar. Invitations and arrangements for the actual site visit should be managed by the program with assistance as needed provided by the Office of Program Accreditation and HCI. The Program Dir/Mgr., Associate Dean and Deans will arrange hotels, meals, and transportation. These are program expenses managed at the Campus level. Please send invitations early so administration (EVP, VP, and Compliance & Risk Mgmt.) has these holds on their calendar.</p> <p>It is expected that the AVP Program Accreditation and HCI will be present to greet visitors on their day of arrival and at the closing session. Please make these arrangements.</p>
<p>Stakeholder Roles</p> <p>Advisory Committee</p> <p>Medical Directors</p>	<p>Program Advisory Committees are required to meet a minimum of two times per academic year and the AVP of Program Accreditation should be on the invitation. Subcommittees may meet more often for planned engagements to discuss important topics, issues relevant to program growth, marketing, equipment, etc., student academic progress is not an area in which advisory committees should be involved. Please reference the Advisory Committee Resource Guide and Presentation for expectations, roles and meeting cadence.</p> <p><i>*Please make sure that the credentials and make-up of the committee' core membership reflect requirements set forth by the accrediting body if applicable. An annual report documenting two committee goals is to be submitted annually on June 1.</i></p> <p>Medical Directors are supervised at the program level and will be evaluated utilizing a standard assessment rubric. These are contractor roles subject to college guidelines for compensation levels, job description, risk management/legal criteria and accreditor expectations. These are not adjunct or non-instructional roles.</p>

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<p>Clinical Agreements</p> <p>Resources: Agreement Cycle Document KWeb Training PPT</p>	<p>Active Clinical Agreements are a critical aspect of accreditation compliance for the Nursing and Health Professions Programs. Program Directors, Associate Deans and Deans, should work with the Program Accreditation Office to verify that the EXXAT files reflect accurate and active agreements information. Please ensure any necessary renewals are requested during the Self-Study review period to ensure compliance as needed.</p> <p>The clinical agreement cycle for requests and review is as follows:</p> <p>Agreement Cycle Spring/Summer Actions: October – December(mid) Agreement Moratorium: December (mid) – February (end) Agreement Cycle Fall Actions: April – May(end) Agreement Moratorium: June – August (end) Administrative Review Period: Month of September</p>
<p>Correspondence Accrediting Agency</p>	<p>Official correspondence from Tri-C to an accrediting agency must include copies (cc:) to Associate Dean, Dean, AVP Program Accreditation and HCI, EVP, VP and CEO as applicable. The AVP of Program Accreditation and HCI should be added to the correspondence list to receive communication sent from the accrediting agency and the accreditation reporting portal for document review per the accrediting body protocol.</p> <p><i>E-copy of correspondence must also be uploaded to program folder on Accreditation KWeb.</i></p>
<p>Official communications: Reporting of Program Personnel Changes/Due process or citation correspondence</p>	<p>All change documents, due process reports, or citation correspondence must be shared with Associate Dean and Dean (or appropriate administrative line), to include the AVP Program Accreditation and HCI, Associate Provost, and EVP, VP and CEO. Please notify the accreditor promptly when key personnel changes are made to ensure the college stays in compliance.</p> <p>All responses to accrediting agencies are to be reviewed by the Associate Dean, Dean, AVP Program Accreditation and HCI, prior to officially responding.</p> <p><i>E-copies of correspondence from and to the accrediting agency as well as responses prepared should be uploaded to the KWeb program folder.</i></p> <p>** If these submissions require sign off by the CEO (College President) please notify the AVP Program Accreditation/HCI so these arrangements can be made in a timely manner.</p>
<p>Citations/Identify a communication plan (student, faculty, advisory committee, stakeholders) as appropriate</p>	<p>Improvement plans must be developed to address any citations received from accrediting agency in collaboration with the AVP Program Accreditation and HCI. Monthly updates and progress reports are due to Associate Dean and Dean, AVP Program Accreditation and HCI and EVP, VP and CEO as applicable.</p> <p>Official responses/reports to citations from Tri-C program to accrediting agency must be vetted via AVP Accreditation and HCI, EVP and VP as applicable. As warranted, meetings will be scheduled at a minimum two-four weeks prior to submission of final report and if accreditation status is changed internal monitoring will be established.</p> <p><i>E-copies of the final documents should be posted to the KWeb program folder.</i></p>

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Program Website	<p>Program Directors should verify that their program websites have accurate accreditation through dates, posted handbooks are current and Program administration contact and location information posted is up to date. Websites should also be compliant with reporting/disclosure expectations set at both the state and federal level.</p> <p>An annual review of all websites will be conducted by the Program Accreditation and Healthcare Initiatives office for compliance. Results and any needed changes/updates will be communicated to the program and their supervisor by the Program Accreditation and HCI Office.</p>
Accreditation Records Filings	<p>The Program Accreditation and HCI office maintains ongoing engagement with the office of Audit + Advisory Services. This office will conduct periodic internal audits for compliance and advises on appropriate archival and inventory management practices for effective centralized management and accessibility of accreditation documentation which is maintained by the AVP.</p> <p>** It is expected that all Document Libraries in the SharePoint system(KWeb) will contain documents outlined in the Accreditation Planning and Site Visit Checklist prepared by the Program Accreditation office which can be located in the Program KWeb folder**</p>

Process notes: As warranted in the Accreditation cycle the Office of Program Accreditation and Healthcare Initiatives will work in collaboration with the Office of Compliance and Risk Management/Legal Services.

** All reference materials can be found via links from the Department website**

<https://www.tri-c.edu/administrative-departments/program-accreditation-and-health-care-initiatives/index.html>

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