



**Joint Review Committee on Education
in Cardiovascular Technology**

Policy and Procedure Manual



**A Committee on Accreditation of the Commission on
Accreditation of Allied Health Education Programs**

Adopted 10/21/2018; Revised 4/1/2022

I. AUTHORIZATION

Structure, Organization, and Policy and Procedure Development. JRC-CVT functions as a Committee on Accreditation (CoA) within the Commission on Accreditation of Allied Health Education Programs (CAAHEP) system and adheres to the CAAHEP policies and procedures. JRC-CVT will assure its policies and procedures are consistent with the CAAHEP policies and procedures, and may be developed and/or modified by the Board of Directors

I.01 Policies and Procedures

Members of the JRC-CVT are responsible for adopting policies and procedures.

The JRC-CVT uses a collaborative process, which may include input from communities of interest and CAAHEP, to develop policies and procedures which are then approved by the JRC-CVT as a whole.

The JRC-CVT policies and procedures are available to the public.

II. FUNCTIONS

II.01 Program Review. The primary function of the JRC-CVT is to assess the merits of applicant educational programs for accreditation by CAAHEP in accordance with the **Standards and Guidelines for the Accreditation of Educational Programs in Cardiovascular Technology**. The JRC-CVT formulates an appropriate accreditation recommendation following its evaluation of a Self-Study Report and a site visit of that program. The recommendation is then forwarded to CAAHEP for final consideration and action.

II.02 Educational Outcomes Assessment. The JRC-CVT is also responsible for evaluating and recommending means by which its collaborating sponsoring organizations may favorably influence the quality and availability of education for cardiovascular technologists as a service to the public and professions.

II.03 Review CAAHEP Standards and Guidelines of Accreditation. The JRC-CVT conducts periodic reviews of the CAAHEP **Standards and Guidelines for the Accreditation of Educational Programs in Cardiovascular Technology** and revises them as necessary.

III. ETHICAL STANDARDS

All members and representatives of the JRC-CVT, including officers, members, site visitors, and staff will adhere to ethical standards of conduct.

III.01 Conflict of Interest. Committee members of the JRC-CVT and other volunteers (e.g., site visitors, self-study reviewers) will sign annually a "Conflict of Interest" form provided by the Executive Director. Information so provided will be to determine the existence of any conflicts of interest relevant to JRC-CVT deliberations and actions in the upcoming calendar year. Any change in affiliations during the interim will be reported by submission of an updated disclosure form.

- A. **Identification of Conflicts of Interest.** The JRC-CVT Chair will review the Conflict of Interest forms annually.

Conflict of interest refers to any situation in which a volunteer, employee, or contractor of JRC-CVT stands to gain materially from his or her association with JRC-CVT.

A conflict of interest also exists when any member of the JRC-CVT or other volunteer (or immediate family) is directly associated with or stands to realize financial or similar tangible personal or proprietary gain as a result of any action of the JRC-CVT. Similarly, members of the JRC-CVT are not to enter into employment relationships with persons or activities that are either directly or indirectly detrimental to the JRC-CVT.

Members of the JRC-CVT and staff will refrain from discussing and voting on accreditation matters if for any reason a conflict of interest or the appearance of a conflict of interest is present. Meeting minutes will reflect the non-participating members.

If any voting member of the JRC-CVT has a conflict of interest in any matter brought before the body for a vote, that member shall declare such conflict before any discussion of the matter. Further, any other voting members may share their concerns regarding a potential conflict of interest of other voting members before the beginning of any discussion of the matter in question.

The situations listed below constitute examples of potential conflicts of interest. These are intended to be illustrative and not necessarily inclusive of all possible scenarios. When a member of the JRC-CVT has knowingly violated this conflict of interest policy, he or she will be subject to disciplinary action.

1. Accepting gifts, entertainment, or favors from an outside concern that is seeking to do business with JRC-CVT. (This does not include normal business luncheons.)
2. Having a financial interest in an outside concern from which the JRC-CVT purchases goods or services.
3. Accepting personal compensation for Board-related speaking engagements, consulting services, or other activities.
4. Representing the JRC-CVT in any transaction in which the member of the JRC-CVT (or immediate family) has a substantial interest.
5. Members of the JRC-CVT and volunteers associated with the JRC-CVT (e.g., site visitors, self-study reviewers) are prohibited from reviewing a program within their own state, or within 50 miles of their employer.
6. Members of the JRC-CVT and volunteers associated with the JRC-CVT (e.g., site visitors, self-study reviewers) are prohibited from reviewing a program if there is an employment relationship between the individual and the sponsoring institution, or if there is an employment relationship

between an immediate family member and the sponsoring institution. Members of the JRC-CVT and volunteers associated with the JRC-CVT are prohibited from reviewing a program if he or she has interviewed for a position at the sponsoring institution within the past three years.

7. Members of the JRC-CVT and volunteers associated with the JRC-CVT (e.g., site visitors, self-study reviewers) are prohibited from reviewing a program from which the individual or a member of the individual's immediate family (defined as spouse, life partner, child, parent, or sibling) graduated.
 8. All members of the JRC-CVT are prohibited from participating in any discussion regarding his/her program while the program is engaged in the accreditation process (e.g., the recommendation for a site visit, review of the site visit report, review of annual and progress reports; during the consideration of an official student complaint).
 - a. When considering accreditation recommendations at face-to-face meetings of the JRC-CVT, members shall absent themselves from the room for any discussion and/or vote on programs located within their own state or within 50 miles of their employer. Members shall leave the teleconference call during electronic meetings.
 - b. During any meetings of the JRC-CVT, individual members are not permitted to be present in the room during face-to-face meetings or on the phone during a teleconference meeting when their own program is being discussed.
- B. In the event the Chair is identified to have a conflict of interest, the Vice Chair will assume the functions as the Acting Chair in matters related to the issue where the conflict of interest exists.
- C. In the event of dispute regarding conflict of interest, the remaining members will determine if the conflict is legitimate.

III.03 Confidentiality. The JRC-CVT members will hold in confidence all matters and information pertaining to JRC-CVT, unless disclosure is authorized by the Board. All members will sign a "Confidentiality Statement," which will be held in their personal file in the JRC-CVT Executive Office.

All information made available to reviewers will be considered confidential. Disclosure of any information obtained during the accreditation process will be a breach of confidence. Committee members are also privy to a number of opinions that will also be considered as confidential. In any other role a committee member may assume outside the JRC-CVT, the member will refrain from discussing any aspect of an institution, or individuals involved 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.

- A. Any computer device (e.g., laptop, phone, USB drive) used during the accreditation process must be protected using a password or other authentication method, and individual folders related to the JRC-CVT should be password protected.

III.04 Compensation. The JRC-CVT recognizes the appropriateness of reimbursement for reasonable expenses incurred by JRC-CVT volunteers in the course of their activities on behalf of JRC-CVT. However, the JRC-CVT does not permit honoraria to be paid for any accreditation services rendered.

III.05 Consultation. Members of the JRC-CVT and staff will not serve as private consultants to any program subject to CAAHEP accreditation. Private consulting means providing advice on accreditation to a specific program for personal gain. When questions arise regarding specific applicability of the policy, the matter will be submitted to the JRC-CVT for resolution.

- A. Site Visitor Consultation. Consultation by non-board member site visitors, either paid or unpaid consultation, is not specifically prohibited by the JRC-CVT. The practice of consulting is at the sole discretion of the individual doing the consultation and is considered outside of the JRC-CVT /CAAHEP accreditation process. Site visitors cannot visit as JRC-CVT representatives any program for which they have consulted. Consultation with programs that he or she has visited as a site visitor is also prohibited. Site visitors may not use their role as a JRC-CVT /CAAHEP site visitor to promote themselves for financial gain.

IV. Sponsoring Organizations

Organizations petitioning for sponsorship must meet the following criteria:

1. demonstrate a significant relationship to the profession and the education of respiratory care practitioners;
2. be national in scope; and,
3. accept the current CAAHEP **Standards and Guidelines**; and,
4. agree to participate in the entire review process, including site visits.

Organizations seeking to sponsor the JRC-CVT must submit a request to the JRC-CVT Executive Office. The request will be added to the next JRC-CVT Board meeting that is a minimum of 30 days from receipt of the request.

The JRC-CVT will review and discuss the request. After the JRC-CVT Board has reviewed and has approved the request, the request will be sent to all of the current sponsor organizations for endorsement.

Upon written endorsement by the sponsor organizations, the JRC-CVT will convey the recommendation for a new sponsor organization member to CAAHEP for a vote

by the full Commission. The new sponsor organization will become a sponsor effective with the next CAAHEP annual meeting.

A time limit will be invoked for endorsement by the sponsor organizations, provided each sponsor organization has at least 60 days, and no more than 120 days, to take action. The JRC-CVT may extend the time limit for sponsor organization action that is longer than 120 days, provided it is the same period for all sponsor organizations.

V. JRC-CVT MEMBERSHIP

1. Committee Membership.

The Board of Directors shall consist of members appointed by its sponsoring organizations. Each sponsor will appoint a maximum of two (2) representatives.

2. CAAHEP COMMISSIONER

Appointment and Sponsorship. The JRC-CVT Chair (or designee) will serve as the CAAHEP Commissioner. The Commissioner will be sponsored by the JRC-CVT to attend CAAHEP annual meetings and will provide the JRC-CVT with a report of CAAHEP proceedings at the next JRC-CVT meeting.

3. Continuity of Service

- A. Pursuant to JRC-CVT Bylaws V.2, the term of service shall be for three years. Directors may be elected for three additional terms of three years, for a maximum of twelve (12) consecutive years of service. In the event the appointee is elected to a leadership position, (e.g., Chair, Vice Chair) the term of service shall not end prior to the end of that leadership term.
- B. In the event a sponsoring organization has not identified and formally appointed a successor to a JRC-CVT position when the term of service has expired, the incumbent representative will continue to serve until the JRC-CVT receives notice of an appointment to fill that incumbent's seat on the JRC-CVT.
- C. The JRC-CVT Board may appoint a public member to serve on the Board.

4. OFFICERS

The JRC-CVT officers include a chair, vice-chair and secretary/treasurer. The term for offices is two years with an option for two terms (maximum four years).

Officers are elected during the annual meeting in odd-numbers calendar years. Newly elected officers shall assume their positions at the conclusion of the meeting at which they are elected.

Vacancies may be filled or new offices created and filled at any meeting of the Board of Directors providing required notice shall have been given.

Should the JRC-CVT employ a staff director, the director's responsibilities should be included in a written job description.

5. MEETINGS

A. Meeting Schedule.

The JRC-CVT meets electronically each month. The JRC-CVT holds one face-to-face (annual) meeting each year.

B. Electronic Meeting.

The JRC-CVT may conduct business through various electronic means as may be available to all members. Any such convening of the JRC-CVT will require distribution of minutes by the chair suitable to record the discussions and actions taken.

The JRC-CVT may employ telephone conference calls, web meetings, and email to facilitate any action that may be required between regular annual meetings. Such electronic meetings may be conducted as a deadline-driven, limited-issue email correspondence. A defined period for voting will be acknowledged by all members. Participation by a member in an electronic meeting is considered equivalent to physical presence.

C. Quorum: A quorum is defined as a simple majority.

6. REIMBURSEMENT FOR COMMITTEE MEMBER EXPENSES

- A. JRC-CVT members are reimbursed for reasonable expenses associated with attending meetings, including the annual face-to-face meeting. JRC-CVT members will be reimbursed for reasonable expenses associated with attending external meetings (e.g., CAAHEP, sponsor meetings) when the member is asked to attend those meetings. In the event of adverse weather conditions or other uncontrollable circumstances that prevent travel, the individual should contact the JRC-CVT Executive Office. The Executive Director and Chair will make a determination regarding additional reimbursement.

B. Reimbursement Period

1. The CAAHEP Leadership Meeting generally closes by noon; therefore, the reimbursement period concludes at midnight on the day the closing session is held.
2. The CAAHEP Annual Meeting generally closes mid-afternoon; therefore, the reimbursement period concludes at 6:00 pm on the day following the closing session.
3. The CAAHEP CoA Summer Workshop generally closes by noon; therefore, the reimbursement period concludes at midnight on the day the closing session is held.
4. The JRC-CVT Annual Meeting generally adjourns mid-afternoon; therefore, the reimbursement period concludes at 6:00 pm on the day following adjournment.

C. Reimbursement for JRC-CVT Meetings

Travel, registration, lodging, meals, and incidental expenses associated with attending the CAAHEP/JRC-CVT meetings will be paid by the JRC-CVT. Expense reimbursement requests must be submitted within 30 days of the event.

D. Automobile Reimbursement

Automobile reimbursement for personal car use while performing JRC-CVT business will be according to the current Internal Revenue Service rate. Reimbursement will not exceed the price of reasonable airfare.

E. Airfare

In general, the lowest available coach airfare that allows the traveler to select his/her seat at the time of booking will be secured for all CAAHEP/JRC-CVT travel. Airfare exceeding \$750.00 requires prior approval.

Members of the Committee should make their own travel arrangements and submit for reimbursement. In the rare occasion when refundable airfare or business and first-class tickets are the only options for travel, the committee member must contact the JRC-CVT Executive Office for approval prior to purchasing the ticket.

VI. ACCREDITATION REVIEW

The accreditation process begins when an institution indicates that it wishes to seek CAAHEP accreditation of its respiratory care educational program. 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 certificates and degrees.

VI.1 CORE ELEMENTS OF THE ACCREDITATION PROCESS

A. The program initiates the accreditation process through the JRC-CVT

The program must submit the [Request for Accreditation Services Form](#) (located on the CAAHEP website). The Request for Accreditation Services form is emailed directly to CAAHEP and the JRC-CVT Executive Office. The JRC-CVT provides instructions for the program's next steps upon receipt of the Request for Accreditation Services Form.

Note: If Continuing Accreditation, the JRC-CVT will notify the program in writing providing the date by which the self-study report is due.

Because accreditation by CAAHEP is a voluntary process, evaluation of a cardiovascular technology educational program is undertaken only with specific authorization from the Chief Executive Officer of its sponsoring institution.

The CAAHEP Request for Accreditation Services is signed electronically by the Chief Executive Officer of the sponsoring institution.

The application fee should be sent to the JRC-CVT Executive Office.

B. Conducting and Submitting the Self-Study Report

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.

Specific instructions for preparing the Self-Study Report are contained in the Self-Study Report Template. Although self-study is comprehensive, the Self-Study Report needs to 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.

C. Review of the Self-Study Report by the JRC-CVT to verify all elements are included.

1. The Self-Study Report is assigned to a JRC-CVT reviewer for analysis.
2. The Self-Study Report may be returned to the program when missing or incomplete information is identified, or additional material may be requested from the program.

D. Site Visit

A site visit is a required part of the evaluation process to determine compliance with the CAAHEP **Standards**. Site visitors represent both the JRC-CVT and CAAHEP.

1. A narrative report of findings from the site visit will be provided to each program following a site visit. The Site Visit Report, in addition to stating the areas not meeting the CAAHEP **Standards**, will also include a listing of the program strengths and deficiencies or areas of non-compliance. The Site Visit Report will not be left with the program upon the conclusion of the site visit. Programs will be allowed to respond to the report of findings.
2. The program's response to the report of findings will be taken into consideration when determining an accreditation action recommendation.

E. The JRC-CVT reviews the program's compliance with CAAHEP **Standards**.

1. The JRC-CVT reviews the comprehensive accreditation record, which consists of the site visit report, the student satisfaction surveys, the program's response to site visit findings, and additional materials if submitted.
2. The JRC-CVT may request additional materials if appropriate.

F. Accreditation recommendation determined by the JRC-CVT.

After careful review of all documents, the JRC-CVT Board of Directors collectively determines a recommendation for each program. The recommendation options are defined by CAAHEP policy. The JRC-CVT recommendation for each program will be forwarded to CAAHEP where the final accreditation decision is made.

G. The program will be notified by CAAHEP of the accreditation decision.

H. Continuous quality review (Annual Reports).

The JRC-CVT monitors programs for effective compliance with published criteria through the use of the Report of Current Status (annual report).

VI.2 ACCREDITATION CATEGORIES

The JRC-CVT will utilize only those accreditation categories currently approved by CAAHEP as delineated in the CAAHEP Policy and Procedures Manual.

- A. **Initial Accreditation** is the first status of accreditation granted to a program that has demonstrated compliance with CAAHEP Standards. Initial accreditation is for five years. At the end of five years, the program will be re-evaluated and may be recommended for continuing accreditation or probationary accreditation.

- B. **Continuing Accreditation** is granted when a program demonstrates compliance with the accreditation **Standards** and remains in effect until due process has demonstrated cause for its withdrawal.
- C. **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.
- D. **Administrative Probation** is a temporary status imposed when a program has not complied with administrative requirements (e.g., paying fees in a timely manner, submitting annual reports, or self-study reports).
- E. **Withdrawal of Accreditation-Involuntary** is conferred when a program is no longer in compliance with the accreditation **Standards**.
- F. **Withdrawal of Accreditation-Voluntary** is granted when a sponsoring institution requests that its program(s) be removed from CAAHEP.

Voluntary withdrawal of accreditation may be requested at any time by the Chief Executive Officer. These requests must be submitted using the [CAAHEP Request for Voluntary Withdrawal of Accreditation form](#).

- G. **Withhold of Accreditation** is conferred when a program seeking initial accreditation does not demonstrate substantial compliance with the accreditation **Standards**.

VI.3 LENGTH OF ACCREDITATION

After a comprehensive review, accreditation is granted by CAAHEP, upon the recommendation of the JRC-CVT, to programs that demonstrate compliance with the **Standards**. While the maximum length of continuing accreditation is ten (10) years, the JRC-CVT uses the following variable accreditation cycle length.

- A. Criteria for 7-year accreditation

For a program to be recommended for 7-years Continuing Accreditation, a program must meet the following criteria:

1. No citations are identified.
2. There have been no changes in the program director since the last accreditation cycle.
3. The program has consistently submitted its outcomes data, analysis and action plan(s) as a result of outcomes assessment.
4. Annual reports have been complete, including resource assessment with analysis and action plan(s), and submitted in a timely manner.
5. All administrative requirements have been met (e.g., all fees paid, timely notification to the JRC-CVT of substantive changes, all reports (self-study

report, annual report/surveys, progress report(s) have been filed in a timely manner.)

Failure to meet one or more of the aforementioned criteria may result in an accreditation recommendation of 5 years or 3 years. In such instances, the JRC-CVT may request additional information from the program in the form of a Progress Report in order to review the status and progress of a program sooner than the maximum review cycle would allow.

B. Criteria for 5 or 3-year continuing accreditation

Criteria that may lead to a 5- or 3-year Continuing Accreditation recommendation include, but are not limited to:

1. 5-year accreditation

All 3-year average outcomes, since the last accreditation review, meet the JRC-CVT-established thresholds, or a reasonable rationale (as determined by the JRC-CVT) has been given in the analysis for any outcomes falling below threshold(s).

The most recent annual report is missing survey data but the program has demonstrated a good faith effort to obtain, analyze and submit that data.

Concerns were identified during the self-study process, but the program has demonstrated willingness to develop and implement action plan(s) to resolve issues.

The program has a history of progress reports, but has demonstrated resolution of issues.

2. 3-year accreditation

Any one or more of the 3-year average outcomes, since the last accreditation review, are below JRC-CVT-established thresholds and/or the program has not consistently submitted its outcomes data analysis and action plan(s) as a result of outcomes assessment, but has demonstrated good faith effort to resolve issues and has shown improvement.

The most recent annual report is missing survey data but the program has demonstrated a good faith effort to obtain, analyze and submit that data.

The program has history of progress reports that are on-going, but has demonstrated good faith effort to resolve issue(s) and has shown improvement.

The JRC-CVT may extend a program's accreditation period for a longer time period if a program's progress report is submitted in a timely manner and is determined to be satisfactory, at the discretion of the JRC-CVT, to maintain accreditation status.

If a program is Inactive, procedures must be followed as usual to maintain compliance with the Standards, e.g., Annual Reports must be submitted annually and all fees must be paid.

C. Guidelines for making continuing accreditation cycle extensions

To recognize the on-going pursuit of compliance and self-improvement of cardiovascular technology education programs, the JRC-CVT has developed criteria for the potential extension of a given program's current accreditation cycle.

This process is akin to similar progressive and innovative policies, which exist in ACGME program review and accreditation. As such, it allows each program the opportunity for recognition of interval improvements and progress in outcomes data, documentation, deficiencies, or other previously stated JRC-CVT concerns, and when appropriate, the potential for accreditation cycle extension.

The caveats of the accreditation cycle extension policy and its relationship to the current 3-, 5-, and 7-year accreditation recommendation criteria are as follows.

1. Approximately 18 months prior to the deadline for self-study report receipt (or 6 months prior to the standard 1-year program notification by the JRC-CVT for pending self-study report submission), the JRC-CVT will formally review the status of each program. This review will take place during a conference call meeting.

At this time, determination will be made as to whether an accreditation cycle extension is appropriate (criteria detailed below).

If specific additional information and/or documentation are needed at the time of committee review, a request for such may be made to the program of interest.

The potential accreditation cycle extensions are limited to 3- to 5-years, 5- to 7-years, and 7- to 10 years only (accreditation extensions of 3- to 7-years or 10 years and 5- to 10-years are not possible).

If accreditation cycle extension is approved, the respective program will be notified in writing by the JRC-CVT Executive Office

No program may achieve an accreditation cycle greater than 10-years (comprehensive review with site visit and accreditation recommendation to CAAHEP required at a maximal 10-year interval per CAAHEP requirements).

2. **Criteria for 3- to 5-year Continuing Accreditation Cycle Extension: 3 year cycle criteria**

Any one or more of the 3-year average outcomes, since last accreditation review, are below JRC-CVT established thresholds **and/or** the program has not consistently submitted its outcomes data,

analysis and action plan(s) as a result of outcomes assessment, but has demonstrated good faith effort to resolve issues and has shown improvement.

The most recent annual report is missing survey data but the program has demonstrated a good faith effort to obtain, analyze and submit that data.

The program has history of progress reports that are on-going, but has demonstrated good faith effort to resolve issue(s) and has shown improvement.

A program currently in a 3-year accreditation cycle, based on the above criteria, ***may be considered for accreditation cycle extension if all 5-year criteria have been met.***

5-year cycle criteria

All 3-year average outcomes, since last accreditation review, meet the JRC-CVT-established thresholds;

The most recent annual report is missing survey data but the program has demonstrated a good faith effort to obtain, analyze and submit that data;

Concerns were identified during self-study process, but the program has demonstrated willingness to develop and implement an action plan(s) to resolve issues;

The program has history of progress reports, but has demonstrated resolution of issues.

3. **Criteria for 5- to 7-year Continuing Accreditation Cycle Extension**

A program currently in a 5-year accreditation cycle, based on the above criteria, ***may be considered for accreditation cycle extension if all 7-year criteria have been met.***

7-year cycle criteria

No deficiencies cited or significant concerns identified;

Program has consistently submitted its outcomes data, analysis and action plan(s) as result of outcomes assessment;

All 3-year average outcomes, since last accreditation review, meet the JRC-CVT-established thresholds, or a reasonable rationale (as determined by the JR-CVT) has been given in the analysis for any outcomes falling below threshold(s);

Annual reports have been complete. including resources assessments with analysis and action plan(s), and submitted in a timely manner;

All administrative requirements have been met (e.g., all fees paid, timely notification to JRC-CVT of substantive changes, all reports (self-study report, annual report/surveys, progress reports) filed in a timely manner).

VI.4 Submitting an application for an addition concentration(s) outside the regular accreditation cycle

A program that submits an application for an addition concentration(s) outside the comprehensive accreditation cycle is eligible to submit a focused self-study and participate in a focused site visit when (1) the most recent comprehensive reaccreditation activity occurred not more than three years prior; (2) the program has no citations; and, (3) there has been no change in either the program director or the medical director.

Adopted December 12, 2021

VI.5 INACTIVE PROGRAMS AND RE-ACTIVATION

Inactive status may be requested from CAAHEP at any time by the Chief Executive Officer of the sponsor by submitting the [CAAHEP Request for Inactive Status form](#). 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 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".

VII. REQUEST FOR RECONSIDERATION OF AN ADVERSE RECOMMENDATION

- A. When the JRC-CVT first formulates a recommendation of Withhold of Accreditation, Probationary Accreditation, or Withdrawal of Accreditation, the Chief Executive Officer of the sponsor will be notified in writing of that JRC-CVT action. The sponsor will have fourteen (14) calendar days after receipt of that written notice (sent certified mail, return receipt requested) to request reconsideration of that recommendation or to request voluntary withdrawal of its accreditation or application.

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.

- B. The notification will include the specific areas where the program was found deficient (**Standards** cited), the rationale for those citations, and the suggested documentation by which the Program may demonstrate its compliance with the **Standards**.

- C. If the program does not request reconsideration by the deadline, the original JRC-CVT recommendation is forwarded to CAAHEP with the correspondence documenting that the program was notified of its rights and that due process was followed.
- D. If the program requests reconsideration, it is notified of a deadline to submit additional (new) material for consideration by the JRC-CVT.
 - 1. The JRC-CVT will place reconsideration of the original recommendation on its next agenda following the program's deadline for submission of materials.
 - 2. The JRC-CVT Board will review the reconsideration action based on all the materials at the time of the original recommendation as well as all new materials submitted by the Program.
 - a. The JRC-CVT then formulates a recommendation to CAAHEP for:
 - i. Initial Accreditation or Withhold Accreditation for new programs, or
 - ii. Continuing Accreditation, Probationary Accreditation, or Withdrawal of Accreditation for currently accredited programs, including the **Standards** cited, the rationale for each citation, and the suggested documentation to correct each citation.
- E. If the JRC-CVT formulates a recommendation that could change the CAAHEP accreditation status of the program, the recommendation is forwarded to CAAHEP along with the correspondence documenting that the program was notified of its rights and that due process was followed.
- F. If the JRC-CVT formulates a recommendation that would not change the CAAHEP accreditation status, but includes citations, the recommendation is not forwarded to CAAHEP and a Progress Report is requested of the Program.

VIII. SITE VISITORS

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 submit their findings to the JRC-CVT. Program strengths and deficiencies will be discussed at the exit conference.

VIII.01 Team Composition

- A. The composition of the team will include two to four visitors for any given on-site review.
- B. No visitor will have any real or potential conflict of interest that may affect the evaluation. If the site visitor, program, or the JRC-CVT has reason to believe that a conflict of interest exists, the visitor will be recused and another member selected. All site visitors are required to sign a confidentiality statement.
- C. Trainees and/or observers may accompany the on-site evaluation team.
- D. A single site visitor is acceptable only in unusual and extenuating circumstances and only with the approval of the JRC-CVT Chair, the sponsor institution, and the program administration.

VIII.02 Site Visitor Selection and Appointment

- A. All site visitors will
 - 1. be qualified by education and experience;
 - 2. complete the CAAHEP Site Visitor Quiz; and,
 - 3. complete site visitor training, which may include either attending a JRC-CVT workshop at which prospective site visitors receive orientation, training, and materials, or completing the JRC-CVT online site visitor course. In addition, each newly appointed site visitor will be mentored by an experienced site visitor. Objectivity and impartiality are stressed throughout the orientation process.

VIII.03 Site Visitor Expectations

- A. Site visitors are expected to demonstrate an in-depth knowledge of:
 - 1. the full scope of the program's resources, operations, and components as described in the Self-Study Report prepared by the institution under evaluation;
 - 2. the most current CAAHEP *Standards and Guidelines*;
 - 3. the existing procedures for accreditation, including the mechanism for reconsideration; and,
 - 4. the role of resource assessment and outcome evaluation in programs.
- B. Site visitors are expected to demonstrate a general knowledge of
 - 1. the principles of institutional organization/administration, including (1) institutional accreditation processes; (2) fiscal policy and planning, and (3) various organizational/authority structures.
 - 2. curriculum design and instructional methods, including non-traditional approaches;

3. psychometric theory and application, including (1) cognitive testing and evaluation and (2) performance evaluation.
4. contemporary standards of cardiac/vascular diagnostic and therapeutic care, including current procedures and equipment, and the expected role of practitioners.
5. current learning resources related to patient care, and medicine; and,
6. sensitivity to the potential for personal and professional bias.

VIII.04 Responsibilities of the site visit team

A. Before the site visit

1. Potential team members should promptly notify the JRC-CVT of their willingness to participate in a scheduled site visit. Site visitors will determine if there is a real or potential conflict of interest and will decline any assignment in which a conflict of interest may be perceived.
2. Team members will review the contents of the Self-Study Report and the reader's analysis in relation to the CAAHEP *Standards*. When necessary, the team leader should communicate with the program for any clarification of submitted materials.
3. Following a review of the written report and the supplementary documentation, team members will communicate with each other to develop strategies for data collection and evaluation, outline specific areas of scrutiny, and identify concerns. The JRC-CVT Executive Office will be copied on all correspondence between the team leader and the program.
4. A mutually satisfactory agenda will be arranged in consultation with the program director of the program being visited. The JRC-CVT and team leader will be contacted if a change in the length of the visit is deemed appropriate. The program personnel may be asked to assist in arranging for appropriate accommodations and ground transportation. Travel arrangements of the team members will be coordinated by the team leader. Late arrival to or early departure from the sponsor institution reduces the efficiency of the site visit and can adversely affect the site visit team's ability to evaluate the educational program completely and objectively.

B. During the site visit

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.

1. The team should arrange to meet prior to the beginning of the formal agenda. This may include a conference call prior to the site visit; a dinner meeting the evening before the site visit begins; or, a breakfast meeting the morning the site visit begins. At this meeting, the team should compare

notes and decide how they will conduct the various interviews and discuss any other concerns.

2. All program personnel and representatives of the administration will be clearly informed about the purposes, function, and mechanics of the on-site evaluation and its relationship to the accreditation processes of the JRC-CVT and CAAHEP.
3. The team members will collect, verify, and interpret all information likely to demonstrate how the program meets the **Standards** by:
 - a. interviewing individuals and groups that represent the program's communities of interest (e.g., the Chief Executive Officer (or designee) of the sponsoring institution, the administrator(s) of the educational program, key personnel of the program, adjunct and clinical instructors, students, graduates, medical director, and members of the advisory committee;
 - b. reviewing and analyzing relevant documentation and reports, particularly resource assessment materials;
 - c. Inspecting pertinent facilities and resources, including the use of virtual tours as appropriate;
4. Team members will carefully document all findings on the on site review report form. Evidence will be provided to substantiate all Standards 'not met'. For all Standards cited as 'not met' reference will be made to the number/letter designation of the applicable Standards(s).
5. An on-site review report should be developed collaboratively prior to the exit summation conference. It will be reviewed for accuracy prior to its submission. Errors identified will be corrected. Consistency between the observation and impressions of the site team and their documentation is essential. The site visit report will complement and validate, not duplicate, the Self-Study Report submitted by the program.

The team's report will address specifically any concerns. The report will be concise but will provide evidence, from objective sources, of the program's quality relative to the Standards.

In addition, the report will be free from personal philosophical iterations and from convoluted terminology. The report will be candid and analytical and give an accurate picture of the strengths and weaknesses of the program.

For problem areas, there will be description of the specific suggestions made in writing by the site visitors to help the program address the situation.

6. After completion of the Site Visit Report, team members will arrange to meet the Program Director to confirm the data and discuss the site visit team's conclusions and recommendations. It is important to determine

whether any of the conclusions have been based on faulty interpretations or incomplete information. This is an ideal time for the team to function as consultants, providing ideas and suggestions to help the program personnel address identified shortcomings.

7. During the summation conference the site visit team members will provide program personnel and administration officials with an objective oral review of the findings of the team. Those present during the summation conference will be documented. The team will read the summation conference script which reiterates their function and reviews the sequence of events for the accreditation process including the program's right to verify the facts in the report, the ability of the program to inform the JRC-CVT of improvements made prior to the close of the agenda, and the reconsideration mechanism.

The team will not indicate the JRC-CVT's accreditation recommendation and will not leave a copy of the Site Visit Report with the program

C. After the site visit

1. The team must submit the Site Visit Report to the JRC-CVT Executive Office within five (5) business days of completing the on-site evaluation.
2. The program will receive a formal written report from the JRC-CVT within four (4) weeks of the site visit. At this time, the program will be given the opportunity to respond to any inaccuracies of fact and to comment on the site visit team's interpretation of information gathered on site. The program must respond within 14 days of receipt.

VIII.05 Professionalism.

All individuals associated with JRC-CVT activities, including committee members, site visitors, consultants and other representatives, will maintain the highest standard of professionalism and integrity and will conduct themselves in a manner that fosters respect for the integrity, expertise and reliability of all.

VIII.06 Confidentiality.

The JRC-CVT requires that its procedures and the actions of its site visitors are consistent with the need to maintain confidentiality during the review process in accordance with JRC-CVT and CAAHEP policies. Prior to each site visit the team will submit a conflict of interest/confidentiality statement. All information made available to site visitors for and during their evaluation will be considered confidential. Disclosure to anyone outside JRC-CVT/CAAHEP of any information obtained during the accreditation process is not allowed. Team members are also privy to a number of opinions expressed by individuals during interviews; these too will be confidential.

VIII.07 Site Visit Evaluation.

Peer evaluation of team members will be completed after each site visit. Additionally, the program director and the dean (or equivalent) of the sponsor institution who participated in the on-site evaluation are each given the opportunity to evaluate the site visitors both as a team and as individuals.

Post-site visit questionnaires will be reviewed on an annual basis. Staff will mail a report regarding performance to all site visitors who participated in a site visit during the previous year. Any site visitors receiving an unfavorable evaluation will be reviewed by the JRC-CVT.

VIII.08 Complaints against site visitors.

- A. A formal complaint may be filed against an individual site visitor or a site team when the individual(s) is/are alleged to have violated the integrity of the accreditation process, including:
 - 1. violating confidentiality before, during, or after the site visit;
 - 2. violating the rules of conduct for a site visitor; or,
 - 3. other circumstances of misbehavior the institution believes will compromise the integrity of the accreditation process.

- B. All complaints against a site visitor or site team must be in writing and sent to the Executive Office of the JRC-CVT. Complaints may be filed using email. The Executive Director will confer with the Chair of the JRC-CVT (unless the complaint is against that individual, in which case the Executive Director will confer with the Vice-Chair) and determine whether the complaint is valid.
 - 1. If the complaint is determined not to have violated the integrity of the accreditation process, the Executive Director will notify the complainant of this finding, and the basis of the finding.
 - 2. If the complaint is determined to be valid, the Executive Director will notify the complainant and inform him/her of the process for investigating the complaint. The Executive Director will forward a copy of the complaint to the individual using certified mail or any other delivery service that provides a mechanism for tracking. The individual will have 30 calendar days during which to respond to the allegations in the complaint.
 - a. The Chair will appoint a Site Visitor Complaint Committee to review the complaint and the response, and to determine what further action will occur (e.g., reprimand, the site visitor may be required to complete additional training, the site visitor may be removed from the roster of site visitors). If the accreditation recommendation is believed to have been compromised by the actions of the site visitor(s), the JRC-CVT may conduct a repeat site visit at no cost to the institution.

VIII.09 Withdrawal of Site Visitor Appointment.

Individuals may be deleted from the roster of active site visitors if they: (1) voluntarily resign, (2) are inactive for a period of three or more years, or (3) fail to correct any deficiencies revealed on the evaluative process.

IX. Site visits

JRC-CVT offers both virtual and face-to-face site visits. Please see Appendix A for the Virtual Site Visit policies and procedures.

A. Purpose:

Site visitors will talk with various communities of interest (e.g., students, graduates, employers, advisory committee members) during the site visit to evaluate how well the program prepares the students to achieve the clinical learning objectives.

Policy:

Site visits will be scheduled so students will have completed at least one month of clinical education in which students are actively practicing clinical education competencies.

B. Focused Site Visits.

Focused site visits will be scheduled when it is determined that waiting until the next regular comprehensive accreditation is not in the best interest of the program, its students, or the public. The decision to schedule a focused site visit may be based on the JRC-CVT's review of the outcomes as shown on the annual reports and a programs' ability to meet the established thresholds, and complaints against the program. Selection may also be based on the date of the program's last site visit or any significant changes taking place within the program. The program will be given 90-days' notice prior to arrival on site. The program will be given three (3) business days to confirm the assigned site visit dates. If no confirmation is received from the program, it will be assumed that assigned dates are acceptable.

X. OUTCOMES BASED EVALUATION

The JRC-CVT uses a number of criteria for outcomes measures, including but not limited to retention, credentialing success, employment (positive placement), employer satisfaction, and, graduate satisfaction.

X.01 Annual Report of Current Status.

Each year, all accredited programs are required to file an annual report 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. Annual reports must be filed using the CAAHEP Annual Report Management System (ARMS). The JRC-CVT reviews the annual report 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.

Revised 9/13/2021

Failure to submit the annual report within 30 days of the determined deadline may result in a program being placed on administrative probation.

X.02 Established Thresholds.

The JRC-CVT has identified the following outcomes threshold that programs must meet/maintain for accreditation.

- A. Graduate surveys are administered six (6) months to one (1) year following graduation.
1. The program is required to distribute graduate surveys to 100% of the graduates from each cohort. The JRC-CVT will not consider the return rate when evaluating the graduate survey outcome; however, the program must address any negative responses from graduates.

Adopted 8/28/2018

- B. Employer surveys are administered six (6) months to one (1) year following graduation.
2. The program is required to distribute employer surveys to 100% of the graduates from each cohort. The JRC-CVT will not consider the return rate when evaluating the employer survey outcome; however, the program must address any negative responses from employers.

Adopted 8/28/2018

- C. Retention of 70% or greater of total enrollment, including attrition due to academic dismissal, clinical dismissal, or student withdrawal.
- D. Positive Placement of 70% or greater. Positive placement requires the graduate to be employed in the cardiovascular technology or related profession or continuing their education in a major related to progressing in health professions.

Revised 4/1/2022

- E. Credentialing success is defined as 60% or greater on the credentialing examination appropriate for the specific concentration.

X.03 Failure to Meet Established Thresholds.

Failure to meet the established thresholds will result in recommendations from the JRC-CVT and require an action plan to be developed by the program and submitted to the JRC-CVT. The action plan should provide documentation regarding how the deficiencies will be corrected. Non-compliance, inability to correct deficiencies in a timely manner, or serious deviation from the threshold in any measure may trigger an unscheduled comprehensive review, progress report, or a change in the program's accreditation status.

X.04 Transparency of Outcomes.

All programs must publish, preferably in a readily accessible place on their websites, the outcomes measures required by the JRC-CVT. The JRC-CVT requires all programs to publish the retention, credentialing success, and positive placement

outcomes. The programs may publish additional outcomes, such as graduate satisfaction and employer satisfaction.

- A. At all times, the published results must be consistent with and verifiable by the program's annual report in the CAAHEP annual report management system (ARMS).

XI. MAINTAINING ACCREDITATION

XI.01 Advisory Committee.

CAAHEP *Standards* require each program to appoint an advisory committee, which is representative of at least each of the communities of interest named in the *Standards*; the advisory committee must be charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change. (Standard II.B)

- A. Public Member

Purpose:

The public member provides the perspective and represents the interests, of the community at large.

Definition:

A public member is not employed as a healthcare provider; is not a member of any trade association or membership organization that is related to the practice of cardiac/vascular technology; does not qualify as a representative from any other named community of interest; is not employed by the sponsor of the cardiovascular technology program; is not a relative of an individual who is employed by the sponsor of the cardiovascular technology program; and, does not hold any position with a CAAHEP-accredited program.

The public member should receive an orientation to and instruction about his/her position from the Program Director. The public member should have a defined position on the agenda of each Advisory Committee meeting.

Revised 10/20/2018

- B. Meetings

Consistent with the Guideline for Standard II.B, meetings of the Program Advisory Committee may be held in person or by using synchronous electronic means (e.g., teleconference calls, web-based meeting technology). Sending an email to the Program Advisory Committee members does not permit synchronous communication among the members and does not fulfill the requirements of an advisory committee meeting.

XI.02 Records Retention

- A. Program directors must retain student records related to academic and clinical progression in the program and outcomes assessment documents for a minimum of three years. Outcomes assessment documents include the raw

(completed) graduate and employer survey instruments, and any source documents using in the completion of the program's annual report and Resource Assessment Matrix (RAM).

Adopted 8/28/2018

XI.03 Advertisement of Accreditation

All accredited programs and those seeking accreditation must follow CAAHEP's published policy on public use of CAAHEP accreditation status by program and sponsoring institutions. The most recent copy of the CAAHEP Policy and Procedure Manual is available on the CAAHEP website.

A. Developing Program. When a developing educational program in respiratory care has not yet been scheduled for an initial site visit, no mention of CAAHEP accreditation may be made.

B. Publication after site visit scheduled.
Once a site visit has been scheduled, the developing program may publish the following statement:

"The Cardiovascular Technology program at [*institution*] has a site visit scheduled for pursuing initial accreditation by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org). This step in the process is neither a status of accreditation nor a guarantee that accreditation will be granted."

There should be no claims of timelines or when accreditation will be achieved.

C. Language to notify public regarding the accreditation status
If a program has CAAHEP accreditation, the sponsor must use the following language when referring to that accreditation:

1. In at least one of its comprehensive publications customarily used to officially convey institutional information, it must state:

"The [*name of program*] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon recommendation of the Joint Review Committee on Education in Cardiovascular Technology.

Commission on Accreditation of Allied Health
Education Programs
9355 113th St., N, #7709
Seminole, FL 33775
727-210-2350
www.caahep.org"

2. Provided the requirements of paragraph C.1 have been met, when the sponsor additionally publishes the accreditation status of the program, it must state:

“The [*name of program*] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Joint Review Committee on Accreditation for Education in Cardiovascular Technology.”

D. Notifying communities of interest regarding Probationary Accreditation Status

If a program has been placed on Probationary Accreditation by CAAHEP, it must inform all students and applicants in writing, and must disclose this sanction whenever reference is made to its accreditation status, by including the statement:

“[*Name of program*] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Joint Review Committee on Accreditation for Education in Cardiovascular Technology. The program has been placed on Probationary Accreditation as of [*date of Probation action.*]”

Since probationary accreditation is a temporary status, publications that are published less frequently than one year (e.g., catalogs) are not required to carry the above wording. However, when such publications are distributed to the program’s current students or potential applicants, they must include an insert containing the above language. Any promotional pieces, print advertisements or areas on the program’s website that make reference to accreditation status must include the above language about Probationary Accreditation.

IX.03 A – D, adopted from CAAHEP Policy 302.C

IX.04 Notification of Changes in Key Personnel to JRC-CVT

- A. 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 Standard 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.

XI.05 Notification of Changes in Key Personnel

- A. Program Director. The sponsor must notify the JRC-CVT within 10 calendar days when a vacancy or change occurs in the position of Program Director.
1. Failure to submit notification within the 10 days may result in the JRC-CVT recommending to CAAHEP that the program be placed on Administrative Probation.
 2. The sponsor appoints an acting, interim, or permanent Program Director and notifies the JRC-CVT by completing the appropriate sections of the JRC-CVT Personnel Change Form and submitting it, with the required documentation, within 10 calendar days of the vacancy/change.
 3. An acting appointment is defined as when the individual does not meet the Standards. An acting program director can be appointed for up to six

months. When there are extenuating circumstances (e.g., major illness of the program director or immediate family, military deployment), the JRC-CVT will consider a request from the institution to extend the acting appointment.

4. An interim appointment is when the individual meets the qualifications, but has not been appointed to the position. An interim appointment can be in place for up to 12 months. When there are extenuating circumstances (e.g., major illness of the program director or immediate family, military deployment), the JRC-CVT will consider a request from the institution to extend the interim appointment.
5. If it appears that the absence/vacancy is going to exceed six months for an acting appointment, or 12 months for an interim appointment, a request for prior approval of a further extension of up to six months may be submitted to the JRC-CVT Executive Office for consideration.
6. The initial request for approval to appoint either an acting program director or an interim program director is considered an administrative action and can be approved by the JRC-CVT Executive Office. The Executive Office must confer with the Chair of the JRC-CVT prior to approving any extension beyond the initial six months (acting) or 12 months (interim). The Chair of the JRC-CVT may approve the request for one extension or may elect to present the request for an extension to the full JRC-CVT for consideration.

Adopted 10/31/2017

B Medical Director.

The sponsor must notify the JRC-CVT within 10 calendar days when a vacancy or change occurs in the position of Medical Director.

1. Failure to submit notification within the 10 days may result in the JRC-CVT recommending to CAAHEP that the program be placed on Administrative Probation.
2. The sponsor appoints an acting, interim, or permanent Medical Director and notifies the JRC-CVT by completing the appropriate sections of the JRC-CVT Personnel Change Form and submitting it, with the required documentation, within 10 calendar days of the vacancy/change.
3. An acting appointment is defined as when the individual does not meet the Standards. An acting medical director can be appointed for up to six months. When there are extenuating circumstances (e.g., major illness of the medical director or immediate family, military deployment), the JRC-CVT will consider a request from the institution to extend the acting appointment.
4. An interim appointment is when the individual meets the qualifications, but has not been appointed to the position. An interim appointment can be in place for up to 12 months. When there are extenuating circumstances (e.g., major illness of the medical director or immediate

family, military deployment), the JRC-CVT will consider a request from the institution to extend the interim appointment.

5. If it appears that the absence/vacancy is going to exceed six months for an acting appointment, or 12 months for an interim appointment, a request for prior approval of a further extension of up to six months may be submitted to the JRC-CVT Executive Office for consideration.
6. The initial request for approval to appoint either an acting program director or an interim program director is considered an administrative action and can be approved by the JRC-CVT Executive Office. The Executive Office must confer with the Chair of the JRC-CVT prior to approving any extension beyond the initial six months (acting) or 12 months (interim). The Chair of the JRC-CVT may approve the request for one extension or may elect to present the request for an extension to the full JRC-CVT for consideration.

Adopted 10/31/2017

XI.06 Self-Study Report Format

- A. The format for self-analysis is designed so that individuals preparing it may follow in sequence the **Standards and Guidelines for the Accreditation of Educational Programs in Cardiovascular Technology**. 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. The submission of the SSR and supporting documentation must be in electronic form (either USB drives or uploaded to DropBox). No paper is accepted.

Complete sentences are required when responding to narrative questions. If certain questions are not applicable, indicate the same and state the reason. Questions are not permitted to be deleted from the SSR.

XI.07 Clinical Education

- A. Purpose:
To ensure that the program maintains a clear focus on the educational perspective for all compensated student work that is done during clinical rotations.

Policy:

The JRC-CVT does not recommend that students receive financial compensation during their clinical hours. However, the JRC-CVT does not believe that financial compensation is prohibited by Standard V.C., which states that “all activities required in the program must be educational and students must not be substituted for staff.” It is the responsibility of the program to document in written form how each student who is financially compensated during clinical hours can achieve the clinical course learning objectives and can participate in unscheduled learning opportunities (e.g., to observe or participate in an unusual or educationally important case). The program is also required to document that each student who is performing compensated work is working

under the direct supervision of an appropriately credentialed cardiovascular technologist.

Adopted 2/26/2018

B. Student identification.

Each student must be clearly identified as a student during all clinical hours. Students are required to wear identification that clearly shows the name of the program, the name of the student, and the status of student.

Adopted 2/26/2018

XI.08 Curriculum

Programs are required, at all times, to demonstrate the curriculum encompasses the JRC-CVT Core Curriculum shown in Appendix B of the Standards and Guidelines.

XII. COMPLAINTS REGARDING THE JRC-CVT AND ACCREDITED PROGRAMS

The JRC-CVT follows due process procedures when written and signed complaints are received by CAAHEP or the JRC-CVT alleging that either the JRC-CVT or an accredited program are not following established policies or CAAHEP **Standards**. CAAHEP and the JRC-CVT maintain indefinitely a record of all complaints received.

- A. To receive formal consideration, all complaints will be submitted in writing and signed (If filed via CAAHEP website, the form must have an electronic signature). The complaint will demonstrate that reasonable efforts have been made to resolve the complaint, or alternatively that such efforts would be unavailing.
- B. When received by CAAHEP, complaints are transmitted within five (5) working days to the chairperson and staff of the JRC-CVT for consideration. When received by the chair or staff of the JRC-CVT, a copy is forwarded to the CAAHEP office within five (5) working days.
- C. Following consultation among staff of the JRC-CVT and CAAHEP, the chairperson of the JRC-CVT determines whether the complaint relates to the manner in which the program complies with the **Standards** or follows established accreditation policies.
 - 1. If the complaint does not relate to the **Standards** or to established policies, the person initiating the complaint will be notified accordingly within 20 working days following receipt of the complaint by the JRC-CVT. A copy of this correspondence will be shared with CAAHEP.
 - 2. If the complaint does relate to the **Standards** or to established policies, the chair or representative of the JRC-CVT will acknowledge receipt of the complaint within 20 working days and share with the filing party a description of the process and policies which pertain to handling such complaints.

- a. The Chair or representative of the JRC-CVT will notify the program director and the chief executive officer of the sponsoring institution of the substance of the complaint and will request a preliminary investigation and report on the findings within 30 days of the sponsoring institution's receipt of the letter of notice.
 - b. The Chair or representative of the JRC-CVT may request further information or material relative to the complaint from the complaining party, the institution, or other relevant sources.
 - c. The CAAHEP office should receive copies of this correspondence.
 - d. The identity of the complaining party will be kept confidential, unless the complainant authorizes disclosure of his/her identity, or unless such disclosure is required by legal process in a subsequent proceeding.
- D. Upon receipt of the responses referred to above, the JRC-CVT will consider the complaint and all relevant information obtained in the course of investigation and formulate an appropriate action according to the following guidelines:
- 1. If the complaint is determined to be unsubstantiated or unrelated to the **Standards** or established accreditation policies, the complaining party, officials of the program in question, and the appropriate official of the sponsoring institution, will be so notified within ten days of the completion of the investigation.
 - 2. If the investigation reveals the program may not be or may not have been in substantial compliance with the **Standards** or may not have been following the established accreditation policies, one of two approaches will be taken.
 - a. The program must submit a report and documentation within 30 days following the investigation demonstrating the manner in which the substantiated complaint has been corrected. Should the JRC-CVT be satisfied with the response, the program, its sponsoring institution, and the party filing the complaint will be notified of the JRC-CVT's satisfaction with the resolution of the matter and notice that the program's accreditation status remains unaffected by the complaint.
 - b. Should the JRC-CVT judge the program or sponsoring institution's response to the complaint inadequate and lacking in evidence of the program's continuing substantial compliance with the *Standards* or adherence to accreditation policies, the JRC-CVT may request and arrange for a return site visit of the program as soon as reasonably feasible, but not more than 30 days following the investigation. The purpose of the return site visit will be limited to an investigation of the complaint and the manner in which it affects compliance with the *Standards* or with accreditation policies. The cost of the return site visit will be borne by the JRC-CVT.

- 1) Should the JRC-CVT, on evidence received through the return on-site evaluation, consider the program to remain in substantial compliance with the *Standards* and in adherence with accreditation policies, the program, its sponsoring institution, and the complaining party will be notified of this assessment and the fact that the program's current accreditation status remains unaffected by the complaint.
 - 2) Should the JRC-CVT consider the evidence of the site visit to indicate the complaint is valid and the program is not in substantial compliance with the **Standards** or with accreditation policies, the JRC-CVT will recommend a change in accreditation status to CAAHEP.
- E. Should XII.D.2.(b)(2) pertain, all information regarding the complaint, a full report of its investigation, and the JRC's recommendation will be transmitted to CAAHEP for consideration and action.
- F. CAAHEP and the JRC-CVT emphasize that they will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, appointment, promotion or dismissal. They will act only when they believe practices or conditions indicate the program may not be in substantial compliance with the *Standards* or with established accreditation policies.

XIII. Distance Education and Satellite Locations

A. Distance Education

The JRC-CVT recognizes distance education programs, which are defined as those in which a student is able to complete the program without attending didactic or laboratory courses on the campus. These can be independent programs or programs affiliated with a face-to-face program. In either case, the distance education program will be evaluated independently, being asked to demonstrate that the education provided and student outcomes meet the Standards and Guidelines for the Accreditation of Educational Programs in Cardiovascular Technology. When a distance education program is added to an accredited face-to-face program, the distance education program will be evaluated independently for Initial Accreditation. The distance education program is required to submit an Annual Report (CAAHEP Report of Current Status) each year, and separate recommendations for CAAHEP action will be submitted by the JRC-CVT for the distance education program and face-to-face program.

B. Satellite Locations

The JRC-CVT recognizes and approves satellite locations associated with accredited programs. A satellite program is defined as an off-campus location(s) that is advertised or otherwise made known to individuals outside the sponsor. The satellite, or off-campus location, must offer all the professional didactic and laboratory content of the program. A satellite does not pertain to sites used by a

completely online/distance education program for individual students. Satellites are included in the CAAHEP accreditation of the sponsor and function at the direction of the key personnel of the program. Program outcomes will be reported separately for the student cohort enrolled at the satellite location by using the Annual Report (CAAHEP Report of Current Status). The satellite location is not accredited separately from the campus-based program. The sponsor of the satellite location is required to apply for approval of the satellite location by the JRC-CVT prior to enrolling students at the satellite location.

IX. Invoicing for Annual Accreditation Fees

Programs are invoiced for annual accreditation fees during the first quarter of each calendar year.

- A. Invoices will be sent to the program director (or designated recipient). The invoice will be sent during the first quarter of each calendar year and indicate that payment is due in 45 calendar days.
1. The invoice will include the statement "Failure to pay Annual Accreditation Fees in a timely manner may lead to the JRC-CVT recommending to CAAHEP that the program be placed on Administrative Probation. Payments not received by the due date may incur a late charge of \$50.00."
 2. A second invoice will be sent by email to the program director (or designated recipient) for those programs that have not paid on the due date. The dean (and program director, if not the designated recipient) will be copied on the email.
 3. A cover letter and final (3rd) invoice will be sent by United States Postal Service (certified mail, return receipt requested) to the President/CEO of the institution if there has been no response to the second invoice. The program director and dean will be copied on the letter and final invoice, with notice to the program director and dean sent via email.

A late charge of \$50.00 will be added to the invoice.

- a. The cover letter will notify the President/CEO that failure to pay the annual accreditation fees within 14 days of receipt of the third invoice will result in the JRC-CVT recommending to CAAHEP that the program be placed on Administrative Probation for failure to comply with the administrative responsibility for payment of the JRC-CVT annual accreditation fee.
 - b. In conjunction with the recommendation for CAAHEP Administrative Probation, the program will receive a fourth invoice that includes a late processing fee of \$100.00.
 - c. Notice that the program has been placed on Administrative Probation will be sent from CAAHEP.
4. Upon payment of the fees, prompt notice will be sent to CAAHEP from the JRC-CVT Executive Office, and CAAHEP will notify the sponsoring institution that administrative probation has been removed.
 5. Programs that have not paid the full amount designated in the 4th invoice five (5) days prior to the JRC-CVT meeting following the date of the administrative probation may be subject to a recommendation of Withdrawal of Accreditation.

B. Invoicing programs receiving Initial Accreditation

Programs receiving initial accreditation between January 1 and June 30 will be invoiced the entire annual fee. Programs receiving initial accreditation between July 1 and December 31 will be invoiced half of the annual fee.

C. Invoicing programs intending to discontinue operation/withdraw accreditation

Programs notifying the JRC-CVT (in writing) of an intention to discontinue and seek voluntary withdrawal of accreditation with an effective date between January 1 and June 30 of a given year will be invoiced 50% of the annual fee for that year. Programs notifying the JRC-CVT (in writing) of an intention to discontinue and seek voluntary withdrawal of accreditation with an effective date between July 1 and December 31 of a given year are responsible for payment of the total annual fee.

APPENDIX A

VIRTUAL SITE VISIT POLICIES AND PROCEDURES

Virtual Site Visits

The JRC-CVT will continue offering only virtual site visits for programs seeking initial and continuing accreditation through the first quarter of 2022. This policy will be re-evaluated in March 2022.

Adopted 06/01/2020; Revised 6/1/2021; Revised 12/12/2021

Fees

Programs that participate in a virtual site visit will be invoiced a virtual site visit fee of \$1,500.

Adopted 06/01/2020

Technology

Programs and site visitors must have adequate technology, including internet connection, broadband, (4G or higher); audio devices; and webcams.

Adopted 06/15/2020

Virtual site visits will be scheduled cooperatively by JRC-CVT and the program and hosted by JRC-CVT using Zoom or other web-based meeting platforms as identified by JRC-CVT. The web-based platform will be FERPA compliant.

Adopted 06/01/2020

The program must have an on-site IT staff person available during the virtual site visit to assist in resolving technology issues

Adopted 06/01/2020; Revised 6/1/2021

Access to Site Visit Materials

The program must provide access to all site visit materials at least 14 calendar days before the virtual site visit. Site visit materials must be made available through a file-sharing platform. Members of the virtual site visit team must not access the file-sharing platform using public wi-fi hotspots.

Adopted 06/01/2020

Participants in Virtual Site Visit Interviews

The JRC-CVT host will use the "Waiting Room" function in Zoom. Only those individuals whose names appear on the participant lists provided by the program director will be admitted to the interview session.

Adopted 06/01/2020

Recording

Programs are not allowed to record any part of the virtual site visit. If the virtual site team or JRC-CVT staff hosting the virtual site visit discover recording is taking place, the Team Leader and JRC-CVT staff can cancel the virtual site visit immediately. In this situation, the virtual site visit is negated and an on-site visit will be scheduled. The program is not eligible for a refund of the site visit fee and will be assessed a second site visit fee when the on-site visit is rescheduled. In addition, appropriate accreditation sanctions may be taken against the program by JRC-CVT.

Adopted 06/15/2020

JRC-CVT Eligibility for Virtual Site Visits

INITIAL ACCREDITATION	Effective January 1, 2022, programs seeking Initial Accreditation are not eligible for a virtual site visit.
CONTINUING ACCREDITATION	<ul style="list-style-type: none"> • No deficiencies or significant concerns identified; • There have been no changes in the program director since the last accreditation cycle; • Program has consistently submitted its outcomes data, analysis, and action plan(s) as a result of outcomes assessment; • All 3-year average outcomes, since the last accreditation review, meet the JRC-CVT established thresholds, or a reasonable rationale (as determined by the JRC-CVT) has been given in the analysis for any outcomes falling below threshold(s); • Annual reports have been complete, including resource assessment with analysis and action plan(s), and submitted on time; • All administrative requirements have been met (i.e., all fees paid, timely notification to JRC-CVT regarding substantive changes, all reports (self-study report, annual report/surveys, progress reports) filed on time).

Adopted June 1, 2021