



JOINT REVIEW COMMITTEE ON EDUCATION IN CARDIOVASCULAR TECHNOLOGY

ACCREDITATION PROCEDURES FOR CARDIOVASCULAR TECHNOLOGY EDUCATIONAL PROGRAMS

The Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT) cooperates with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in the accreditation of educational programs in cardiovascular technology. The JRC-CVT evaluates educational programs in relation to their compliance with the published “*Standards and Guidelines of an Accredited Educational Program for the Cardiovascular Technologist.*” The JRC-CVT formulates an appropriate accreditation recommendation following its evaluation of a Self-Study Report and a site visit of the program. The recommendation is then forwarded to CAAHEP for final consideration and action.

SECTION A: CONDUCTING THE ACCREDITATION REVIEW

1. THE SPONSORING INSTITUTION

The accreditation process begins when an institution indicates that it wishes to seek CAAHEP accreditation of its Cardiovascular Technology Educational Program in one of the four tracks- invasive cardiology, non-invasive cardiology, noninvasive peripheral vascular or cardiac electrophysiology. This institution must meet the established criteria for a sponsoring institution.

The sponsoring institution or consortium must assume primary responsibility for the academic, didactic and clinical education experiences of its students; for appointing qualified faculty; for ensuring financial support necessary for meeting commitments to matriculating and accepted students; for selecting students; and for granting degrees.

2. APPLYING FOR INITIAL OR CONTINUING ACCREDITATION

Because accreditation by CAAHEP is a voluntary process, evaluation of a Cardiovascular Technology Program is undertaken only with specific authorization from the Chief Executive Officer of its sponsoring institution.

The CAAHEP Request for Accreditation Services for, signed by the Chief Executive Officer of the sponsoring institution, the Program Director, and the Medical Director, should be completed and returned to JRC-CVT Executive Office, 1449 Hill St, Whitinsville, MA 01588-1032. The application fee should be sent to the Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT) Executive Office (see Section A-3).

3. FEEES FOR ACCREDITATION SERVICES

a. Types of Fees: The purpose of the fee assessment is to underwrite a major portion of the expenses incurred by the JRC-CVT for accreditation services.

- 1) JRC-CVT Application Fee - \$400.00
Due with submission of the CAAHEP Request for Accreditation Services (RAS) form or with the self study report (SSR).

Covers establishing/updating the program record/file and JRC-CVT responding to program questions about the preparation of the SSR, as needed. Following receipt of the completed RAS form and the required information by the JRC-CVT, the program will be notified about proceeding with the accreditation process.

- 2) Self-Study Report Review Fee - \$500.00
Due with submission of the self study report (SSR).

Covers processing, reviewing, and commenting on the SSR. Please submit SSRs in electronic format (submit complete copies on 3 CDs or USB drives) and fees to:

**JRC-CVT
1449 Hill Street
Whitinsville, MA 01588-1032**

- 3) Site Visit Administrative Fee - \$500.00
Due with submission of the SSR.

Covers administrative costs of scheduling, reviewing and commenting on the site visit. In addition, institutions are responsible for actual costs incurred by the site visitors in conducting the on-site review.

- 4) Annual Accreditation Services Fee
Due each January 31st *

1 st concentration	\$ 750.00
Additional concentration(s)	\$ 200.00 each
Satellite locations	\$ 200.00 per location

All checks for fees should be made payable to the **Joint Review Committee on Education in Cardiovascular Technology** and should be mailed directly to:

**JRC-CVT
1449 Hill Street
Whitinsville, MA 01588-1032**

b. Payment of Program Annual Accreditation Services Fees *:

- 1) Invoices for annual fees will be distributed to programs by e-mail by December 1st of each year and will be due by January 31st of the following year. These will be addressed to the Program Director and the Billing Contact as designated in the current Report of Current Status (RCS).
- 2) If payment has not been received by February 10th, a second billing will be mailed to the program certified, return receipt requested, informing the program that if payment is not received within 10 calendar days, that the program will be recommended to CAAHEP for administrative probation.
- 3) On or about March 1st, a final notice will be mailed to the President/CEO (certified, return receipt requested) of the program's failure to fulfill this obligation and that further action will be taken if payment has not been received within ten (10) calendar days of the date of receipt of the notice.
- 4) Programs with payments outstanding after the deadlines stated in the final notice will be placed on the agenda of the next JRC-CVT Board meeting for consideration of a recommendation of Withdrawal of Accreditation.

* Note: Based on the month in which CAAHEP awards Initial Accreditation, programs will be invoiced for accreditation services for the remainder of the calendar year prorated on a quarterly basis (January=75%; March/May=50%; July=25%; after July=0%).

A separate Annual Institutional Fee is invoiced by CAAHEP.

4. CONDUCTING A SELF-STUDY

Ongoing internal review, analysis and assessment of the entire range of educational operations, including ancillary services, that contribute to accomplishing objectives, should be conducted by program faculty with input from administrators, students, employers of graduates, and others identifiable as representing the "broad community of interests." This type of self-study is required of programs requesting accreditation by CAAHEP.

5. PREPARING A SELF-STUDY REPORT (SSR)

Specific instructions for preparing the Self-Study Report are contained in the "Guide to the Self-Study Report." Although a self-study is comprehensive, the Self-Study Report need contain only enough documentation to substantiate compliance with the Standards. The report must contain a qualitative self-analysis summary based on application of the Standards and conclude with changes anticipated to strengthen the program.

6. CONDUCTING AN ON- SITE REVIEW

After the Self-Study Report has been evaluated, the program is visited by a team assembled by the JRC-CVT staff. The on-site review, which may vary in length depending upon the cardiovascular concentration(s) for which accreditation is requested, is scheduled by the

review committee staff for a mutually convenient time. The Self-Study Report is supplied to team members well in advance of the on-site review to allow for a thorough understanding of the program.

- a. **TEAM COMPOSITION** - The composition of the team will include two to four visitors for any given on-site review. The JRC-CVT charges its representatives with gathering data on which the review committee can evaluate the compliance of the program with the Standards. Site visitors will render their findings to the JRC-CVT. Programs strengths and deficiencies will be discussed at the exit conference.
- b. **SITE VISITOR TRAINING** - The JRC-CVT and CAAHEP conduct workshops at which prospective site visitors receive orientation training and materials. Objectivity and impartiality are stressed throughout the orientation process.
- c. **TEAM ACTIVITIES** - When participating in an on-site review, team members are involved in the following activities:
 - Preparing for the on-site review by studying the Self Study Report in conjunction with the Standards and reviewing Committee directions.
 - Meeting on site to review the facilities to be visited, the individuals to be interviewed, the reports and records to be seen, and additional information to be collected.
 - Interviewing individuals and groups, such as the Chief Executive Officer of the sponsoring institution, the administrator(s) of the educational program, instructors, students, Medical Director, and members of the admissions committee.
 - Analyzing the results of the on-site review.
 - Conducting a summation conference for the purpose of elucidation and clarification of findings.
 - Writing a On-Site Review Report for each concentration/track for submission to the Committee.

7. PROVIDING ON-SITE REVIEW REPORT(S) TO THE INSTITUTIONS

The JRC-CVT provides the On-Site Review Report (OSRR) to the institution and the program for the opportunity to comment on any possible factual inaccuracies. A letter either agreeing with the report or identifying alleged inaccuracies with supporting documentation is sent to the JRC-CVT within 14 days of receipt.

8. CONDUCTING JOINT SITE SURVEYS

The Committee on Accreditation of Allied Health Education Programs (CAAHEP) cooperates with review committees as well as specialized and regional accrediting agencies in joint visits: concurrent surveys (two or more surveys occurring at the same time) and coordinated surveys (three or more visiting teams following an integrated schedule). Coordinated surveys, which come in response to specific requests from institutions and for which CAAHEP supplies special services, provide for a single review of administrative services and resources, with this information to be shared by the programmatic site visitors.

These visitors retain full responsibility for surveying components unique to the programs relating to their profession. Such coordinated surveys may be part of an institutional survey or take place with surveys of various CAAHEP related groups or of other specialized accrediting agencies. Further information is available upon request.

SECTION B: DETERMINING THE ACCREDITATION AWARD

1. FORMULATING THE ACCREDITATION RECOMMENDATION

The JRC-CVT evaluates the degree of the program's compliance with the Standards by studying the application documents, the Self-Study Report, and the On-Site Review Report, accompanied by appropriate documentation. An accreditation recommendation is then formulated and forwarded to CAAHEP for final consideration and action.

2. PROVIDING A RECONSIDERATION OPPORTUNITY

Prior to forwarding to CAAHEP an adverse recommendation of *Withhold of Accreditation*, *Withdrawal of Accreditation*, and *Probationary Accreditation*, the JRC-CVT provides an opportunity for the sponsor to request reconsideration of that pending recommendation. These procedures and deadlines for the steps in reconsideration are sent to the sponsor in writing, certified mail, return receipt requested.

3. PROVISION FOR APPEALS

A decision by CAAHEP for *Withhold of Accreditation* or *Withdrawal of Accreditation* shall be final unless a written request to appeal the decision is received by CAAHEP within thirty (30) days following the mailing of CAAHEP's notice to the sponsoring institution of its action.

4. ADMINISTRATIVE REQUIREMENTS

Administrative Probation may be granted when the program does not comply with one or more of the administrative requirements for maintaining accreditation (see Standards and Guidelines, Appendix A, Section A.3), which include:

- a. Informing the JRC-CVT and CAAHEP within a reasonable period of time (as defined by the Committee on Accreditation and CAAHEP policies) of changes in

chief executive officer, dean of health professions or equivalent position, and required program personnel of program director and medical director.

- b. Informing CAAHEP and the JRC-CVT of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the [Committee on Accreditation] that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The [Committee on Accreditation] has the discretion of requesting a new Self Study Report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. Promptly informing CAAHEP and the JRC-CVT of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Agreeing to Comprehensive reviews as scheduled by the JRC-CVT in accordance with its policies and procedures. The time between comprehensive reviews is determined by the JRC-CVT and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. Paying JRC-CVT and CAAHEP fees within a reasonable period of time, as determined by the JRC-CVT and CAAHEP respectively.
- f. Filing all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with JRC-CVT policy.
- g. Agreeing to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a JRC-CVT accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the JRC-CVT.

5. INACTIVE PROGRAMS AND RE-ACTIVATION

Inactive status may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative or the sponsor writing to CAAHEP indication the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the JRC-CVT and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both

CAAHEP and the JRC-CVT. The sponsor will be notified by the JRC-CVT of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation".

6. CONFIDENTIALITY IN THE ACCREDITATION PROCESS

Efforts are made by all accreditation personnel in the peer review process to maintain confidentiality in the processing of information collected during the entire accreditation review. Printed materials, such as the Request for Accreditation Services, Self-Study Report, and Site Visit Report, are to be read only by members of the visiting team, the review committee, CAAHEP, and other authorized persons. CAAHEP considers all supporting documentation and reports to be the property of the sponsoring institution.

7. VOLUNTARY WITHDRAWAL OF ACCREDITATION OR AN APPLICATION FOR ACCREDITATION

Voluntary withdrawal of accreditation from CAAHEP or of an application for accreditation may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

8. PROCEDURES FOR ADDING OR DELETING CLINICAL AFFILIATES

Adding or deleting clinical affiliates is reported when filing the annual Report of Current Status (RCS).

9. NOTIFICATION OF CHANGES IN KEY PERSONNEL TO JRC-CVT

Changes in the Medical Director or Program Director must be forwarded within ten working days to the JRC-CVT. An up-to-date curriculum vitae documenting the qualifications (see Standards III.B.) of the person assuming the position and a letter of acceptance of the position must be included. The sponsoring institution will be advised when the change in the official listing has been made.

10. PUBLICATION OF ACCREDITED PROGRAMS

CAAHEP lists all accredited programs on its web site (www.caahep.org).

11. ANNUAL REPORT OF CURRENT STATUS

Each year, all accredited programs are required to file an on-line Report of Current Status (RCS) with JRC-CVT to update the program information, to identify major changes in the program during the year, to report outcomes assessment data, and to provide an analysis and action plan to improve sub-threshold performance on outcome assessments. The JRC-CVT reviews the RCS and engages in an accreditation dialogue commensurate with the performance of the program. In the case of sub-threshold performance (number, magnitude, and duration), the JRC-CVT may request Progress Report(s) and other documentation as part of the accreditation dialogue. Continued sub-threshold performance may result in an adverse accreditation recommendation to CAAHEP.

12. SELF-STUDY REPORT FORMAT

The format for self-analysis herein is designed so that individuals preparing it may follow in sequence the *Standards and Guidelines for the Cardiovascular Technology Educational Programs*. Some sections contain blanks to be filled in and boxes to check. Other sections will require narrative reports and additional pages. In some cases supporting documents will be required. Please prepare additional documents or appendices as needed to complete the Self-Study Report (SSR). The submission of the SSR and supporting documentation must be in electronic form (either CDs or USB drives). No paper is accepted.

Please use complete sentences in responding to narrative questions. If certain questions are not applicable, indicate same and state the reason. Do not delete questions from the report.

The title page should contain the following information:

- Type of Program and reference number (if known)
- Type of degree offered (certificate, AA, BS, etc.)
- Name and address of sponsoring institution
- Name and phone number of Program Director, and the Medical Director of Clinical Education

SECTION C: STATUSES OF PUBLIC RECOGNITION

1. INITIAL ACCREDITATION

Initial Accreditation is the first status of accreditation granted to a program that has demonstrated substantial compliance with CAAHEP Standards. Initial accreditation is for a period of either three years or five years, depending upon the policy of the specific Committee on Accreditation that is making the recommendation. At the end of the allotted time, the program may be recommended for continuing accreditation or probationary accreditation. If no such recommendation is forthcoming, the Initial

Accreditation will automatically expire. A program may request reconsideration of a CoA's decision to allow Initial Accreditation to expire. However, the CoA's final decision is not appealable.

2. CONTINUING ACCREDITATION

Accreditation is granted when a program is in substantial compliance with the accreditation *Standards* and remains in effect until due process has demonstrated cause for its withdrawal.

3. PROBATIONARY ACCREDITATION

Probationary Accreditation is a temporary status of accreditation granted when a program does not continue to meet accreditation *Standards* but should be able to meet them within the specified time.

4. ADMINISTRATIVE PROBATION – see Section B.4.

5. WITHDRAWAL OF ACCREDITATION – INVOLUNTARY

Withdrawal of Accreditation-Involuntary is conferred when a program is no longer in compliance with the accreditation *Standards*.

6. WITHDRAWAL OF ACCREDITATION – VOLUNTARY (see Section B.7.)

Withdrawal of Accreditation-Voluntary is granted when a sponsoring institution requests that its program(s) be removed from CAAHEP.

7. WITHHOLD OF ACCREDITATION

Withhold of Accreditation is conferred when a program seeking initial accreditation is not in compliance with the accreditation *Standards*.

8. CONCENTRATION

Concentration is a separate and independent minimum competency statement.