



**meac**  
midwifery education  
accreditation council

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## Section B: Standards for Accreditation

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# Standard I | Mission, Program Assessment, & Student Achievement

## Benchmark I.A | Mission

### Benchmark I.A1 (Programmatic & Institutional Accreditation)

The institution or program has a mission statement.

**Demo I.A1.1** | Provide a copy of your institution's or program's mission statement as published in the institution's catalog and/or website.

## Benchmark I.B | Program Goals & Assessment

### Benchmark I.B1 (Programmatic and Institutional Accreditation)

There are broad goals and specific learning outcomes for each program that fall under the grant of accreditation, which reflect its mission and are commensurate with the certificate or degree awarded.

*NOTE: If the institution offers a certificate in addition to degrees, it must clearly list the goals and learning outcomes for each program separately. An institution offering only a certificate in midwifery or only one degree will have one list of program goals and learning outcomes. An institution offering a certificate in midwifery and a bachelor's degree in midwifery or multiple degree programs will have a separate list of program goals for each certificate and bachelor's degree program.*

**Demo I.B1.1** | Provide a copy of the goals for each program. Goals should be stated as a broad and future-oriented statement and communicate the overall intent of the program.

**Demo I.B1.2** | Explain how these program goals reflect the institution's/program's mission.

**Demo I.B1.3** | Provide a copy of the learning outcomes for each program.

*NOTE: Learning outcomes should employ active verbs and describe what the student should know and be able to do upon program completion. Learning outcomes should be specific, measurable, observable, and written in behavioral terms.*

**Demo I.B1.4** | Describe how the learning outcomes for each program are commensurate with the certificate or degree offered.

Articulate increasing levels of challenge for student performance for each of the certificates and/or degrees offered.

### Benchmark I.B2 (Programmatic and Institutional Accreditation)

The institution or program department has a systematic process for ongoing review and assessment of the achievement of program learning outcomes for each program that falls under the grant of accreditation as a tool for quality improvement.

*NOTE: If the institution offers a certificate in addition to degrees, it must clearly list the goals for each program separately. An institution offering only a certificate in midwifery or only one degree will have one list of program goals. An institution offering a certificate in midwifery and a bachelor's degree in midwifery or multiple degree programs will have a separate list of program goals for each certificate and bachelor's degree program.*

**Demo I.B2.1** | Provide a copy of the institution's/program's systematic process for ongoing assessment of the achievement of program learning outcomes.

**Demo I.B2.2** | Report the most recent assessment results of program learning outcomes and describe any changes made to the program(s) based on that assessment.

**Demo I.B2.3** | Provide evidence of the last program review and assessment conducted for each program, including:

- a. Completed tools were used to conduct this review and assessment, or reports were written as part of the last completed review.
- b. Provide evidence of the actions taken during your last program assessment process (e.g., policies, meeting minutes, etc.).

## Benchmark I.C | Measures of Student Achievement to Determine Program Success

### Benchmark I.C1 (Programmatic and Institutional Accreditation)

**Student Enrollment:** Enrollment numbers for each program that falls under the grant of accreditation remain below the required threshold:

For programs with 10 or fewer students, 100% change (increase or decrease) from one calendar year to the next.

For programs with 11 to 30 students, 50% change (increase or decrease) from one calendar year to the next.

For programs with more than 30 students, 30% change (increase or decrease) from one calendar year to the next.

**Demo I.C1.1** | For institutions or programs seeking initial accreditation, submit student enrollment data for each program using the provided worksheet.

*Note: Submit the most recent annual report for institutions of programs undergoing reaccreditation.*

**Demo I.C1.2** | If enrollment change exceeds the indicated thresholds, submit a narrative and/or supplementary documentation to explain the enrollment change and the actions that have been taken or that are planned to address any needs that have arisen due to the enrollment change (e.g., updated budgets, assessment of capacity, personnel changes, etc.).

### Benchmark I.C2 (Programmatic and Institutional Accreditation)

**Student Retention:** Retention rates for each program that falls under the grant of accreditation meet MEAC's required goal of 60%.

At least 60% of first-year matriculated students return for the second year or have graduated by their second year.

**Demo I.C2.1** | For institutions or programs seeking initial accreditation, submit student retention data for each program using the provided worksheet.

*Note: Submit the most recent annual report for institutions of programs undergoing reaccreditation.*

**Demo I.C2.2** | If retention rates fall below the requirement, submit a narrative and/or supplementary documentation to explain the retention rate and the actions that have been taken (including their results) or planned to improve retention.

### Benchmark I.C3 (Programmatic and Institutional Accreditation)

**Student Completion:** Graduation rates for each program that falls under the grant of accreditation meet MEAC's required goal of 40%. At least 40% of matriculated students complete the program within 150% of the program's normal time for completion.

**Demo I.C3.1** | For institutions or programs seeking initial accreditation, submit student graduation data for each program using the provided worksheet.

*Note: Submit the most recent annual report for institutions of programs undergoing reaccreditation.*

**Demo I.C3.2** | If graduation rates fall below the requirement, submit a narrative and/or supplementary documentation to explain the graduation rate and the actions that have been taken (including their results) or planned to improve graduation.

### Benchmark I.C4 (Programmatic and Institutional Accreditation)

**Certification Exam Pass Rate:** Certification exam pass rates for each program that falls under the grant of accreditation and leads to certification by the North American Registry of Midwives (NARM) must meet MEAC required exam pass rate goals. At least 70% of graduates who completed the NARM exam in the past three years have passed.

**Demo I.C4.1** | For institutions or programs seeking initial accreditation, submit certification exam pass rate data for each program using the graduate exam pass rate report.

**Demo I.C4.2** | If certification exam pass rates fall below the requirement, submit a narrative and/or supplementary documentation to explain the certification exam pass rate and the actions that have been taken (including their results) or planned to improve certificate exam pass rates.

**Demo I.C4.3** | Describe the actions, support, and resources the program takes/provides for students who don't pass the NARM exam on their first attempt.

## Benchmark I.D | Continuous Quality Improvement

### Benchmark I.D1 (Programmatic and Institutional Accreditation)

The institution or program reviews and assesses student and graduate achievement for each program that falls under the grant of accreditation as a tool for quality improvement. Student and graduate achievement is defined as retention, completion, certification pass rates, (and employment if school tracks).

**Demo I.D1.1** | Describe your plan for ongoing review and assessment of student and graduate achievement as a tool for quality improvement for all programs, including:

- a. All sources of data or information, including those listed under I.C1- I.C4 above, used to monitor and evaluate student achievement (i.e., student or graduate surveys, employer feedback, public comment, etc.).
- b. Your process for systematically compiling and reviewing your findings.

**Demo I.D1.2** | Describe how you used results from your most recent review of student and graduate achievement assessment in ongoing planning and decision-making, including:

- a. Identified internal and external barriers to meeting student and graduate achievement goals.
- b. Your plan for addressing these barriers.

**Demo I.D1.3** | For each program, provide evidence of the last review of student and graduate achievement conducted, including:

- a. Completed tools used to conduct this review and assessment reports written as part of the review.
- b. Evidence of the action taken due to the review (e.g., policies, meeting minutes, etc.).

## Standard II | Curricula

### Benchmark II.A | Curricular Mapping

#### Benchmark II.A1 (Programmatic and Institutional Accreditation)

Each program that will fall within the grant of accreditation has a curriculum composed of courses of discrete units of instruction.

**Demo II.A1.1** | For each program, provide a list of the modules, courses, or other discrete units of instruction and a brief description of the topic(s) covered in each.

#### Benchmark II.A2 (Programmatic and Institutional Accreditation)

For each program that will fall within the grant of accreditation, there is a plan and a rationale for how the curriculum is organized or sequenced and for how the theoretical and clinical components of the curriculum are integrated.

**Demo II.A2.2** | Describe your plan and rationale for how each program's curriculum is organized or sequenced.

**Demo II.A2.3** | For each program, describe and provide the rationale for how the curriculum's theoretical and clinical components are integrated.

**Demo II.A2.4** | For each program, state what percentage of the program is devoted to theoretical learning and what percentage is devoted to clinical practice, and provide the rationale for these percentages.

#### Benchmark II.A3 (Programmatic and Institutional Accreditation)

For each entry-level midwifery program that will fall within the grant of accreditation, the sequence and content of the curriculum enable the students to acquire the knowledge, skills, and abilities for midwifery practice following the MEAC Curriculum Checklist of Essential Competencies.

**Demo II.A3.1** | Complete the Curriculum Checklist of Essential Competencies Worksheet to specify where these competencies are taught/learned and assessed in your curriculum.

#### Benchmark II.A4 (Programmatic and Institutional Accreditation)

For each advanced midwifery program that will fall within the grant of accreditation, there is an identified subset of the MEAC Curriculum Checklist of Essential Competencies, and the program's curriculum sequence and content enable the students to acquire the knowledge, skills, and abilities in that subset.

**Demo II.A4.1** | For each advanced midwifery program, complete the *Curriculum Checklist of Essential Competencies Worksheet* for the identified subset of competencies to specify where these competencies are taught/learned and assessed in your curriculum.

#### Benchmark II.A5 (Programmatic and Institutional Accreditation)

For each entry-level midwifery program that will fall within the grant of accreditation, the curriculum guides students through their clinical skill development and preceptorships, and those experiences prepare them to meet the current standard for midwifery practice in the U.S.

**Demo II.A5.1** | For each entry-level midwifery program, describe how and where students acquire the clinical experience necessary for certification by NARM.

**Demo II.A5.2** | For each entry-level midwifery program, describe how the program supports the student's skill development during clinical preceptorships. Use specific examples and documentation.

**Demo II.A5.3** | For each entry-level midwifery program, complete the NARM clinical experiences requirements chart, which details how the school reviews and documents student acquisition and completion of the clinical experience required for certification by NARM.

## Benchmark II.B | Learning Activities

### Benchmark II.B1 (Programmatic and Institutional Accreditation)

All academic courses or units of instruction have a syllabus that is distributed to students and includes: learning objectives, a description of learning activities, learning materials and resources, and a description of student evaluation/assessment methods.

**Demo II.B1.1** | Provide the course syllabi distributed to students for two required academic courses in each program's curriculum (from different course instructors if possible) that specify the following: learning objectives, learning activities, specific learning material and resources, and student evaluation/assessment methods.

**Demo II.B1.2** | Explain how these materials are distributed to students.

### Benchmark II.B2 (Programmatic and Institutional Accreditation)

All clinical preceptorship courses, periods of clinical training, or practicum have a syllabus/handbook that is distributed to students and informs them of what to expect regarding the following: learning objectives, learning activities, learning materials, learning resources, and student evaluation/assessment methods.

**Demo II.B2.1** | Provide the syllabi/handbook distributed to students for clinical courses/periods of clinical training/practicum that specifies the following: learning objectives, learning activities, learning materials, learning resources, and student evaluation/assessment methods.

**Demo II.B2.2** | Explain how these materials are distributed to students.

### Benchmark II.B3 (Programmatic and Institutional Accreditation)

Learning activities use a variety of educational approaches necessary for delivering curriculum content to meet individual learner needs and to facilitate the achievement of learning objectives.

**Demo II.B3.1** | For each program, summarize the learning activities used in your academic courses and your rationale for using them. Provide specific examples of how a learning activity (or activities) supports acquiring specific learning objectives. Please describe any activities that your program considers unique or innovative.

### Benchmark II.B4 (Programmatic and Institutional Accreditation)

For each program that will fall within the grant of accreditation, learning activities support a competency-based approach to education. In other words, student achievement of essential competencies for midwifery practice is the goal of the learning activities and the measure of student success.

**Demo II.B4.1** | For each program, describe how the learning activities are designed to promote achieving competencies for midwifery practice. Give examples of learning activities that apply knowledge and skills to care provision. Examples of learning activities include but are not limited to discussion, written assignments, research, hands-on skill development, role-playing, simulations, problem-based learning, classroom instruction, and clinical experiences.

## Benchmark II.C | Assessment of Learning

### Benchmark II.C1 (Programmatic and Institutional Accreditation)

For each entry-level midwifery program that will fall within the grant of accreditation, the program has developed an assessment plan by which students are regularly evaluated on their acquisition of the knowledge, skills, and abilities necessary to attain the competencies specified in the *MEAC Curriculum Checklist of Essential Competencies* using valid and reliable assessment methods.

**Demo II.C1.1** | Describe your assessment plan by which students are regularly evaluated on acquiring the knowledge, skills, and abilities necessary to attain the competencies specific in the MEAC Curriculum Checklist of Essential Competencies. If your program has a written assessment plan, include this document.

*Note: The assessment plan should ensure that graduates have successfully obtained all the knowledge, skills, and abilities on the MEAC Curriculum Checklist of Essential Competencies.*

**Demo II.C1.2** | Describe the valid and reliable formative and summative methods for assessing student knowledge, skills, and abilities. Examples of methods for assessing student learning include but are not limited to: portfolios, oral presentations, exams, problem sets, case studies, structured and open-ended interviews, evaluation rubrics, surveys, pre-test/post-tests, skills demonstration, observations, focus groups, and journals.

**Demo II.C1.3** | For knowledge, skills, and abilities assessed by clinical faculty, explain when and how these assessments are performed and how the institution is assured they are valid, consistent, and reliable. Provide any documents used in your program that illustrate or support your narrative.

**Demo II.C1.4** | Provide examples of all tools and/or rubrics used to assess competency for ONE knowledge competency and ONE skills competency, including:

- a. Description of the formative and summative assessment methods that are used.
- b. Didactic and/or supervised practice courses in which assessment occurs.
- c. Individuals responsible for ensuring that assessment occurs.

**Demo II.C1.5** | For each program, complete the MEAC Curriculum Checklist of Essential Competencies Worksheet, which requires documentation of how student achievement of each knowledge, skill, and ability competency is assessed and documented.

*NOTE: This demonstration requires that you indicate the summative assessment method(s) used. This demonstration is met using the Curriculum Checklist of Essential Competencies.*

### Benchmark II.C2 (Programmatic and Institutional Accreditation)

For each advanced midwifery program that will fall within the grant of accreditation, the program has developed an assessment plan by which students are regularly evaluated on their acquisition of the knowledge, skills, and abilities necessary to attain the competencies specified in the identified subset of *MEAC Curriculum Checklist of Essential Competencies* using valid and reliable assessment methods.

**Demo II.C2.1** | Describe your assessment plan by which students are regularly evaluated on acquiring the knowledge, skills, and abilities necessary to attain the competencies specific in the MEAC Curriculum Checklist of Essential Competencies. If your program has a written assessment plan, include this document.

*Note: The assessment plan should ensure that graduates have successfully obtained all the knowledge, skills, and abilities on the MEAC Curriculum Checklist of Essential Competencies.*

**Demo II.C2.2** | Describe the valid and reliable formative and summative methods for assessing student knowledge, skills, and abilities. Examples of methods for assessing student learning include but are not limited to: portfolios, oral presentations, exams, problem sets, case studies, structured and open-ended interviews, evaluation rubrics, surveys, pre-test/post-tests, skills demonstration, observations, focus groups, and journals.

**Demo II.C2.3** | For knowledge, skills, and abilities assessed by clinical faculty, explain when and how these assessments are performed and how the institution is assured they are valid, consistent, and reliable. Provide any documents used in your program that illustrate or support your narrative.

**Demo II.C2.4** | Provide examples of all tools and/or rubrics used to assess competency for ONE knowledge competency and ONE skills competency, including:

- a. Description of the formative and summative assessment methods that are used.
- b. Didactic and/or supervised practice courses in which assessment occurs.
- c. Individuals responsible for ensuring that assessment occurs.

**Demo II.C2.5** | For each program, complete the MEAC Curriculum Checklist of Essential Competencies Worksheet, which requires documentation of how student achievement of each knowledge, skill, and ability competency is assessed and documented.

*NOTE: This demonstration requires that you indicate the summative assessment method(s) used. This demonstration is met using the Curriculum Checklist of Essential Competencies.*

## Benchmark II.D | Ongoing Curriculum Improvement

### Benchmark II.D1 (Programmatic and Institutional Accreditation)

For each program that will fall within the grant of accreditation, student assessment data is collected and reviewed annually to determine whether curricular changes are needed. If students are not achieving learning objectives and/or competencies, the program provides a plan that shows how the curriculum will be reevaluated or reviewed to ensure that future students will achieve the learning objectives.

**Demo II.D1.1** | Explain how student assessment data is collected and reviewed annually to determine whether curricular changes are needed.

**Demo II.D1.2** | Provide documentary evidence of each program's most recent student assessment data review. Documentation may include, but is not limited to, meeting minutes, completed review tools, correspondence, and planning documents or reports.

### Benchmark II.D2 (Programmatic and Institutional Accreditation)

For each program that will fall within the grant of accreditation, ongoing, formal review of the program's curriculum occurs to maintain or improve education quality and student success. This review must include both didactic and clinical courses and should include, at a minimum, faculty, and graduate feedback.

**Demo II.D2.1** | Describe your plan for each program's ongoing, formal curriculum review. Include the schedule and specific components of the review. Describe the involvement of stakeholders in this process.

**Demo II.D2.2** | Provide documentary evidence of each program's most recent formal curriculum review. Documentation may include but is not limited to, meeting minutes, completed review tools, survey results, correspondence, and planning documents or reports.

**Demo II.D2.3** | For each program, describe curricular strengths and areas for improvement based on your most recent curricular review. Give examples of changes in curriculum that were made based on this review.

### Benchmark II.D3 (Programmatic and Institutional Accreditation)

For each program that will fall within the grant of accreditation, a process exists to identify new research, knowledge, and technology impacting midwifery practice. The curriculum is updated as part of this process, and faculty are made aware of these updates.

**Demo II.D3.1** | Describe how new research, knowledge, and technology impacting midwifery practice are continually identified and integrated into the curriculum. Include a list of the resources used. Describe the process by which new research, knowledge, and technology impacting midwifery practice are continually identified and integrated into the curriculum. Identify the job title/position (academic director for example) responsible for ensuring that curriculum updates are tracked and applied consistently throughout the curriculum.

**Demo II.D3.2** | Provide documentary evidence of one curriculum update made in the past three years due to new research, knowledge, or technology obtained through the above process. Documentation may include, but is not limited to, meeting minutes, syllabi, correspondence, and planning documents or reports.

## Benchmark II.E | Additional Curriculum Requirements for Degree-Granting Institutions

### Benchmark II.E1 (Institutional Accreditation)

The curriculum incorporates general education components appropriate to the degree(s) offered.

**Demo II.E1.1** | Provide your state post-secondary education authority's requirements for general education components.

**Demo II.E1.2** | If general education components are not specified by the state post-secondary education authority, describe how you have determined that your required general education components meet the generally accepted standards in higher education for each degree offered.

**Demo II.E1.3** | List and describe the general education courses the institution requires for each degree offered.

**Demo II.E1.4** | Describe how students obtain the required general education components, specifying which components are and are not offered by the institution.

### Benchmark II.E2 (Institutional Accreditation)

The required level of study and quality of work are appropriate to the degree(s) offered.

**Demo II.E2.1** | List the criteria used for assessing that the rigor of study and what students should know and be able to do are congruent with the level of the degree(s) offered.

**Demo II.E2.2** | Cite the resources used to develop the above criteria and give your rationale for using these criteria.

**Demo II.E2.3** | Using the criteria above, provide evidence of your evaluation of two courses from each degree level that shows that the rigor of study and what students should know and be able to do are congruent with the level of the degrees offered.

### Benchmark II.E3 (Institutional Accreditation)

Doctoral degree programs must include successful completion and defense of a major independent project, thesis, or dissertation involving research and application of knowledge.

**Demo II.E3.1** | List the curriculum components that prepare students to meet this benchmark.

**Demo II.E3.2** | List the criteria used to assess that the independent project, thesis, or dissertation requirements meet generally accepted standards in higher education for each doctorate degree offered. Include the process used to monitor, review, and approval all research involving human subjects that is conducted for the completion of a project or thesis.

**Demo II.E3.3** | Cite the resources used to develop the above criteria and give your rationale for using these criteria.

**Demo II.E3.4** | Provide a syllabus or other document outlining the process used and the structure in place to approve, guide, oversee, and evaluate a student's independent project, thesis, or dissertation for each doctorate degree.

**Demo II.E3.5** | Provide a completed rubric or grading form to evaluate one student's independent project, thesis, or dissertation from each doctorate degree offered. The rubric or grading form must show that the stated criteria were used to assess the appropriateness of the level of student and quality of work required for that degree.

## Standard III | Faculty

### Benchmark III.A | Faculty Qualifications, Hiring, & Promotion

#### Benchmark III.A1 (Programmatic and Institutional Accreditation)

All academic faculty who are teaching core midwifery courses and clinical faculty members who are midwives must be qualified as follows:

- a. Nationally certified midwife (CPM, CM, CNM) and/or legally recognized in a jurisdiction, province, and state; AND
- b. Have at least three years of work experience in clinical midwifery practice -OR- a minimum of 50 births as the primary or co-primary attendant.

**Demo III.A1** | Complete the Academic and Clinical Faculty Table listing all academic and clinical instructors.

**Demo III.A1** | If a faculty member does not meet the stated qualifications, name the faculty member and provide a rationale as to why this exception was made. Include supporting documentation that may include, but is not limited to:

- a. Curriculum Vitae
- b. Letters of reference
- c. Recent student or school evaluation of preceptor
- d. Current Practice Guidelines
- e. Current Informed Consent and Emergency Care Plan
- f. Current NRP/CPR verification

#### Benchmark III.A2 (Programmatic and Institutional Accreditation)

All academic or clinical faculty members who are teaching non-core courses (i.e., supervising students who are conducting well-person care, history courses, complementary healthcare modalities) must hold certificates, degrees, or recognized professional credentials appropriate to their area of instruction or, when certificates, degrees, or professional credentials are not available in this subject area, have a minimum of three years experience in the relevant field.

**Demo III.A2** | Complete the Academic and Clinical Faculty Table listing all academic and clinical instructors.

**Demo III.A2** | If a faculty member does not meet the stated qualifications, name the faculty member and provide a rationale as to why this exception was made. Include supporting documentation that may include, but is not limited to:

- a. Curriculum Vitae
- b. Letters of reference
- c. Recent student or school evaluation of preceptor
- d. Current Practice Guidelines
- e. Current Informed Consent and Emergency Care Plan
- f. Current NRP/CPR verification

#### Benchmark III.A3 (Programmatic and Institutional Accreditation)

The majority (51% or more) of all academic faculty members in each program that will fall in the grant of accreditation must be CPMs, CMs, CNMs, and/or midwives legally recognized in a jurisdiction, province or state AND who have out-of-hospital birth experience.

**Demo III.A3.1** | Complete the Academic Faculty Table and the Clinical Faculty Table, listing all academic and clinical instructors.

**Demo III.A3.2** | If a faculty member does not meet the stated qualifications, name the faculty member and provide a rationale as to why this exception was made. Include supporting documentation that may include, but is not limited to:

- a. Curriculum Vitae
- b. Letters of reference
- c. Recent student or school evaluation of preceptor
- d. Current Practice Guidelines
- e. Current Informed Consent and Emergency Care Plan
- f. Current NRP/CPR verification

## Benchmark III.B | Faculty Orientation & Professional Development

### Benchmark III.B1 (Programmatic and Institutional Accreditation)

All **academic** and **clinical** faculty members are provided initial orientation and ongoing training in:

- a. The mission, goals, values, and educational philosophy of the midwifery program.
- b. Principles of adult teaching and learning (in the classroom, virtual classroom, and the clinical setting as appropriate).
- c. Competency-based education and assessment.

**Demo III.B1.1** | Provide a copy of your policies and procedures that address how academic and clinical faculty are provided orientation to and training in a-c above within the first three months of teaching and in an ongoing manner.

**Demo III.B1.2** | Provide examples of training and orientation tools used with all faculty.

**Demo III.B1.3** | Provide documentary evidence that academic and clinical faculty have received orientation to and training in a-d above. This evidence can be in the form of minutes of meetings, certificates of completion, attendance records, etc.

### Benchmark III.B2 (Programmatic and Institutional Accreditation)

All **academic** faculty are provided initial orientation to and ongoing training in relevant legal and ethical concepts.

**Demo III.B2.1** | Describe how academic faculty are provided with resources and participate in training related to relevant legal concepts, including but not limited to:

- a. Doctrine of Fair Use (Copyright)
- b. Plagiarism
- c. Health Insurance Portability and Accountability Act (HIPAA)
- d. Family Educational Rights and Privacy Act (FERPA)
- e. Sexual harassment (Note: Title IV schools should refer to Title IX and the Clery Act for training requirements)

**Demo III.B2.2** | Describe how academic faculty are provided with resources and participate in training related to relevant ethical concepts, including but not limited to:

- a. Informed decision-making

**Demo III.B2.3** | Provide evidence that all academic faculty have participated in training as described in III.B2.1 and III.B2.2. This evidence can be in the form of school-sponsored in-service attendance records, certificates of training completion, continuing education documents, etc.

### Benchmark III.B3 (Programmatic and Institutional Accreditation)

All **academic** faculty members have ongoing opportunities for professional development and training as appropriate for midwifery faculty in higher education.

**Demo III.B3.1** | Provide a copy of your policies and procedures that address how academic faculty have opportunities for ongoing professional development, including but not limited to:

- a. Training and support in developing course materials and curriculum.

- b. Training in adult learning and teaching methods in the classroom setting.
- c. Best practices in student assessment techniques in the classroom setting.
- d. Training in current classroom-educational technologies.
- e. Opportunities to keep up-to-date on current research in midwifery practice and perinatal care.

**Demo III.B3.2** | Provide evidence that academic faculty have had opportunities for ongoing professional development in the areas a-e above. This evidence can be in the form of minutes of meetings, school-sponsored in-service notifications, training tools, newsletters, etc.

### Benchmark III.B4 (Programmatic and Institutional Accreditation)

All **clinical** faculty are provided initial orientation to and ongoing training in relevant legal and ethical concepts.

**Demo III.B4.1** | Describe how clinical faculty are provided with resources and participate in training related to relevant legal concepts, including but not limited to:

- a. Sexual harassment
- b. Professional liability as related to working with students
- c. Student documentation of care
- d. Health Insurance Portability and Accountability Act (HIPAA)
- e. Family Educational Rights and Privacy Act (FERPA)

**Demo III.B4.2** | Describe how clinical faculty are provided with resources and participate in training related to relevant ethical concepts, including but not limited to:

- a. Informed decision-making
- b. Patient's rights

**Demo III.B4.3** | Provide evidence that all clinical faculty have participated in training as described in III.B3.1 and III.B3.2. This evidence can be in the form of school-sponsored in-service attendance records, certificates of training completion, continuing education documents, etc.

### Benchmark III.B5 (Programmatic and Institutional Accreditation)

All **clinical** faculty members have ongoing opportunities for professional development and training as appropriate for midwifery clinical faculty in higher education.

**Demo III.B5.1** | Provide a copy of your policies and procedures that address how clinical faculty have opportunities for ongoing professional development, including but not limited to:

- a. Training in adult learning and teaching methods in the clinical setting.
- b. Best practices in student assessment techniques in the clinical setting.
- c. Opportunities to keep up-to-date on current research in midwifery practice and perinatal care.

**Demo III.B5.2** | Provide evidence that clinical faculty have had opportunities for ongoing professional development in the areas a-c above. This evidence can be in the form of minutes of meetings, school-sponsored in-service notifications, training tools, newsletters, etc.

## Benchmark III.C | Evaluation & Supervision

### Benchmark III.C1 (Programmatic and Institutional Accreditation)

The program must have a process for the ongoing performance review of all academic and clinical faculty.

**Demo III.C1.1** | Provide a copy of your policy and procedures for evaluating academic and clinical faculty performance, including your rationale for the frequency of the review.

**Demo III.C1.2** | Describe how individual faculty weaknesses discovered through the evaluation process are addressed and remediated.

**Demo III.C1.3** | Provide at least two examples, one academic and one clinical, of the most recent faculty performance evaluations. Examples may include, but are not limited to, completed evaluation tools or minutes from conferences.

**Demo III.C1.4** | Provide at least one example of how individual faculty weaknesses discovered through the evaluation process were addressed and remediated. Examples may include, but are not limited to, improvement plans, meeting minutes, or additional evaluations.

### Benchmark III.C2 (Programmatic and Institutional Accreditation)

Academic and clinical faculty members are overseen by a program administrator(s) who is a midwife.

**Demo III.C2.1** | Provide an explanation or an organizational chart that demonstrates that academic and clinical faculty members are overseen by a program administrator who is also a midwife.

**Demo III.C2.2** | If the program administrator(s) who oversee academic and clinical faculty is not a midwife, provide a rationale.

### Benchmark III.D | Faculty Rights

#### Benchmark III.D1 (Programmatic and Institutional Accreditation)

All academic and clinical faculty members have the right to participate in the following:

- a. Development, implementation, and evaluation of the curriculum.
- b. Evaluation and advancement of students.
- c. Periodic evaluation of student admissions criteria.
- d. Periodic evaluation of program resources, facilities, and services.

**Demo III.D1.1** | Describe how academic and clinical faculty have opportunities to participate in a-d above.

**Demo III.D1.2** | Provide evidence that faculty have participated in items a-d above.

#### Benchmark III.D2 (Programmatic and Institutional Accreditation)

All academic and clinical faculty members are provided with a job description or other documents that specify their rights and responsibilities.

**Demo III.D2.1** | Provide examples of job descriptions and terms of employment or other agreements that specify academic faculty rights and responsibilities.

**Demo III.D2.2** | Provide examples of job descriptions or other agreements that specify clinical faculty rights and responsibilities.

### Benchmark III.E | Additional Faculty Requirements for Degree-Granting Institutions

#### Benchmark III.E1 (Institutional Accreditation)

At least 75% of all academic faculty must hold degrees at the level to which they are teaching or higher.

**Demo III.E1.1** | Complete the *Academic Faculty Table*.

### Benchmark III.E2 (Institutional Accreditation)

Academic faculty who do not hold degrees at the degree level to which they are teaching or higher must be adequately supervised by an academic faculty member who does.

**Demo III.E2.1** | Explain the process of supervision for academic faculty members who do not hold a degree at the level to which they are teaching or higher.

**Demo III.E2.2** | Provide a recent sample of completed forms, tracking tools, or other documentation used in the supervision of one academic faculty member who does not hold a degree at the level to which they are teaching or higher.

## Standard IV | Facilities, Equipment, Supplies, & Other Resources

### Benchmark IV.A | Physical Classroom Facilities

#### Benchmark IV.A1 (Programmatic and Institutional Accreditation)

Physical classroom facilities, equipment, teaching aids, technology, and supplies meet the needs of students.

**Demo IV.A1.1** | Describe your physical classroom facilities, as applicable, including:

- a. Lighting
- b. Seating
- c. Furnishings
- d. Air quality
- e. Temperature maintenance
- f. Clinical simulation
- g. Laboratory
- h. Private skill practice space

**Demo IV.A1.2** | Describe the physical or virtual classroom teaching aids available to faculty and students, including:

- a. Teaching models and aids
- b. Equipment
- c. Technology
- d. Supplies

**Demo IV.A1.43** | Explain your process for ensuring that facilities, teaching aids, equipment, technology, and supplies are adequate to meet the needs of all currently enrolled students.

#### Benchmark IV.A2 (Programmatic and Institutional Accreditation)

Universal precautions, hazardous waste, and hazardous materials management protocols are used in physical classroom facilities.

**Demo IV.A2.1** | Provide a copy of your policies and procedures for universal precautions, hazardous waste management, and hazardous materials management in classroom facilities.

### Benchmark IV.B | Library & Learning Resources

#### Benchmark IV.B1 (Programmatic and Institutional Accreditation)

Students and faculty have reasonable access to library and learning resources, including electronic resources, which support the program objectives.

**Demo IV.B1.1** | Describe the physical and/or virtual library and learning resources and how they are made available to students and faculty.

**Demo IV.B1.2** | Describe how students and faculty are trained to access and use library and learning resources for academic purposes.

**Demo IV.B1.3** | Describe how you have determined that these learning resources are adequate to support the program objectives and any plans for further development.

**Demo IV.B1.4** | Provide an overview of program-related materials held in the physical and/or virtual library, including the number of books, periodicals, and media, the names of online databases or software, and digital resources.

## Benchmark IV.B2 (Programmatic and Institutional Accreditation)

Students and faculty have reasonable access to relevant course materials such as syllabi, learning guides, articles, and audio/visual resources.

**Demo IV.B3.1** | Describe how course materials, such as syllabi, learning guides, articles, and audio/visual resources, are made available to students and faculty.

## Benchmark IV.B3 (Programmatic and Institutional Accreditation)

Students learn appropriate methods for effective online knowledge acquisition, including critical assessment of the validity and credibility of online sources.

**Demo IV.B4.1** | Describe how students are provided with training in effective online knowledge acquisition, including critical assessment of the validity and credibility of online sources.

## Benchmark IV.B4 (Programmatic and Institutional Accreditation)

Library and learning resources for students and faculty support advanced scholarship and research.

**Demo IV.B5.1** | Describe how you have determined that the library and learning resources are sufficient to provide for advanced scholarship and research for each degree level offered.

## Benchmark IV.C | Clinical Sites

### Benchmark IV.C1 (Programmatic and Institutional Accreditation)

For each program that will fall within the grant of accreditation, clinical sites are sufficient in number and type for eligible students to attain the clinical experiences necessary for graduation from the program.

**Demo IV.C1.1** | For each program, complete the *Clinical Site Table*.

### Benchmark IV.C2 (Programmatic and Institutional Accreditation)

The institution or program department has selection criteria and an assessment process for all clinical learning sites that ensure that facilities and resources are adequate and that practice model, scope, and student supervision are appropriate to create a safe and effective learning environment for students to achieve their learning goals.

**Demo IV.C2.1** | Provide your clinical site selection criteria and how each of the following are considered in your approval of clinical sites:

- a. Legal status of the facility and preceptors working there
- b. Equipment and supplies needed for the provision of midwifery care
- c. Safety standards for facilities, equipment, and supplies in line with federal, state, and local requirements
- d. Universal precautions, hazardous waste, and hazardous materials management
- e. Adequate staffing for responsible care of clients
- f. Provision for rest for the student
- g. Direct supervision of students
- h. Appropriate student-to-preceptor ratio
  - i. To be determined by school and must be clearly communicated to students
  - j. Adequate opportunities for students to provide supervised primary care to clients
  - k. Access to perinatal testing according to current standards for CPMs
  - l. Access to medical consultation, referral, and hospital transfer

- i. Practice scope according to community standards of care, within the scope of practice appropriate to state and/or local regulations
- m. Provision for continuity of care
- n. Provision for informed decision-making
  - i. Refers to strategies, curriculum elements, and practices designed to equip future midwives with the skills and knowledge to facilitate informed decision-making with their clients

**Demo IV.C2.2** | Provide your policy and procedure for initial and ongoing review of clinical sites.

### Benchmark IV.C3 (Programmatic and Institutional Accreditation)

The healthcare needs of the clients and the public health concerns of the community are considered, respected, and not compromised when placing students in clinical sites.

**Demo IV.C3.1** | Describe how the institution or program ensures:

- a. The student's current capability and level of education is communicated clearly to on-site supervisors.
- b. The student is not asked to perform skills or duties they are not prepared to provide.
- c. The student is able to communicate with clients and preceptors thoroughly and easily.
- d. Clients are made aware of a student's learner status and give consent for student involvement.
- e. Institutions and programs acknowledge and take steps to address the implicit power differential in educational partnerships.

## Benchmark IV.D | Administrative Office Facilities, Digital Technology, & Resources

### Benchmark IV.D1 (Institutional Accreditation)

Administrative office facilities, equipment, technology, and supplies meet the institution's needs.

**Demo IV.D1.1** | Describe administrative office facilities, equipment, technology, and supplies, how they meet the institution's needs, and any plans for future improvement.

### Benchmark IV.D2 (Institutional Accreditation)

The institution has a technology plan that includes electronic security measures including, but not limited to:

- a. Digital information backup systems
- b. Adherence to FERPA
- c. Password requirements for electronic accounts
- d. Firewall protection
- e. Virus protection software
- f. Validity of digital information

**Demo IV.D2.1** | Provide a copy of your institution's technology plan which assures the security and validity of digital information.

**Demo IV.D2.2** | Describe how you have determined that your technology plan meets generally accepted standards.

**Demo IV.D2.3** | Provide evidence that your institution's technology plan has been implemented.

### Benchmark IV.D3 (Institutional Accreditation)

Programs utilize a highly reliable, centralized online student information system (SIS) and learning management system (LMS) and have a formal plan for creating, maintaining, and expanding the online learning environment and infrastructure.

**Demo IV.D3.1** | Describe the centralized online student information system and learning management system your institution uses.

**Demo IV.D3.2** | Provide your rationale for choosing the LMS and/or SIS you are using and your plan for creating, maintaining, and expanding these systems.

#### Benchmark IV.D4 (Institutional Accreditation)

Faculty, staff, and students are supported in the use of all relevant technologies utilized by the institution and/or program.

**Demo IV.D4.1** | Describe how faculty, staff, and students are trained and supported in the use of all relevant technologies utilized by the institution and/or program.

**Demo IV.D4.2** | Provide evidence that faculty, staff, and students are trained and supported in the use of all relevant technologies utilized by the institution and/or program.

# Standard V | Governance, Financial Management, & Administrative Capacity

## Benchmark V.A | Governance

### Benchmark V.A1 (Institutional Accreditation)

The institution has a governance structure that ensures accountability in decision-making.

**Demo V.A1.1** | Provide documentation of the legal form of ownership of your institution.

**Demo V.A1.2** | Provide a copy of your most current organizational bylaws, operating agreement, or other document describing how the business is organized and decisions are made.

**Demo V.A1.3** | Provide a list of your current Board of Directors, if applicable, including officers.

**Demo V.A1.4** | Provide evidence of your organization's governance processes, such as meeting minutes or reports.

**Demo V.A1.5** | Provide an organizational chart, including the governing body.

### Benchmark V.A2 (Programmatic Accreditation)

Representatives of the program participate in institutional governance.

**Demo V.A2.1** | Provide a list of the institutional governing bodies with authority to determine curriculum, faculty qualifications, student admissions requirements, budget, etc., and describe how the program participates or is represented in these bodies.

**Demo V.A2.2** | Provide two examples of the role and authority of the Midwifery Program Director in revising the curriculum, hiring faculty, developing the budget, and admitting students.

**Demo V.A2.3** | Describe a recent instance of the program's participation in institutional governance and discuss the challenges and opportunities that have arisen as a result of this participation.

### Benchmark V.A3 (Institutional Accreditation)

The institution has a 3-year strategic plan to ensure institutional stability.

**Demo V.A3.1** | Provide a copy of your 3-year strategic plan that includes, at a minimum:

- a. Your monthly annual operations budget, with justifications, for the current year and the two subsequent years.
- b. A student recruitment plan includes:
  - i. Your target markets
  - ii. Your plan for promotion, advertising, publicity, and community relations
  - iii. Estimated budget and timeline
- c. A fundraising plan, if applicable, including:
  - i. Events
  - ii. Grants
  - iii. Capital drives
- d. A list of potential internal or external risks that might hamper your success and provide your contingency plan for each, including but not limited to:
  - i. Disasters
  - ii. Loss of key personnel
  - iii. Significant loss of income
  - iv. Lawsuits
  - v. Adverse actions by regulatory agencies
- e. Ownership and/or leadership succession planning

## Benchmark V.B | Financial Management

### Benchmark V.B1 (Institutional Accreditation)

The institution has policies and procedures that ensure financial accountability, including the following:

- a. Separation of duties for receiving money, depositing money, and reconciling statements.
- b. How student financial records are maintained.
- c. How students are provided with access to their financial records on a timely basis.
- d. The manner in which receipts are provided to students.
- e. How the institution's financial records, including student financial records, are protected from damage or loss and are stored and made accessible.
- f. The process and schedule by which management compares the projected operations budget to actual income and expenses.
- g. How management determines when discrepancies between projected and actual income and/or expenses require plan revisions.

**Demo V.B1.1** | Provide copies of the written policies and procedures that address the financial accountability of the institution, including items a-g above.

**Demo V.B1.2** | Provide evidence that management compares the operations budget to actual income and expenses and makes adjustments to spending as required according to the process and schedule described in your policy. Evidence could include meeting minutes and financial reports.

### Benchmark V.B2 (Institutional Accreditation)

The financial state of the institution is assessed annually by an independent accountant.

- a. If the institution has annual gross revenue that exceeds \$150,000, an external financial review is required each year.
- b. If the institution has annual gross revenue that is less than \$150,000, external financial reviews are required every other year.

**Demo V.B2.1** | Provide a copy of your completed audits and/or external financial reviews (in accordance with revenue thresholds noted above) for the previous two years.

*Note: Schools undergoing pre-accreditation or initial accreditation are not expected to submit these.*

**Demo V.B2.2** | Demonstrate how all issues raised in the audit and/or financial review have been addressed, if applicable.

### Benchmark V.B3 (Institutional Accreditation)

The institution has an annual budget review and development process.

**Demo V.B3.1** | Describe your institution's annual budget development process.

### Benchmark V.B4 (Programmatic Accreditation)

The program has adequate institutional support.

**Demo V.B4.1** | Describe the support and commitments made by the institution that support this program, including but not limited to:

- a. Financial support
- b. Program marketing
- c. Student financial aid/scholarships

- d. Student and faculty recruitment/retention
- e. Faculty development opportunities
- f. Dedicated facilities

**Demo V.B4.2** | Provide a copy of an operations budget with justifications for a minimum of three years, which shows distinct and adequate financial support for the program.

**Demo V.B4.3** | Describe your program's annual budget development and approval process, specifically highlighting the role and the authority of the Midwifery Program Director in determining the program budget.

### Benchmark V.B5 (Institutional Accreditation)

The institution demonstrates financial responsibility using a composite score calculation or alternative, such as using a combination of financial ratios, alternative measures, and monitoring procedures. Alternative methods include equity ratio, viability ratio, operating revenue ratio, and reserve ratios, as well as mechanisms like cash monitoring, letters of credit, and provisional certification. Institutions failing to demonstrate financial responsibility develop an improvement plan.

**Demo V.B5.1** | Submit your composite score as calculated during your most recent financial review or audit or alternative means of showing financial stability.

**Demo V.B5.2** | If the composite score is less than 1.5, or the institution's alternative demonstration of financial stability shows instability, submit an improvement plan.

## Benchmark V.C | Administrative Staff

### Benchmark V.C1 (Programmatic and Institutional Accreditation)

The head of each midwifery program (i.e., Academic Director, Program Director, Academic Dean) has the following qualifications:

- a. Experience as a midwife, and
- b. Experience as a midwifery educator, and
- c. Experience in management and administration.

**Demo V.C1.1** | Provide evidence that the head of each midwifery program has training and experience as a midwife. This could include a current or past certificate, license, or diploma.

**Demo V.C1.3** | Provide a resume for the head of each midwifery program that details work experience in midwifery education and management or administration.

**Demo V.C1.4** | If any head of your midwifery program does not have these qualifications, please provide a rationale.

### Benchmark V.C2 (Programmatic and Institutional Accreditation)

Position descriptions and qualifications are established for the institution's or program's administrative staff, and they perform the following administrative functions:

- a. Academic and curriculum oversight
- b. Student academic progress
- c. Student clinical experience oversight
- d. Monitoring of NARM certification requirements
- e. Faculty supervision
- f. Learning resources/library oversight
- g. Recruitment and marketing

- h. Student admissions
- i. Student services
- j. Student financial aid, if applicable
- k. Personnel/human resources management
- l. Financial management
- m. Regulatory compliance oversight
- n. Facilities and equipment oversight
- o. Records management and retention review
- p. Information Technology
- q. Distance learning oversight, if applicable
- r. Distance education technical support, if applicable

**Demo V.C2.1** | Complete the Administrative Staff Table that lists all paid and unpaid administrative staff by job title, qualifications, and number of hours worked each week.

**Demo V.C2.2** | Complete the Administrative Functions Table.

**Demo V.C2.3** | Provide an example of a position description and employment agreement or contract for one paid administrative staff that includes the title, qualifications, hours worked, and responsibilities identified in the Administrative Staff Table.

**Demo V.C2.4** | Describe the process used to ensure there is adequate administrative capacity to complete all administrative functions adequately.

### Benchmark V.C3 (Programmatic and Institutional Accreditation)

All administrative staff are provided initial orientation to and ongoing training in relevant legal and ethical concepts.

*Note: Administrative Staff are defined as the employees who support the operational and functional aspects of a college or university, distinct from faculty members who primarily teach and conduct research. Positions include Student Support Services, Financial Aid Officer, Business Office, Technology Support, Registrar, Program Directors, and Executive Directors (this list is not exhaustive).*

**Demo V.C3.1** | Describe how administrative staff are provided with resources and participate in training related to relevant legal concepts, including but not limited to:

- a. Doctrine of Fair Use (Copyright)
- b. Plagiarism
- c. Health Insurance Portability and Accountability Act (HIPAA)
- d. Family Rights and Privacy Act (FERPA)
- e. Sexual Harassment (Note: Title IV schools should refer to Title IX and the Clery Act for training requirements)

**Demo V.C3.2** | Provide evidence that administrative staff have participated in training as described in V.C3.1. This evidence can be in the form of school-sponsored in-service attendance records, certificates of training completion, continuing education documents, etc.

### Benchmark V.C4 (Programmatic and Institutional Accreditation)

The institution or program performs annual administrative staff performance evaluations.

**Demo V.C4.1** | Provide a copy of your policies and procedures for annual staff performance evaluation, including how individual staff weaknesses discovered through the evaluation process are addressed.

**Demo V.C4.2** | Provide two examples of the most recent annual staff evaluations.

**Demo V.C4.3** | Provide examples of how individual staff weaknesses through the evaluation process were addressed and remediated.

### Benchmark V.C5 (Programmatic and Institutional Accreditation)

The institution or program has policies and procedures for organizing, accessing, and retaining personnel records and information.

**Demo V.C5.1** | Provide your policies and procedures for organizing, accessing, and retaining administrative records and information.

### Benchmark V.D | External Regulation

#### Benchmark V.D1 (Institutional Accreditation)

The institution is legally authorized under applicable state law(s).

**Demo V.D1.1** | Complete the Legal Authorizations Worksheet.

**Demo V.D1.2** | Provide copies of current approval letters, certificates, or other supporting documentation from the agencies by which you are governed.

#### Benchmark V.D2 (Programmatic and Institutional Accreditation)

If the institution or program is accredited by agencies other than MEAC, the institution remains in good standing with those agencies, or if adverse action has been taken by another agency, the institution or program is still able to demonstrate compliance with MEAC Standards.

**Demo V.D2.1** | Provide the names and addresses of any other accrediting agencies that currently accredit the institution or program or have accredited the institution or program within the current MEAC grant of accreditation.

**Demo V.D2.2** | Provide a description of any adverse actions or other outstanding disciplinary actions currently enforced against this institution or program.

**Demo V.D2.3** | Provide evidence, such as a letter or the agency's website, affirming the institution or program's current status and period of accreditation.

#### Benchmark V.D3 (Institutional Accreditation)

The institution demonstrates compliance with the following federal regulations:

- a. Family Educational Rights and Privacy Act (FERPA)
- b. Health Insurance Portability and Accountability Act (HIPAA)
- c. Americans with Disabilities Act (ADA)
- d. Student and Exchange Visitor Program (SEVP)
- e. Copyright Laws

**Demo V.D3.1** | Describe how the institution ensures student transcripts and educational records are protected from damage or loss, securely stored, and made permanently accessible in compliance with the Family Educational Rights and Privacy Act (FERPA).

**Demo V.D3.2** | Describe how the institution ensures that patient information within student files is maintained and secured in compliance with the Health Insurance Portability and Accountability Act (HIPAA), if applicable. If not applicable, please explain why.

**Demo V.D3.3** | Provide a copy of your policies and procedures for making reasonable accommodations in facilities, equipment, supplies, services, and other resources for students, faculty, staff, and others with disabilities in accordance with the federal Americans with Disabilities Act.

**Demo V.D3.4** | Provide evidence that the institution is currently approved to enroll international students through and in compliance with the Student and Exchange Visitor Program, if applicable.

**Demo V.D3.5** | Provide a copy of your copyright policy and procedures regarding the fair use of intellectual property, including course materials, online materials, and other applications.

## Standard VI | Student Services

### Benchmark VI.A | Student Support Services

#### Benchmark VI.A1 (Programmatic and Institutional Accreditation)

The institution/ program promotes academic success by providing access to student support services, including but not limited to:

- a. Academic advising
- b. New student orientation
- c. Financial aid advisement
- d. Clinical placement support
- e. If the institution offers distance education, it provides social support services that facilitate linking academic and social integration for students

**Demo VI.A1.1** | Explain and provide examples of how the institution or program provides access to each of the services listed above.

**Demo VI.A1.2** | Provide evidence of how the institution or program informs students about the availability of each of the services listed above.

#### Benchmark VI.A2 (Programmatic and Institutional Accreditation)

The institution or program promotes academic success by providing access to or referral to student support services, including but not limited to:

- a. Tutoring
- b. Personal counseling
- c. Career outlooks and advising, including information about NARM certification and state licensure requirements, credentials, practice, and employment opportunities.

**Demo VI.A2.1** | Explain and provide examples of how the institution or program provides access or referral to each of the services listed above.

**Demo VI.A2.2** | Provide evidence of how the institution or program informs students about the availability of each of the services listed above.

## Standard VII | Student Affairs

### Benchmark VII.A | Student Admission & Enrollment

#### Benchmark VII.A1 (Programmatic and Institutional Accreditation)

The institution has admission policies that:

- a. Outline clear entry requirements, including minimum requirement of high school diploma or recognized equivalent. Note for Title IV schools, USDE has specific requirements about what constitutes a recognized high school diploma equivalent.
- b. Ensure a transparent recruitment and selection process.
- c. Identify applicants who demonstrate the potential to successfully complete the program and practice competently as midwives. Schools might assess the following to determine potential success:
  - i. Academic readiness (prerequisite coursework)
  - ii. Evaluate written communication skills through application essays or personal statements
  - iii. Request a personal statement
  - iv. Request letters of recommendation

**Demo VII.A1.1** | Provide a copy of your policies and procedures for the selection and admission of students addressing, at a minimum, a-c above.

**Demo VII.A1.2** | Describe any criteria you use to determine who may demonstrate the potential to successfully complete the program and practice competently as midwives..

#### Benchmark VII.A2 (Institutional Accreditation)

Enrollment agreements, signed and dated by the student and a school official at the onset of the program, clearly specify:

- a. A description of the program, courses, schedule, and graduation requirements
- b. The start date of enrollment and the minimum and maximum timeframes for completion terms of enrollment
- c. The services and obligations to which the program is committed, including full disclosure about:
  - d. Clinical training
  - e. Administrative fees and tuition
  - f. The payment and refund schedule
  - g. The student's obligations, financial and otherwise
- h. The student's permission to release certification test results to the school for the purposes of compiling student achievement data for compliance with MEAC standards
- i. Gainful Employment disclosures for Title IV schools, if applicable

**Demo VII.A2.1** | Provide a sample of your enrollment agreement, including where each of the above elements is found.

#### Benchmark VII.A3 (Programmatic Accreditation)

Students enrolled in your program are provided with information including:

- a. A description of the program, courses, schedule, and graduation requirements
- b. The start date of enrollment and the minimum and maximum timeframes for completion
- c. The services and obligations to which the program is committed, including full disclosure about:
  - i. Clinical training

- ii. Administrative fees and tuition
- iii. The payment and refund schedule
- d. The student's obligations, financial and otherwise
- e. The student's permission to release certification test results to the school for the purposes of compiling student achievement data for compliance with MEAC standards

**Demo VII.A3.1** | Provide evidence of how students are informed of a-e above.

### Benchmark VII.A4 (Institutional Accreditation)

Enrollment policies and procedures are clearly stated and in compliance with state law.

**Demo VII.A4.1** | Provide a copy of your enrollment policies and procedures.

**Demo VII.A4.2** | Provide a copy of your state post-secondary education regulations regarding enrollment procedures. If a specific regulation does not exist, provide a letter from an official at the state's office for postsecondary education with jurisdiction over your institution explaining that the state requires no specific enrollment procedure.

### Benchmark VII.A5 (Programmatic and Institutional Accreditation)

Policies and procedures are established that address, at a minimum, the criteria for:

- a. Any established criteria the institution/program uses regarding the transfer of credit earned at another institution/program and any types of institutions/program or sources from which the institution/program will not accept credits;
- b. A list of institutions/programs with which the institution/program has established an articulation agreement; and
- c. Written criteria used to evaluate and award credit for prior learning experience including, but not limited to, service in the armed forces, paid or unpaid employment, or other demonstrated competency or learning.

**Demo VII.A5.1** | Provide a copy of your policies and procedures for credit transfer, prior learning assessment, and advanced placement.

## Benchmark VII.B | Disclosure to the Public, Including Prospective Students

### Benchmark VII.B1 (Programmatic and Institutional Accreditation)

Advertising, information, and promotional materials make only accurate, justifiable and provable claims about the institution or program.

**Demo VII.B1.1** | Provide all website addresses and copies of all advertising, information, and promotional materials published or distributed in the previous 12 months about the institution and/or program.

### Benchmark VII.B2 (Programmatic and Institutional Accreditation)

A catalog, catalog addendum, program handbook, websites, and/or other documents are provided that clearly inform the public, including current and prospective students, about the following:

- a. The mission of the institution or program
- b. The program goals
- c. The curriculum and a description of how students progress through the curriculum
- d. A list of faculty and faculty qualifications
- e. An overview of facilities and learning resources
- f. Required technology skills and equipment

- g. Availability of student services, including disability services
- h. Admissions criteria, policies and procedures
- i. Criteria to transfer in credit, prior experience, and/or advanced placement as required by Benchmark VII.A6
- j. Attendance requirements
- k. Criteria for student evaluation and grading
- l. Policy on student conduct and academic honesty
- m. Satisfactory academic progress policy
- n. Academic calendar with the schedule for academic terms and school years
- o. Length of program
- p. Minimum, maximum, and normal timeframes for completing the program
- q. Requirements for initiation of clinical training
- r. Cost and possible locations of clinical training opportunities
- s. Tuition, fees, and all other related expenses
- t. The payment and refund schedule
- u. Requirements for graduation
- v. Certificate, diploma, or degrees earned at the completion of the program
- w. Requirements for NARM certification
- x. Professional opportunities for midwives upon graduation
- y. Professional licensure disclosures
- z. Measures of student achievement including but not limited to completion and retention rates and NARM exam pass rates
  - aa. Ability to sponsor student visas, if applicable
  - bb. Definition of full-time/part-time enrollment status
  - cc. Information on availability and application for Federal Student Aid, if applicable
  - dd. Gainful Employment disclosures for Title IV schools, if applicable
  - ee. Clery Act reporting for Title IV schools, if applicable

**Demo VII.B2.1** | Provide a copy of your current catalog, catalog addendums, program handbook, websites, and/or other documents where this information is provided to the public, including prospective students.

**Demo VII.B2.2** | Complete the Public Information Checklist, which includes required items from a-f above.

## Benchmark VII.C | Satisfactory Academic Progress

### Benchmark VII.C1 (Programmatic and Institutional Accreditation)

Academic policies and procedures are established that address:

- a. The monitoring, enforcing, and notification of satisfactory academic progress (SAP)
- b. Attendance requirements
- c. Approach to measuring whether the student is making progress in a timely way toward completing the program
- d. Assessment of the quality of student performance as captured in GPA or other measures
- e. Graduation requirements
- f. Minimum and maximum time parameters for completing the program
- g. Expiration of credits in relation to maximum time frames for program completion

- h. Student leave of absence
- i. Criteria for student evaluation and grading
- j. Criteria for dismissal from a course or clinical setting
- k. Criteria for dismissal from the program
- l. Any steps for academic probation and suspension, as well as how students regain satisfactory academic standing

*Note: Title IV schools must meet additional criteria for satisfactory academic progress as required and enforced by the US Department of Education.*

**Demo VII.C1.1** | Provide a copy of your policies and procedures that address each of the items listed above.

## Benchmark VII.D | Student Rights, Transcripts, & Refund

### Benchmark VII.D1 (Institutional Accreditation)

Institutions must prepare and maintain student transcripts and make them available to students, following generally accepted format and practice. Transcripts must include:

- a. The school's full name
- b. The institution's accreditation status and accrediting agency
- c. Explanation of the school's academic calendar, length of terms, credit structure, grading system
- d. Full identification of the student, details of any credit transferred or otherwise awarded at entry, and periods of enrollment
- e. For each period of enrollment, include every completed course, clinical, or module, including title, number of credits earned, and grade received
- f. A note, with or without explanation, if the student is not immediately eligible to continue enrollment for reasons of academic probation or suspension
  - i. If student is in good standing, this should be included

**Demo VII.D1.1** | Provide an example of a recent transcript that demonstrates the items listed above.

### Benchmark VII.D2 (Programmatic and Institutional Accreditation)

Students have opportunities to participate in:

- a. Curriculum evaluation
- b. Program planning and evaluation
- c. Policy-making
- d. Faculty evaluation
- e. Student services evaluation

**Demo VII.D2.1** | Describe how and when students have opportunities to participate in the items listed above.

**Demo VII.D2.2** | Provide documentary evidence that students have opportunities to participate in each of a-e above. Evidence could include relevant policies and procedures, meeting minutes, completed evaluation forms, or other tools used to collect student input and/or other evidence of student participation.

### Benchmark VII.D3 (Institutional Accreditation)

Policies and procedures are established that address tuition and fee cancellations and refunds in accordance with federal and state law.

**Demo VII.D3.1** | Provide a copy of your state post-secondary education regulations regarding student cancellation and refunds of tuition and fees. If no such regulation regarding student cancellation and refunds of tuition and fees exists in the state where your school is located, policies and procedures must include, at a minimum:

- a. Refund of enrollment fees, in full, up to three days after signing the enrollment agreement; after three days, they may be nonrefundable.
- b. Proration of tuition and fees based on the amount of class time attended or coursework completed. After 60%, a "no refund" policy is allowable.

**Demo VII.D3.2** | Provide a copy of any applicable federal regulations regarding student cancellation and refunds of tuition and fees.

**Demo VII.D3.3** | Provide a copy of your tuition and fees refund policies and procedures that meet the state and federal regulations.

## Standard VIII | Measures of Program Length

### Benchmark VIII.A | Time Spent in Didactic & Clinical Learning

#### Benchmark VIII.A1 (Programmatic and Institutional Accreditation)

Institutions or programs must clearly state the minimum (<100%), normal (100%), and maximum (150%) timeframes for completion of each program offered, which includes both didactic and clinical requirements.

**Demo VIII.A1.1** | State the minimum, normal, and maximum timeframes for completion of each program, including both didactic and clinical requirements.

**Demo VIII.A1.2** | Provide a rationale for these timeframes.

**Demo VIII.A1.3** | If exceptions to the minimum and maximum timeframe are allowed, provide a copy of the policies and procedures, and include the criteria for granting exceptions.

### Benchmark VIII.B | Awarding Academic Credits

#### Benchmark VIII.B1 (Institutional Accreditation)

If the institution awards credits for clinical training and/or academic coursework, the institution must use the following formula for awarding credits:

- a. One semester or trimester credit is equal to the successful completion of 45 hours of student work either in a classroom, virtual classroom, in independent study, and/or in clinical practice.
- b. One-quarter credit equals successfully completing 30 hours of student work in a classroom, virtual classroom, independent study, and/or clinical practice.

**Demo VIII.B1.1** | State the type of credit awarded (quarter, semester, trimester) and the process used by the institution to determine the number of credits awarded for each module, course, or unit of instruction.

**Demo VIII.B1.2** | Provide two examples of the process for calculating academic credit as it was applied to each type of course offered. For example, show the process as it was applied to one classroom course, one distance education course, one independent study course, and one clinical course, as applicable.

**Demo VIII.B1.3** | If the program is non-degree granting and Title IV funds are awarded, describe the formula used for awarding credit for the purposes of calculating financial aid awards.

### Benchmark VIII.C | Additional Credit Requirements for Degree-Granting Institutions

#### Benchmark VIII.C1 (Institutional Accreditation)

The degree requirements meet the following minimum semester/quarter credits:

- a. Associate degree programs must be at least 60 semester/90 quarter credits
- b. Baccalaureate programs must be at least 120 semester/180 quarter credits
- c. Master's degree programs require completion of 30 semester/45 quarter credits in addition to a baccalaureate degree from an institution accredited by the U.S. Department of Education recognized accrediting agency or the equivalent, or, for international students, an equivalent as evaluated by a recognized credential evaluator
- d. Doctoral degree programs must require successful completion of at least 72 semester/108 quarter credits in addition to a master's degree from an institution accredited by the U.S. Department of Education recognized accrediting agency.

**Demo VIII.C1.1** | Provide a copy of pages from school publications and documents containing the credit requirements for each degree the institution offers.

## Standard IX | Complaints & Grievances

### Benchmark IX.A | Institutional Grievance Policy

#### Benchmark IX.A1 (Programmatic and Institutional Accreditation)

The institution or program has a formal written complaint and/or grievance policy and procedure that meets applicable state and federal regulations and is made available to students, academic and clinical faculty, and staff.

**Demo IX.A1.1** | Provide a copy of your complaint and/or grievance policy and procedure.

**Demo IX.A1.2** | Describe how students, academic and clinical faculty, and staff are informed about your complaint and/or grievance policy and procedure.

**Demo IX.A1.3** | Describe how the school distinguishes between an informal and formal complaint, including when and how the student, faculty, or staff is guided towards the formal process for resolution.

#### Benchmark IX.A2 (Programmatic and Institutional Accreditation)

The complaint/grievance policy includes a provision that individuals will not be harassed or retaliated against as a consequence of making a complaint.

**Demo IX.A2.1** | Provide the excerpt from your policies and procedures demonstrating how you protect individuals from discrimination, harassment, and retaliation as a consequence of making a complaint. This includes complaints made by and/or about students, as well as academic and clinical faculty, staff, or anyone at any level of leadership in the organization.

#### Benchmark IX.A3 (Programmatic and Institutional Accreditation)

The institution or program has a procedure for promptly receiving and responding to written complaints and grievances from students, faculty, and staff, not exceeding 60 calendar days, that ensures the fair and consistent application of all policies and addresses confidentiality concerns.

**Demo IX.A3.1** | Provide the excerpt from your policies and procedures for promptly receiving and responding to complaints and grievances, not exceeding 60 calendar days.

**Demo IX.A3.2** | Explain how you ensure that policies and procedures regarding complaints and grievances are applied fairly and consistently, including when administrative leadership is implicated.

**Demo IX.A3.3** | Explain how your policies and procedures regarding complaints and grievances include confidentiality safeguards, including when administrative leadership is implicated.

### Benchmark IX.B | Retention of Grievance Records

#### Benchmark IX.B1 (Programmatic and Institutional Accreditation)

Records of complaints and grievances are retained for at least seven years.

**Demo IX.B1.1** | Provide a copy of your policies and procedures for retaining records of complaints and grievances, along with their resolutions, for a minimum of seven years.

## Benchmark IX.C | External Grievance Mechanisms

### Benchmark IX.C1 (Programmatic and Institutional Accreditation)

The institution or program's complaint/grievance materials include references to the grievance policies of MEAC and all relevant state regulatory bodies, including contact information for each.

**Demo IX.C1.1** | Provide the excerpt from your policies and procedures or other materials that refer students to the grievance policies of MEAC and all other relevant state regulatory bodies, including contact information for each.

# Standard X | Distance Education

## Benchmark X.A | Definition & Scope

### Benchmark X.A1 (Programmatic & Institutional Accreditation)

The program defines distance education as instruction where students are separated from instructors and learning takes place using technology to support regular and substantive interaction as defined by federal regulation (34 CFR § 600.2). Approved modalities may include:

- a. Internet-based instruction
- b. Video/audio conferencing
- c. Hybrid formats with asynchronous components

**Demo X.A1.1** | Provide examples of modalities employed in distance education instruction.

## Benchmark X.B | Regular & Substantive Interaction

### Benchmark X.B1 (Programmatic & Institutional Accreditation)

The program ensures that distance education courses include predictable and proactive interaction between instructors and students. Substantive interaction (as defined by U.S. Department of Education guidelines {34 CFR § 600.2}) must occur on a regular basis and include at least two of the following:

- a. Direct instruction (e.g., live lectures or guided modules)
- b. Assessment and feedback on student coursework
- c. Responses to student questions about content
- d. Facilitation of group discussion
- e. Other instructional activities that support student learning

**Demo X.B1.1** | Provide a policy and procedure on RSI (Regular Substantive Interaction) requirements for course instructors, including how this is communicated to instructors.

- Best practices include:
  - Instructor must login at least three times per week
  - Instructor must provide substantive feedback on at least one assignment per week per student
  - Instructor must respond to 25% of students each week in discussion boards

**Demo X.B1.2** | Provide evidence of RSI in at least two of the following types of interactions:

- a. Accessing or providing feedback (graded assignments with written feedback, rubrics in the LMS)
- b. Email/chat logs, discussion board replies, help tickets
- c. Facilitation of group discussions (instructor participation, in forums, guided prompts, summary posts)
- d. Providing course content/resources (announcements with instructional videos)

### Benchmark X.B2 (Programmatic & Institutional Accreditation)

The program must demonstrate that students engage in academically meaningful activities that align with course outcomes.

Acceptable forms of engagement include:

- a. Submitting assignments
- b. Participating in discussion forums or class sessions
- c. Completing assessments

- d. Interacting with instructors regarding academic content

**Demo X.B2.1** | Provide evidence to show academic engagement. Evidence may include:

- a. Screenshots of:
  - i. Assignment submissions with time stamps
  - ii. Discussion forum participation
  - iii. Interaction with course content modules
- b. Samples of student work that may include:
  - i. Submitted assignments
  - ii. Completed quizzes, exams, or assessments
  - iii. Discussion posts or replies
- c. Gradebook records
  - i. Student participation in graded activities
  - ii. Scores on assignments and assessments tied to learning outcomes

## Benchmark X.C | Distance Education Training

### Benchmark X.C1 | Faculty Training (Programmatic & Institutional Accreditation)

All academic are provided initial orientation to and ongoing training in the pedagogical and technical delivery of distance education courses:

- a. Universal design for learning
- b. Online pedagogy
- c. Learning management systems
- d. Use of collaboration tools
- e. Regular and substantive interaction

**Demo X.C1.1** | Describe how academic faculty teaching distance courses are provided with resources and participate in training related to the pedagogical and technical delivery of distance education courses.

**Demo X.C1.2** | Submit documentation verifying that faculty have completed the required online training.

### Benchmark X.C2 | Student Training (Programmatic & Institutional Accreditation)

Students are provided initial orientation to and ongoing training in the pedagogical and technical delivery of distance education course.:

- a. Orientation to online learning
  - i. Expectations and responsibilities of online learning
  - ii. Navigating learning management systems
- b. Communication and netiquette
- c. Academic integrity
- d. Support resources

**Demo X.C2.1** | Provide documentation of a mandatory, formal online orientation program for students.

**Demo X.C2.2** | Submit evidence verifying that students receive online orientation.

## Benchmark X.D | Learning Outcomes, Activities, & Assessment for Asynchronous Courses

### Benchmark X.D1 | (Programmatic & Institutional Accreditation)

The program must show that student learning outcomes in asynchronous, distance education courses are equivalent to those in traditional face-to-face settings. To show that learning outcomes are being achieved in asynchronous courses:

- a. Course and program outcomes are defined and measurable
- b. Instructional activities and assessments are aligned with those outcomes
- c. Students are demonstrating competency through evaluated work
- d. Faculty are actively measuring and using outcome data for improvement

**Demo X.D1.1** | Describe how learning outcomes are integrated and reinforced throughout asynchronous courses.

**Demo X.D1.2** | Provide two examples of how learning outcomes are integrated and reinforced throughout asynchronous courses.

### Benchmark X.D2 | (Programmatic & Institutional Accreditation)

The program must show that online learning activities in asynchronous, distance education courses are equivalent to those in traditional face-to-face settings. This includes:

- a. Assessment with feedback
- b. Student-instructor interaction
- c. Collaborative learning
- d. Reflective or application-based assignments
- e. Multimedia and interactive activities

**Demo X.D2.1** | Describe the types of learning activities employed.

**Demo X.D2.2** | Provide two examples of different learning activities from two different courses, for a total of four items.

### Benchmark X.D3 | (Programmatic & Institutional Accreditation)

The program must show that online learning assessments in asynchronous, distance education courses are equivalent to those in traditional face-to-face settings. Assessments must be:

- a. Aligned with course objectives
- b. Substantive and measurable
- c. Conducted regularly
- d. Evaluated by faculty or instructional staff
- e. Designed to verify student identity and academic integrity

**Demo X.D3.1** | Submit two examples of online assessments. These may include:

- a. Written assignments
- b. Quizzes and exams
- c. Discussion forums
- d. Projects and presentations
- e. Clinical or competency-based assessments

# Standard XI | Compliance with the Institutions Responsibilities under Title IV of the Higher Education Act

## Benchmark XI.A | Compliance with US Department of Education Regulations

### Benchmark XI.A1 (Institutional Accreditation)

The institution demonstrates compliance with its program responsibilities under current U.S. Department of Education regulations.

**Demo XI.A1.1** | Provide a copy of the institution's current:

- a. Program Participation Agreement (PPA)
- b. Eligibility and Certification Approval Report (ECAR)
- c. Cohort default rate for federal loan repayment

**Demo XI.A1.2** | Describe your institution's system for maintaining electronic and paper files, including maintenance and backup, and archiving, in compliance with Title IV requirements.

**Demo XI.A1.3** | If the institution should come under review by the USDE due to findings of non-compliance, provide an explanation of what has led to this problem and what the institution is doing to address it.

*Note: The USDE will send an official notice of non-compliance to MEAC directly.*

**Demo XI.A1.4** | Describe your institution's formal process for monitoring and encouraging repayment of federal student loans.

## Benchmark XI.B | Title IV Administration

### Benchmark XI.B1 (Institutional Accreditation)

The institution has policies and procedures for implementing and maintaining the financial aid program.

**Demo XI.B1.1** | Provide a copy of the institution's policies and procedures for implementing and maintaining the financial aid program.

**Demo XI.B1.2** | Describe the institution's process to compile, review, and update financial aid policies and procedures.

### Benchmark XI.B2 (Institutional Accreditation)

At least one employee of the institution is designated as responsible for student financial aid programs and is available to students on-site or virtually to counsel and advise students and administer the program.

**Demo XI.B2.1** | Provide a job description for all positions involved with providing financial aid counseling and advising to students and awarding and disbursing Title IV funds.

**Demo XI.B2.2** | Describe the designated employee's work hours and availability.

### Benchmark XI.B3 (Institutional Accreditation)

The institution demonstrates adequate checks and balances and a clear separation of duties between awarding Title IV funds and disbursing funds.

**Demo XI.B3.1** | Describe how your institution ensures adequate checks and balances and clear separation of duties for the responsibilities of awarding Title IV funds and disbursing funds.

## Benchmark XI.B4 (Institutional Accreditation)

If the institution utilizes a third-party servicer, it must demonstrate how responsibilities are separated between the servicer and the institution.

**Demo XI.B4.1** | If your institution utilizes a third-party servicer, provide a chart delineating tasks and responsibilities.

**Demo XI.B4.2** | If your institution utilized a third-party servicer, provide the current contract between the institution and the third-party servicer that clearly outlines the responsibilities and liabilities of each party.

## Benchmark XI.B5 (Institutional Accreditation)

Students must be informed of their financial aid options, rights, and responsibilities should they accept financial aid through Title IV.

**Demo XI.B5.1** | Describe methods used and provide examples of materials given to students to inform them regarding:

- a. Their financial aid options
- b. Their eligibility for Title IV Federal Student Aid
- c. The FAFSA application process
- d. The rights and responsibilities associated with accepting Title IV funds

## Benchmark XI.C | Currency in Title IV Regulations

### Benchmark XI.C1 (Institutional Accreditation)

Individuals designated as responsible for the student financial aid program are trained in and maintain current knowledge of financial aid rules and regulations.

**Demo XI.C1.1** | Describe how the individual(s) responsible for the Federal Student Aid (FSA) program are trained to administer this program.

**Demo XI.C1.2** | Describe how the individual(s) responsible for the FSA program are kept current on financial aid rules and regulations. Such training could include membership and participation in state, regional, and/or national financial aid associations; attendance at financial aid workshops, seminars, and conferences; and/or reading professional journals, publications, and websites that are designed to keep the financial aid officer up-to-date on changes in financial aid requirements.

**Demo XI.C1.3** | Provide documentation of initial training for the individual(s) currently responsible for the FSA program, as described in Demo XI.C1.1.

**Demo XI.C1.4** | Provide documentation of ongoing professional development for the individual(s) responsible for the FSA program, as described in Demo XI.C1.2.