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Accreditation Handbook



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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
- i. Adequate opportunities for students to provide supervised primary care to clients
- j. Access to perinatal testing according to current standards for CPMs
- k. Access to medical consultation, referral, and hospital transfer

- l. 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 VC2.1 | 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 VC2.2 | Complete the Administrative Functions Table.

Demo VC2.3 | 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 VC2.4 | Describe the process used to ensure there is adequate administrative capacity to complete all administrative functions adequately.

Benchmark VC3 (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 VC3.1 | 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 VC3.2 | Provide evidence that administrative staff have participated in training as described in VC3.1. This evidence can be in the form of school-sponsored in-service attendance records, certificates of training completion, continuing education documents, etc.

Benchmark VC4 (Programmatic and Institutional Accreditation)

The institution or program performs annual administrative staff performance evaluations.

Demo VC4.1 | 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 VC4.2 | 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-ff 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 standings

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 completion. 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 faculty 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.CD.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.



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Section C: Standards Supplemental Information

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Purpose of the Standards Supplemental Information

Accreditation has a dual purpose: compliance assessment and continuous improvement. While MEAC cannot give you the answer to each standard, we can assist our schools in understanding the requirements and different ways of meeting those requirements.

Accreditation, and higher education in general has its language. To be successful, each school will need to learn this language. This document assists Member Schools, applicant schools, potential schools, MEAC peer reviewers, and MEAC decision-makers in understanding MEAC's 2020 Standards for Accreditation. It will serve as an additional check and balance in helping ensure MEAC has consistency in the application and evaluation of benchmarks and to ensure MEAC's reviewers, decision-makers, and schools are on the same page regarding benchmark interpretation. This document will do that in the following ways:

- Explain the purpose of each standard and benchmark
- Discuss the interpretations and specifics of each benchmark
- Explain what the school will be required to provide in a Self-Evaluation Report
- Explain how each benchmark will be verified during a site visit, if applicable
- Explain how each benchmark will be evaluated and the key points to address

This document is also being provided as training for MEAC's Member Schools, applicant schools, and potential schools. In addition to the explanations noted above, this document contains several appendices that will be helpful for all schools in their preparation for accreditation.

Contact Information for Help

Director of Accreditation | Caroline Rivera

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Overview of Standards Layout

MEAC's 2020 Standards for Accreditation are broken into ten sections. Each section, while related to the others, looks at a distinct aspect of the program or institution to give a whole picture of how that program or institution is functioning as a place of higher education. While it may seem that a benchmark in one standard is asking for something similar to a benchmark in another standard, each is purposefully looking at the program or institution from a different viewpoint. Because of this, when responding to benchmarks, it is important to remember which overall standard or viewpoint you are being asked to speak to.



Each of the ten sections in MEAC's standards also corresponds to the ten areas accreditors must evaluate under federal regulation to be recognized by the US Department of Education¹. The standards could be grouped in several other ways as well, such as by topic or area of focus (ex, orientation and training, equity and access, student learning and outcomes, and so on). As a USDE-recognized accreditor, MEAC has structured our standards to most easily allow us to demonstrate compliance with USDE requirements.

Most of the benchmarks within MEAC's standards are also designed to assess the process used to arrive at a quality endpoint and the endpoint itself. Both pieces are essential in accreditation as they ensure that the school is at a quality place (in compliance) during the snapshot in time captured within the specific review and that the systems and processes the school has in place are reliable for reasonably ensuring that the school will have ongoing compliance between reviews.

¹34 CFR 602.16(a)(1)(i-x)

List of Basic Policies and Procedures Required

Go to Federal Student Aid (FSA) for format assistance and policy ideas. FSA has a [Guide to Creating Policies and Procedures Manual](#).

Student Policies

1. Academic Honesty
2. Code of Conduct for Students
 - a. Alcohol, smoking, weapons, etc.
3. Code of Conduct for Users of the College Computer System
4. Non-Discrimination
5. Family Educational Rights and Privacy Act (FERPA)
6. Rights and Freedoms of Students
7. Satisfactory Academic Progress
8. Services for Students with Disabilities
9. Student Consumer Information
10. Students' Rights Regarding Their Educational Records
11. Title IX Policies for Individuals Reporting Sexual Harassment and Misconduct
12. Title IX Policy on Absence Due to Pregnancy

Faculty and Staff Policies

1. Faculty Responsibilities
2. Faculty Hiring Policy and Procedure
 - a. Job descriptions
3. Faculty Orientation, Training, and Professional Development
4. Staff Responsibilities
5. Staff Hiring Policy and Procedure
 - a. Job descriptions
6. Staff Orientation, Training, and Professional Development
7. Family Educational Rights and Privacy Act (FERPA)
8. Health Insurance Portability and Accountability Act (HIPAA)
9. Non-Discrimination
 - a. Hiring, promotion, etc.
10. Technology
11. Library and Learning Resources
12. Distance Education
13. Governance Structure
14. Institutional Plan
15. Financial Management
16. Commitment to Diversity, Equity, and Inclusion

Continuous Improvement

MEAC's standards set the minimum requirements that schools must meet for accreditation. MEAC encourages schools to adopt a "Met-3 Mindset" and implement internal assessment methods.

The Met-3 Mindset

1. Identify the minimum requirements set at the local, state, federal, and accreditation levels, then plan for going above and beyond.
2. Strive for best practices in all program or institutional operations areas.
3. Establish a regular and rigorous assessment and improvement system for all areas of the program or institution's operations.
4. Establish a regular and reliable professional development and continuing education system for all administrative and educational personnel.
5. Explore innovative ways of delivering the educational program, administrative and faculty structures/oversight, and business management.

Assessment Resources

There are many higher education resources you can look to to develop your assessments. Here are a few links:

- The [Association for the Assessment of Learning in Higher Education](#) publishes resources for assessment.
- Federal Student Aid (tied to DoE) publishes [FSA assessments](#) that provide guidance in compliance with Title IV requirements.
- Watermark has some great info on [building a culture of assessment](#).
- Old Dominion University (my alma mater) has a [How-To-Guide: Academic Program Assessment Plan and Report](#).

Questions to Ask

- What is the institution/program's plan for self-study and ongoing assessment?
- Who will lead the assessments, and who will be involved?
- What schedule and timeline will the self-study and ongoing assessments follow?
- What resources are available or allocated to support the self-study and ongoing assessments?
- What issues have been identified with prior self-studies and assessments? Have these issues been adequately addressed and fully resolved?
- Are accreditation pieces embedded in the institution/program's strategic plan requiring attention before the next accreditation cycle begins?
- How does the institution/program use accreditation reports in its planning efforts?
- How will the institution/program demonstrate continued improvement?
- How will new leadership/staff be oriented to accreditation processes, requirements, and impact on how the school does its work?



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Section D1: The Initial Accreditation Process

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Overview of the Preaccreditation/Initial Accreditation Process

Accreditation

Accreditation is a structured, step-by-step process consisting of a Preliminary Application, a comprehensive Self-Evaluation Report, an Additional Information Request, a Materials & Information Request, a Site Visit, a Draft ARC Report, the school's response to the findings, a Final Board Report, and an accreditation decision. The accreditation process has 5 steps or parts:

- Accreditation: Part I - Preparing for Accreditation
- Accreditation: Part II - The Self-Evaluation Report
- Accreditation: Part III - The Site Visit
- Accreditation: Part IV - The Draft ARC Report & IBR Review
- Accreditation: Part V - Final Board Report

The accreditation process is designed to create opportunities for and to support the directors, students, faculty, and staff of institutions/programs in evaluating their midwifery education programs against national standards and goals set by the institution/program. This process is the primary method for institutions/programs to demonstrate compliance with MEAC's Standards of Accreditation.

While the accreditation process provides several opportunities for due process and minor corrections, schools must have done the work to comply with all applicable standards before beginning the accreditation process. For initial applicants, the Readiness Self-Assessment is completed during Stage 3 of the Prospective Applicant Accreditation. When training is complete, the accreditation process begins. Preaccreditation can typically be accomplished in less than a year; however, the initial accreditation process generally takes about two years to complete.

Accreditation Training for Schools Applying for Preaccreditation/Initial Accreditation

Institutions/programs interested in MEAC accreditation must complete a four-stage training series with MEAC. The Training Stages include the following:

Accreditation: Part I

Stage 1: Self-study

- Read through the Accreditation Handbook Sections A-F and prepare questions for the Director of Accreditation

Stage 2: Pre-accreditation training with the Director of Accreditation

- Best Practices in Accreditation
- Introduction to the Weave accreditation portal
- Responding to Materials and Information Requests

Stage 3: Readiness Self-Assessment

- Complete a readiness self-assessment and submit it to the Director of Accreditation

Accreditation: Part II

Stage 4: Prepare the school's Self-Evaluation Report (SER)

- Upload SER and evidence to Weave

Preaccreditation Process

Self-Evaluation Report (Accreditation: Part II)

The Self-Evaluation Report is due within 22 weeks of Part I Notification. The Self-Evaluation Report (SER) is a comprehensive, detailed report prepared by the institution/program. The SER will systematically address each of MEAC's Standards and all applicable benchmarks for each program included within the grant of accreditation. The SER is completed via the Weave online portal, where the institution/program will enter a written narrative and supporting documentary evidence to demonstrate compliance with each applicable benchmark. A SER template is available. The institution/program should be able to describe its self-evaluation process, how the staff, faculty, students, Program Advisory Committee, and other external interests contribute to the school's self-evaluation, and how it is a meaningful, significant, and ongoing process.

From the date the SER is submitted, the preaccreditation process may take up to 14 weeks.

A team of two peer reviewers (Site Visit Team or Accreditation Review Committee [ARC]) will be assigned to evaluate the institution's/program's SER. The Director of Accreditation will prepare a report that outlines any additional materials or information needed to complete the evaluation of the preaccreditation Benchmarks.

Institutions/programs must submit a **complete** SER (responding to **all benchmarks not just the preaccreditation benchmarks**) for evaluation before they will be considered for preaccreditation. To earn preaccreditation, an institution/program must show current compliance in the following Benchmarks:

- I.A1: Mission
- I.B1: Program Goals & Assessment
- II.A3: Curriculum - Academic
- II.A5: Curriculum - Clinical
- II.B4: Learning Activities
- II.C1: Assessment of Learning
- III.A1: Academic Faculty Qualifications
- III.A2: Non-Core Academic Faculty Qualifications
- III.A3: Majority of Faculty are Midwives
- IV.B1: Library & Learning Resources
- IV.C1: Clinical Site Sufficiency
- IV.C2: Clinical Site Selection

Additional Information Request (AIR)

Following submission of the SER, the Director of Accreditation (DA) will review the Self-Evaluation Report and contact the institution/program to request additional information in areas that were weak. The DA has six weeks to review the SER and send the AIR. The institution/program has six weeks to respond. Two reviewers (ARC) will be assigned to review the SER once the institution/program has responded to the AIR. The ARC reviewers will do a complete review of the SER scoring all Benchmarks. If **all of the required preaccreditation** Benchmarks are scored as Met-2 or above, the DA will bring the institution/program to the

Board of Directors for a preaccreditation vote. If the Board votes in favor of preaccreditation, the DA will notify the school within 7 days and the Department of Education within 30 days.

Initial Accreditation Process

Self-Evaluation Report (Accreditation: Part II Continued)

Upon preaccreditation approval, the institution/program has one year to gain initial accreditation. (See the timeline on pages 5-6).

Materials and Information Request (MIR)

Following preaccreditation approval, the DA will review the ARC scoring and material requests of the remaining Benchmarks. If some benchmarks/demonstrations have not been answered, if your response references evidence that didn't get submitted, or if there are responses that didn't fully answer the benchmark, you will be notified with the Materials and Information Request. The Materials and Information Request has three sections:

1. Materials Requested (where items are missing or incomplete)
2. Information Requested (where it is unclear how the school meets the benchmark)
3. Opportunity to Respond to Noted Deficiencies and Possible Noncompliance (where there are no requests for additional information, as it is clear what the school is doing). This section is specifically provided as an opportunity for the school to comply.

The institution/program will be able to respond to each section of the Materials and Information Request before the site visit.

Site Visit (Accreditation: Part III)

Preparation for Site Visit

The Director of Accreditation will meet with the institution/program before the site visit to discuss logistics, additional requirements, and other pertinent information. MEAC will provide a Site Visit Manual and a tentative schedule for preparation. The Site Visit will be scheduled to take place within 90-120 days following the vote of preaccreditation. During this time, the institution/program will work to respond to all items in the MIR so that they can demonstrate compliance at the time of the site visit.

The Site Visit

The Director of Accreditation and the assigned team of peer reviewers (ARC) will conduct a site visit to verify the information provided in the institution's/program's submissions. If the school/program is brick and mortar, the site visit will be in person. The site visit will include clinical site visits. If the institution/program offers most of its coursework via distance education, the site visit will be conducted virtually. For distance education programs, the DA will schedule a time to conduct in-person visits to the administrative offices and to clinical sites. (see Section F: Site Visit Preparation).

Draft ARC Report (Accreditation: Part IV)

MEAC prepares the Draft ARC Report following the site visit. This report summarizes findings and is the first time the institution/program will see preliminary benchmark scoring for all applicable benchmarks. A copy of the Draft ARC Report will be provided to the institution/program within six weeks following the site visit, and the institution/program will have six weeks to

respond to the preliminary benchmark scoring and findings. The institution's/program's response to the Draft ARC Report is the final opportunity for due process before the Board's decision.

The Director of Accreditation will summarize the institution's/program's response and approve the ARC recommendations. The final scoring recommendations will be submitted to the Board of Directors for an accreditation decision.

Independent Review Auditor Review

One Independent Review Auditor (IRA) will be assigned to review the Draft ARC Report. The IRA has eight weeks to complete their review. The Independent Review Auditor serves as an objective, oversight-focused authority responsible for ensuring the integrity, consistency, and compliance of the accreditation review process. This role operates independently from assigned reviewers and evaluates the quality, accuracy, and adherence of reviewer findings, benchmark scoring, and recommendations against established accreditation standards and policies. The Independent Review Auditor verifies that evidence supports all determinations, identifies inconsistencies or bias, and ensures that due process and procedural requirements have been followed.

Final Board Report (Accreditation: Part V)

Before making an initial accreditation decision, the MEAC Board of Directors will review all the materials from each step of the accreditation process, including the Final ARC Report and the Director of Accreditation's summary report. Following discussion and a decision, the Board's overall initial accreditation decision will be put into a Final Board Report and sent to the institution/program. The Final Board Report will include official benchmark scores, requirements for further reporting, and adverse action with details for appeal if warranted. If the decision consists of adverse action (denial of accreditation), the institution/program will have further options for due process. For more information, see MEAC's Accreditation Handbook, Section G, Appeal and Due Process policy.

Preaccreditation/Initial Accreditation Timeline

(80 Weeks from Notification of Part I Acceptance)

	Step	Details	Timeline
PART I	Accreditation Training	Prospective schools must complete Accreditation Training.	Up to 52 Weeks
	Preliminary Application	Prospective schools have one year from completing the Prospective Applicant Accreditation Training and to submit the application.	
	Readiness Self-Assessment	MEAC will inform the school if it is deemed ready to begin the preaccreditation process. If ready, the school will submit the Part I fee.	
	Part I Fee	Due before Part I is officially accepted.	
	Notification of Part I Acceptance	MEAC Staff will review the application within two weeks of receipt and notify the applicant of the outcome and next steps. If denied, notification will also include the reason for denial. If accepted, the applicant will be granted access to the Weave online portal and given instructions for completion of the SER.	2 Weeks
Upon notification, the preaccreditation timeline begins.			
	Site Visit Scheduled	MEAC will coordinate with ARC and the school to schedule a site visit.	
PART II	Complete Self-Evaluation Report (SER)	Due within 22 weeks of Part I notification.	22 Weeks
	SER Fee	Due before the end of the 22 weeks.	
	MEAC Review of SER	MEAC staff will review the SER for completeness, compile a list of missing, incomplete, or unclear pieces, and notify the applicant via an Additional Information Request (AIR).	6 Weeks
	Applicant Response to AIR	The applicant has six weeks to provide the requested AIR.	
	Teach-Out Plan	Complete Teach-Out Plan before preaccreditation decision. MEAC staff will review the Plan.	6 Weeks
Preaccreditation Decision	Preaccreditation Decision	MEAC Board of Directors reviews ARC and Director of Accreditation recommendation.	Next Board Meeting

	Notification of Preaccreditation	MEAC notifies the school of the preaccreditation decision within 7 days of Board vote.	7 Days
PART III	Materials & Information Request	DA has two weeks to review SER and send a Materials and Information Request (MIR) if necessary.	2 Weeks
		School has eight weeks to respond to MIR.	8 Weeks
	Part III Fee	Due before site visit (2 weeks).	2 Weeks
	Site Visit	MEAC and ARC will conduct a site visit.	1 Week
PART IV	Draft ARC Report	MEAC Staff prepares the Draft ARC Report with updated benchmark scoring following the site visit.	6 Weeks
	Approval of Draft ARC Report	ARC reviews/revises the Draft ARC Report, and MEAC Staff sends the report to the Preaccredited School.	6 Weeks
	School Improvement/Compliance	The school has six weeks to respond to the Draft ARC Report.	6 Weeks
	MEAC Staff/ARC Review of School Response	MEAC Staff/ARC will review the applicant's response, finalize the benchmark score, and approve the final ARC report.	6 Weeks
	Independent Review Auditor (IRA) Review	An IRA is assigned to conduct a thorough review of the preaccredited school's materials, ARC's review and final report, and finalize the accreditation recommendation.	8 Weeks
PART V	Accreditation Decision	MEAC Board reviews the school's materials, final ARC report, and recommendations, and the IRA report and makes decisions regarding accreditation. DA presents a summary of findings at the Board meeting for Board vote.	Next Board Meeting
	Notification of Accreditation Decision	MEAC provides the school with a full written explanation of the decision.	7 Days
MAXIMUM TOTAL TIME			129 Weeks*

*Includes one year of prep time



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Section D2: The Reaccreditation Process

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Overview of the Renewal of Accreditation Process

Accreditation

Accreditation is a structured, step-by-step process consisting of a Preliminary Application, a comprehensive Self-Evaluation Report, an Additional Information Request, a Materials & Information Request, a Site Visit, a Draft ARC Report, the school's response to the findings, a Final Board Report, and an accreditation decision. The accreditation process has 5 steps or parts:

- Accreditation: Part I - Preparing for Accreditation
- Accreditation: Part II - The Self-Evaluation Report
- Accreditation: Part III - The Site Visit
- Accreditation: Part IV - The Draft ARC Report & IRA Review
- Accreditation: Part V - Final Board Report

The accreditation process is designed to create opportunities and support the directors, students, faculty, and staff of institutions/programs in evaluating their midwifery education programs against national standards and goals set by the institution/program. This process is the primary method for institutions/programs to demonstrate compliance with MEAC's Standards of Accreditation.

While the accreditation process provides several opportunities for due process and minor corrections, institutions/ programs must have done the work to comply with all applicable standards before beginning the accreditation process. For institutions/programs seeking renewal of accreditation, the accreditation process starts following Renewal of Accreditation Training and typically takes about 2 years to complete.

The Renewal of Accreditation Process

Renewal of Accreditation Training

Institutions/programs interested in renewing MEAC accreditation must complete a two-stage training series with MEAC following the approval of the institution's/program's Application for Renewal of Accreditation. The Training Stages include the following:

Accreditation: Part I

Stage 1: Self-study (review)

- Review the Accreditation Handbook Sections A-F and prepare questions for the Director of Accreditation

Stage 2: Accreditation review training with the Director of Accreditation (or via Google Classroom)

- Best Practices in Accreditation

Stage 3: Readiness Self-Assessment

- Application for Renewal of Accreditation

Accreditation: Part II

Stage 4: Prepare the school's Self-Evaluation Report (SER)

- Upload SER and evidence to Weave

Self-Evaluation Report (Accreditation: Part II)

The Self-Evaluation Report is due within 22 weeks of the Notification of Part I Acceptance. The Self-Evaluation Report (SER) is a comprehensive, detailed report prepared by the institution/program. The SER will systematically address each of MEAC's Standards and all applicable benchmarks for each program included within the grant of accreditation. The SER is completed via the Weave online portal, where the institution/program will enter a written narrative and supporting documentary evidence to demonstrate compliance with each applicable benchmark. A SER template and Tips for Meeting Standards and Benchmarks are available.

Additional Information Request (AIR)

Following submission of the SER, the Director of Accreditation (DA) will review the reaccreditation report and contact the institution/program to request additional information in areas that were weak. The DA has six weeks to review the SER and send the AIR. The institution/program has six weeks to respond. This may add up to 14 weeks to the process.

Self-Evaluation Report (Accreditation: Part II)

A team of peer reviewers (Site Visit Team or Accreditation Review Committee [ARC]) will be assigned to evaluate the institution's/program's SER. The Director of Accreditation will prepare a report that outlines any additional materials or information needed to complete the evaluation of the Benchmarks.

Materials and Information Request (MIR)

Following the submission of the SER, the Director of Accreditation will review it for completeness. If there are benchmarks/demonstrations that have not been answered, if your response references evidence that didn't get submitted, or if there are responses that didn't fully answer the benchmark, you will be notified with the Materials and Information Request. The Materials and Information Request has three sections:

1. Materials Requested (where items are missing or incomplete)
2. Information Requested (where it is unclear how the institution/program meets the benchmark)
3. Opportunity to Respond to Noted Deficiencies and Possible Noncompliance (where there are no requests for additional information, as it is clear what the institution/program is doing). This section is specifically provided as an opportunity for the institution/program to come into compliance.

The institution/program will be able to respond to each section of the Materials and Information Request before the site visit.

Site Visit (Accreditation: Part III)

The next step in the accreditation process is the Site Visit. The Director of Accreditation will meet with the institution/program before the site visit to discuss logistics, additional requirements, and other pertinent information. MEAC will provide a Site Visit Manual and a tentative schedule for preparation. The Site Visit is scheduled to take place from 90 days following the MIR response.

The Site Visit

The Director of Accreditation and the assigned team of peer reviewers (ARC) will conduct a site visit to verify the information provided in the institution's/program's submissions. The site visit will be conducted virtually if the institution/program offers most of its coursework via distance education. If the institution/program is brick and mortar, the site visit will be in person. For distance education programs, the DA will schedule a time to conduct in-person clinical site visits.

Draft ARC Report (Accreditation: Part IV)

MEAC's Director of Accreditation prepares the Draft ARC Report following the site visit. This report summarizes ARC findings and provides the institution/program with preliminary benchmark scoring for all applicable standards and benchmarks. A copy of the Draft ARC Report will be provided to the institution/program, and the institution/program will be able to respond to the preliminary benchmark scoring and findings. The institution/program's response to the Draft ARC Report is the final opportunity for due process before the Board's decision.

The Director of Accreditation will summarize the institution's/program's response and approve the ARC recommendations. The final scoring recommendations will be submitted to the Board of Directors for an accreditation decision.

Independent Review Auditor Review

One Independent Review Auditor will be assigned to review the Draft ARC Report. The Independent Review Auditor serves as an objective, oversight-focused authority responsible for ensuring the integrity, consistency, and compliance of the accreditation review process. This role operates independently from assigned reviewers and evaluates the quality, accuracy, and adherence of reviewer findings, benchmark scoring, and recommendations against established accreditation standards and policies. The Independent Review Auditor verifies that evidence supports all determinations, identifies inconsistencies or bias, and ensures that due process and procedural requirements have been followed.

Final Board Report (Accreditation: Part V)

Before making an accreditation decision, the MEAC Board of Directors will review all the materials from each step of the accreditation process, including the Final ARC Report and the Director of Accreditation's summary report. Two Board Members, with the assistance of the Director of Accreditation, will take the lead in the review and present their recommendations to the entire Board for an accreditation decision. Following discussion and a decision, the Board's overall accreditation decision will be put into a Board Report and sent to the program/institution. The Board Report will include official benchmark scores, requirements for further reporting, and any adverse action and details for appeal if warranted. If the decision consists of adverse action (denial, suspension, or withdrawal of accreditation), the institution/program will have further options for due process. For more information, see MEAC's Accreditation Handbook, Section G, Appeal and Due Process policy.

Renewal of Accreditation Timeline

Total renewal of accreditation time = 80 weeks/20 months (1 year & 8 months)

	Step	Details	Timeline
	Institution/program Notified to Apply for Reaccreditation	Institution/program is notified 90 weeks (1.7 years) before the end of the current accreditation cycle that it is time to apply for reaccreditation.	
	Accreditation Training	Accreditation training review.	
PART I	Part I Application	The current institution/program has 4 weeks to complete and submit the Part I application and fee.	4 Weeks
	Part I Fee	Due before Part I is officially accepted.	
	Notification of Part I Acceptance or Denial	MEAC Staff will review the application within two weeks of receipt and notify the applicant of the outcome and next steps. If denied, notification will also include the reason for denial. If accepted, the applicant will be granted access to the Weave online portal and given instructions for completion of the SER.	2 Weeks
	Site Visit Scheduled	MEAC will coordinate with ARC and the school to schedule a site visit no more than 90 days (3 months) from the projected school receipt of MIR.	
PART II	Complete Self-Evaluation Report (SER)	Programmatic applicants will have 22 weeks from the date of notification of Part I acceptance and access to the Weave portal to complete and submit the SER and SER fees. Institutional applicants will have a minimum of 22 weeks from the date of notification of Part I acceptance and access to the Weave portal to complete and submit the SER and SER fees. The two extra weeks granted to programmatic applicants are due to the more complex nature of an institutional review.	22 Weeks
	SER Fee	Due before the end of the 22 weeks. MEAC will contact the applicant two weeks before the due date to remind the institution/program and request the current enrollment count so that MEAC can send an invoice for the SER fee.	
	MEAC Review of SER	MEAC Staff will review the SER for completeness, compile a list of missing, incomplete, or unclear pieces, and notify the applicant via an Additional Information Request (AIR). The DA has six weeks to review.	6 Weeks
	Applicant Response to AIR	The applicant has six weeks to provide the requested AIR.	6 Weeks
	Accreditation Review Committee (ARC) Review of Institution/Program Submission	The ARC will review the whole institution/program submission and give preliminary scores for each benchmark.	6 Weeks

		MEAC Staff has 2 weeks to review ARC scores and prepare a Material and Information Request.	2 Weeks
		MEAC Staff will send the school a Materials and Information Request. The school has 8 weeks to respond.	8 Weeks
Part III	Submission of Site Visit Fee	The Member institution/program must also submit the site visit fee. MEAC will send an invoice for this.	
	Site Visit	MEAC Staff and the ARC will conduct a site visit with the Member institution/program.	1 Week
Part IV	Draft ARC Report	MEAC Staff will prepare the Draft ARC Report with updated preliminary benchmark scoring following the site visit.	6 Weeks
	Institution/Program Response to Draft ARC Report	The institution/program has 8 weeks to respond to the draft ARC report.	8 Weeks
	MEAC Staff & ARC Review of Response to Draft ARC Report	MEAC Staff/ARC will review the applicant's response, finalize the benchmark score, and approve the final ARC report.	6 Weeks
	Independent Review Auditor (IRA) Review	An IRA is assigned to conduct a thorough review of the preaccredited school's materials, ARC's review and final report, and finalize the accreditation recommendation.	8 Weeks
Part V	Board Accreditation Decision	The MEAC Board will review the institution/program's materials, the Final ARC Report with recommendations, and the IBR Report with recommendations, and make an accreditation decision.	Next Board Meeting
	Institution/Program Notified of Accreditation Decision	MEAC provides the school with a full written explanation of the decision.	7 Days
MAXIMUM TOTAL TIME			80 Weeks



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Section E: Fees

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Fees are effective January 2025. The fee schedule is reviewed annually and is subject to change. **No refunds are allowed except as noted.** Payments via check and postal mail must be postmarked by the due date listed. Payment via ACH is preferred.

Fees for Initial Accreditation and Reaccreditation

Interested applicant schools are required to complete the Prospective Applicant Accreditation Training before receiving the Part I Application. Contact info@meacschools.org for more information.

Part I (due with Preliminary Application)	\$324
Part II (due with Self Evaluation Report):	
Base Rate for all accredited programs and institutions	\$2023.92
Fee per student (<i>programmatic accreditation</i>)	\$7.56
Fee per student (<i>institutional accreditation</i>)	\$14.04
Fee per student at an institution that offers <i>distance education</i>	\$7.56
Fee per student at a <i>degree-granting</i> institution	\$7.56
Fee per student in an institution that participates in <i>Title IV</i>	\$8.64

Part III (due 8 weeks before the site visit): *see Other Miscellaneous Fees section for site visit fees.*

Annual Sustaining Fees

Sustaining fees are charged annually, even when reaccreditation fees are paid or during the year when initial accreditation is granted. These fees are a base amount, with additional charges applied per enrolled student. The specific fees depend on the type of accreditation and services offered, such as degree-granting status and Title IV participation.

The student count used to calculate these fees is based on the number of enrolled students as of December 31 of the previous calendar year. This count includes part-time students and those on temporary leave. Sustaining fees are reviewed and adjusted annually to account for inflation.

Sustaining Fees

Base Rate for all accredited programs and institutions	\$4002.48
Fee per student (<i>programmatic accreditation</i>)	\$87.48
Fee per student (<i>institutional accreditation</i>)	\$147.96
Fee per student at an institution that offers <i>distance education</i>	\$24.84
Fee per student at a <i>degree-granting</i> institution	\$88.56
Fee per student in an institution that participates in <i>Title IV</i>	\$60.48

Example: A degree-granting institution with 10 students enrolled as of December 31 of the previous year would pay \$6,356.88 in fees. This example assumes the institution does not offer distance education or participate in Title IV programs, so no additional fees for those services are included.

The fee calculation is as follows:

$$\begin{aligned} & \$4002.48 \text{ (base fee)} + 10 \times \$147.96 \text{ (per-student fee)} + 10 \times \$87.48 \text{ (add'l per-student fee for degree-granting)} \\ & \text{Total: } \$6,356.88 \end{aligned}$$

Annual Sustaining Fees are billed in July and cover the period of July 1 through June 31 and are due October 15.

Payment plans are available for an additional fee of \$50 per payment.

Note regarding newly preaccredited and reaccredited schools: Sustaining fees will be prorated for the remainder of the year that your school was initially accredited or preaccredited. For example, sustaining fees cover one fiscal year from July 1 through June 30 each year; if your school is granted accreditation in March, you will be charged a prorated portion of sustaining fees from March through June of that year.

Note regarding Institution or Program Closure: Per MEAC policy, sustaining fees will be prorated for any institution/program closing, according to the final day the institution/program is open.

Substantive Change Fees

Change in Mission/Purpose	\$378
Change in Ownership, Legal Status, or Form of Control (plus Site Visit fees)	\$1080
Changes in Curriculum:	
Addition or discontinuation of a program (*Amount assessed will depend on the scope and impact of the change, including the addition of each direct assessment program)	\$0-1080*
Addition or discontinuation of a course or courses that result in:	
Significant departure in content	\$378
Significant departure in method of delivery (includes distance learning)	\$1080
Addition of courses at a higher degree/credential level (includes a change to degree-granting status)	\$1080
Change in the method for measuring student progress	\$540
Substantial increase or decrease in credit hours awarded	\$378
Significant changes in capacity for clinical training	\$378
Change of Location	\$378
Addition of a New Branch Campus (plus Site Visit fees)	\$1080
Addition of an Additional Location providing at least 50% of the program (plus Site Visit fees)	\$378
Entering a contract with another institution to provide more than 25% of the program	\$1080
Acquisition of any other institution or program or location of another institution	\$1080
Addition of a permanent location or site at which a teach-out is conducted for another institution	\$1080
The decision to participate or cease participation in Title IV Programs	\$1080

Other Miscellaneous Fees

1-day staff consult	\$270
Site Visit Fees	\$4,125 (if on-site visit)
Virtual site visit	\$270/day
DA Clinical Site Visit	\$2500
30-day extension fee	\$162
• available only for steps in the comprehensive review process	
• a refund of \$108 is allowed, if an extension is denied	

Penalty for late submission of all MEAC required reports, including, but not limited to, Annual Reports, TRAC Reports, Monitoring Reports, accreditation process reports (Parts I-IV, e.g., SER). See Section G: Policies & Procedures,

1 - 30 days late	\$216
31 - 60 days late	\$540

No report may be submitted more than 60 days late. Accredited entities over 60 days late will be subject to show-cause policies.

No report may be submitted late without exhausting extension options before the due date.

No Compliance Reports will be accepted beyond the original due date. Accredited entities not submitting Compliance Reports on time will be subject to immediate adverse action policies.

Due date means received via email or Weave by 11:59 pm in the time zone of the institution/program’s main office as listed on the Part I application associated with their most recent initial or renewal of accreditation.

Penalty for late submission of Annual Sustaining Fees payments:

1 - 30 days late	\$216
31 - 60 days late	\$540

Accredited entities over 60 days late will have their accreditation suspended for nonpayment. See Section G: Policies & Procedures,

Appeal Fee (plus ad hoc committee expenses)	\$216
Hearing Fee (plus ad hoc committee expenses)	\$540



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Section F: Site Visit Preparation Manual

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The MEAC Accreditation Site Visit

MEAC's Responsibilities

Introduction

This site visit manual has been prepared by MEAC staff to facilitate the site visit process for both the school and the Site Visit Team. This manual guides accreditation teams conducting site visits and the institutions applying for accreditation. Accreditation is crucial for ensuring quality and accountability in higher education, and site visits play a vital role in this process.

- MEAC will provide the institution with a site visit schedule and additional instructions before the site visit.
- MEAC will make all travel and lodging arrangements for the site visitors but may ask the institution to provide a list of affordable lodging options, driving instructions, and so on.

The Site Visit and Its Objectives

The MEAC accreditation process includes a site visit to the institution and interviews of students, graduates, faculty, administrative staff, and other relevant parties to verify that the information provided in the Self-Evaluation Report (SER) is accurate and complete and that the program or institution is in compliance with MEAC standards. Each site visit will include a standard list of audits, interviews, and other information-gathering methods, as detailed below. The site visit will also include follow-up on any particular concerns identified during MEAC's review of the SER and/or comments received from third parties. The site visit may also include gathering information on other accreditation matters such as substantive change applications, annual report follow-up, and/or complaints filed with MEAC against an accredited institution or program.

The Site Visit Team

The Site Visit Team is composed of the Director of Accreditation (DA) and two independent midwifery and/or accreditation professionals (Accreditation Review Committee (ARC)/Self-Evaluation Report (SER) Reviewers). Ideally, the Site Visit Team will include the ARC/SER Reviewers who completed the initial review of the institution's SER. In some cases, the Site Visit Team may need to be different from the SER reviewers. In this case, the site visit will be conducted by the DA and one ARC/SER Reviewer (the institution will have final approval on the ARC/SER Reviewer who will participate in the site visit). For schools that operate primarily in a virtual format, the site visit will be conducted in two separate parts. Part one of the site visit will take place virtually with the ARC members, DA, and school representatives. For part two of the site visit, the DA will visit the school's headquarters (if applicable), meet with school leadership, and visit two clinical sites (preceptors).

Part one of the site visit is typically two to three days long, depending on the size and complexity of the institution.

MEAC works with the institution to establish the best time for the site visit and a tentative schedule of activities for the actual visit. During the visit, ARC members and MEAC staff will audit files, examine records, tour facilities, and conduct interviews. They will use standardized forms to organize and document their work.

A written report summarizing the results of the ARC's review of the SER, site visit, and interviews will be prepared by the DA and sent to the school. The institution will be able to respond to the report and provide any missing or new information before the ARC's final report is sent to the MEAC Board of Directors for an accreditation decision.

Student Surveys

MEAC will provide surveys to the school to distribute to current and former students at least three weeks prior to the site visit. The goal is to get at least 30% of each group to respond.

Ethics of Site Visiting

The following instructions are from the Site Visitors Handbook and are included here to inform institutions/programs about how site visitors are prepared for the site visit.

Ethical behavior during site visits involves clearing your mind and heart of preconceptions, prejudices, etc., and looking for and substantiating the facts asked for in the SER. You have a right to care for your personal needs, such as eating and drinking, going to the bathroom, etc. Otherwise, you are committed to concentrating wholly on your task and the school. Keep your feelings to yourself. Speak only based on the facts as you find them; ask for clarification when you're unsure. You do not decide whether the school is accredited. You are a member of a MEAC Accreditation Review Committee, qualified to evaluate midwifery educational institutions or programs, and your role is to perform a complete review. You will report your review and recommendation about the school's accreditation to the Board, which will make the final decision.

1. Conflict of interest
 - a. If you have any conflict of interest with the school, e.g., you have friends who go there, relatives who have graduated from there, assisted them in their programs, utilized their services, have strong disagreements with them, etc., you must disqualify yourself as a site visitor. Contact MEAC if you are unsure whether you have a conflict of interest.
2. Confidentiality
 - a. All information contained in the SER and discovered at the site visit is confidential. This information can be discussed with the school, your co-visitor(s), the MEAC Accreditation Review Committee, and the Board of Directors. The information will be used solely to evaluate the institution's or program's compliance with MEAC requirements. The information you obtain during site visits and through the SER may not be communicated, copied, utilized, or otherwise discussed. The requirements of

government agencies or national accrediting agencies may supersede any restrictions on providing otherwise confidential information.

3. Accuracy

- a. Your report must be accurate and substantiated by written and physical materials and face-to-face interactions with the people and materials directly related to the site visit. Information based on personal interactions must contain the person's name and the time and place of the interaction if such documentation is used in the report.

4. Feelings

- a. Put your feelings aside, whether positive or negative, and stick to the facts. Be calm and methodical. Be an advocate for the program, search diligently for its strengths, and be factual and forthright about weaknesses and deficiencies. Be encouraging. Weaknesses and deficiencies can be corrected. Accreditation facilitates correcting weaknesses and deficiencies by identifying them and providing requirements for correction and deadlines for corrective implementation.

5. Know Your Roles and Responsibilities

- a. As a site visitor, you are charged with identifying compliance with the Standards. The school may ask you to provide information as a "consultant," that is, ask for ideas on how you would address a problem that is beyond the scope of meeting the Standards. Be clear in your role as a site visitor.

6. Responsibility for Expenses

- a. Except where paid for directly by MEAC, site visitors are responsible for paying for their own meals and incidental expenses, which MEAC will reimburse. MEAC will pay for all transportation and lodging out of the site visit fees.

Your ethical behavior ensures the school's fair and correct treatment by MEAC. MEAC intends to accredit schools, not prevent them from accreditation. Your advocacy and fairness are crucial to the success of MEAC's mission and the multiplicity and variety of educational opportunities for midwives.

Site Visit Team Responsibilities

The tasks below will be performed during the site visit itself and in interviews that may take place before, during, or after the site visit. When the term audit is used in this context, the site visitors will randomly select 10% of the total in that category for review. If the category is small enough that selecting 10% of files would result in fewer than 3, the ARC will review a minimum of 3. They may review more than the minimum or even all of the files if their initial audit indicates a need for further verification or to follow up on concerns raised in the SER or other parts of the review. See separate document titled "Site Visit: Documents Preparation".

The Standards and Benchmarks listed on the following pages are a part of each site visit (unless a given benchmark is not applicable). Additional audits/observations/interviews may be part of the site visit based on the ARC's review of the SER and other materials.

Standard I: Mission, Program Assessment, and Student Achievement

- I.C1, I.C2: Audit student files to verify enrollment and retention data provided in the most recent annual report workbook.
- I.C3: Audit graduate files to verify completion data provided in the most recent annual report workbook.
- I.C4: Audit graduate files to verify data provided in the most recent annual report workbook. Reviewer will look for documented evidence such as copies of NARM certification or state/provincial licensure. Site Visitors may also contact certifying or licensing authorities to verify the institution's reports.

Standard II: Curricula

- II.A3: Audit curriculum files to verify information provided in the Curriculum Checklist of Essential Competencies Worksheet. (Audit a minimum of 10% of competencies—the proportion of courses selected depends on the organization of the curriculum.)
- II.A5: Audit student and/or graduate files or other documentation to verify that students obtain the clinical experience required for national certification by NARM as indicated in the NARM Clinical Experiences Requirements Chart.
- II.B1: Audit curriculum files to verify that syllabi specify learning objectives, learning activities, learning resources, and evaluation tools/methods. This audit includes courses offered by distance or correspondence education.
- II.B4: Review curriculum files.
- II.C1: Audit student and/or graduate files to verify documentation of competencies as indicated in the Curriculum Checklist of Essential Competencies Worksheet. (Audit a minimum of 10% of skill/ability competencies.)
- II.E1: (Institutional + degree-granting only): Audit curriculum files, admissions records, transcripts, or other permanent student records or other documentation to verify that students obtain the general education components described by the institution.

Standard III: Faculty

- III.A1: Audit faculty files to verify information provided in the Faculty Table. Site visitors will look for documentation, including current relevant certification and/or licensure, and documentation of the 3-year experience requirement.
- III.A2: Audit faculty files to verify information provided in the Faculty Table. Site visitors will look for evidence of degrees/certificates, such as transcripts or diplomas, and documentation of meeting the 3-year experience requirement as appropriate. If the institution/program has made any exceptions to the experience requirements, site visitors will review supporting documentation justifying the faculty member's qualification.
- III.A3: Audit faculty files to verify information provided in the Faculty Table.
- III.B1: Review records to verify that faculty receive the required training and orientation.
- III.B2 & III.B4: Review records to verify that faculty receive the required initial orientation and ongoing training in relevant legal and ethical concepts.

- III.B3 & III.B5: Review records to verify that faculty receive the required professional development.
- III.C1: Audit faculty files to verify that performance evaluations have been completed and any weaknesses have been addressed.
- III.D1: Interview faculty members to verify that they have the right to participate in the listed activities and to verify participation.
- III.D2: Audit faculty files (including those of preceptors) to verify that job descriptions or other relevant documents are current and specify rights and responsibilities
- III.E1: (Institutional + degree-granting only): Audit course instructor files to verify information presented in the Faculty Table.
- III.E2: (Institutional + degree-granting only): Examine faculty files to verify that qualified faculty supervise course instructors who do not hold the degrees described.

Standard IV: Facilities, Equipment, Supplies, and Other Resources

- IV.A1 & IV.A2: Tour facilities to observe classrooms, teaching aids, equipment, and supplies as described in the SER. When all or part of the midwifery education program is delivered through distance learning methods, site visitors will observe examples of methods used for course instruction and technical support available to students and faculty.
- IV.B1: Tour the library to verify that resources are current and adequate and references include, at a minimum, those specified in Benchmark IV.B1.
 - When students and/or faculty are not regularly on-site, verify how students can access the library. (Applies to institutions/programs with distance or correspondence education components)
- IV.B2: Interview students and faculty to verify their access to the required training and information.
- IV.B3: Interview students to verify that they learn appropriate methods for online knowledge acquisition.
- IV.C1: Audit clinical site files to verify the information on the clinical site table.
- IV.C2: Audit clinical site files (or other appropriate documents) for evidence of initial and ongoing review.
- IV.D1: Tour administrative office facilities (if applicable) to ensure that facilities, equipment, technology, and supplies are as described in the SER and meet the needs of the program/institution.
- IV.D2: Interview the technology staff to verify the information presented in SER.

Standard V: Governance, Financial Management, and Administrative Capacity (Institutional & Programmatic)

- V.C1: Audit files to verify the experience of the head of midwifery program.
- V.C2: Audit files to verify the qualifications of and job descriptions of administrative staff.
- V.C3: Review records to verify that administrative staff receive the required initial orientation and ongoing training in relevant legal and ethical concepts.
- V.C4: Audit administrative staff files to verify regular performance review.

Standard V: Governance, Financial Management, and Administrative Capacity (Institutional Version—see below for Programmatic Version)

- V.A1: (Institutional): Interview board members to verify that governance occurs as described in the SER.

- V.B1: (Institutional): Examine financial records, meeting minutes, and other documentation to verify that policies and procedures are followed in each area listed.
- V.D1: (Institutional): Audit documents to determine that the institution is legally authorized under applicable state law(s).
- V.D3: (Institutional): Verify that student files and transcripts are protected from damage or loss, securely stored, and made permanently accessible in compliance with FERPA.

Standard V: Governance, Financial Management, and Administrative Capacity (Programmatic Version—see above for Institutional Version)

- V.A2: (Programmatic): Interview appropriate institutional staff to verify that the program participates in governance as described in the SER.
- V.B4: (Programmatic): Interview appropriate institutional staff to verify that the program has adequate institutional support as described in the SER.

Standard VI: Student Services

- VI.A1 & VI.A2: Interview students to verify that the student services listed are provided as described in the SER, including to students participating in distance or correspondence education, if applicable.

Standard VII: Student Affairs

- VII.A1: Audit student files and/or admissions files to verify that policies and procedures for the selection and admission of students are followed.
- VII.A2: Audit student files to verify that individual student enrollment agreements are current and complete.
- VII.A3 (Programmatic)/VII.A4 (Institutional): Audit student files and/or transcripts to verify that the policies and procedures are followed as described in the SER.
- VII.C1: Audit student files, graduate files, and/or transcripts (including those of students participating in distance and/or correspondence education, if applicable) to verify that the policies and procedures for monitoring, enforcing, and notification of satisfactory academic progress are followed.
- VII.D1: (Institutional): Audit transcripts to verify that they have been prepared and maintained as described in the SER.
- VII.D2: Examine survey forms, meeting minutes, and other evidence provided by the institution/program to verify that students (including, if applicable, those enrolled in distance or correspondence education) participate in curriculum evaluation, program planning and evaluation, faculty evaluation, student services evaluation, and policy-making activities.
- VII.D3: (Institutional): Audit student files to verify tuition and fees cancellation and refunds, which are handed out as indicated in the SER.

Standard VIII: Measure of Program Length

- VIII.A1: Audit graduate files and/or transcripts to verify that the graduates complete the program within the minimum and maximum timeframes stated in the SER.

- VIII.B1: Audit curriculum, student files, and/or graduate files to verify that credits are awarded based on the required formula described by the institution and that credit hours awarded for preceptorships or other clinical instruction must be based on a record of a minimum number of actual clinical contact hours.
- VIII.C1: (Institutional + degree-granting only): Audit curriculum files, graduate transcripts, or other permanent student records to verify that degree programs meet the minimum total semester/quarter credits.

Standard IX: Complaints and Grievances

- IX.A1: Interview students, faculty, and staff to verify that the complaint and/or grievance policy is available.
- IX.A2: Interview students, faculty, and staff to verify that individuals are not discriminated against for making a complaint.
- IX.A3: Audit complaint and grievance records to verify that policies and procedures are followed and applied fairly and consistently, and protect confidentiality (including for students enrolled in distance or correspondence education, if applicable).
- IX.B1: Review complaint and grievance records to verify that these records are available for MEAC inspection and retained for at least seven years.
- IX.C1: Interview students to verify that they have been informed about the grievance policies and contact information for MEAC and any relevant state regulatory bodies.

Standard X: Distance Education

- X.A1: Review approved distance education modalities.
- X.B1 & X.B2: Review courses in LMS to verify Regular & Substantive Interaction (RSI) and academic engagement.
- X.C1 & X.C2: Audit student and faculty files to verify initial and ongoing training.
- X.D1, X.D2, & X.D3: Verify learning outcomes, activities, and assessments.

Institution's/Program's Responsibilities

General Instructions

The host institution will undertake much preparatory work before the visit. The Self-Evaluation Report (SER) is the significant result of this effort. Other actions the host institution may include, but are not limited to:

1. All individuals involved in site visit preparation should read this manual.
2. Enough notice should be given to everyone at the institution who will participate in the site visit to complete the site visit on schedule.
 - a. The program head/department head/director of education should provide a detailed draft schedule that includes the names of interviewees, their roles and office locations, and any other places the SVT will visit to MEAC's Director of Accreditation at least two weeks before the visit.
3. The individual(s) who will lead the site visit at the host institution should brief all participating administrators, faculty, and students on what to expect during the visit.
4. Reserve a secure location (classroom, conference room, etc.) where the Site Visit Team can examine all related documents simultaneously. (If the site visit is not virtual).
5. Think of the Site Visit as a time to show off your institution/program to MEAC's SVT.
 - a. Prepare to give a tour of the facilities to the SVT.
 - b. Provide all documentation supplied as part of the SER and as outlined on page XXX of this document.
 - c. Set up interviews with administration, faculty, and students and prepare them for the type of questions the SVT will ask.
6. Finally, every effort should be made to ensure that the site visit is a cooperative, collegial experience.

Preparing for the Site Visit

The institution will be asked to provide several potential dates for the site visit. The primary person responsible for MEAC accreditation at the institution/program must be on-site and available throughout the site visit. Other individuals responsible for verifying the information during the site visit must also be available on-site or by phone for any questions.

File Audits

General Information

Auditing files is an important part of the site visit process. Files should be organized in a very clear and easy format to navigate. A well-structured evidence repository signals that the institution understands the standards, manages records systematically, and has the infrastructure to support compliance. In contrast, disorganized files can suggest weak internal controls or poor oversight—even when substantive compliance exists. Accreditation reviews are evidence-intensive. Logical folders, standardized naming conventions, indexed exhibits, and crosswalks between standards and evidence help reviewers locate materials consistently and reduce the risk that something is overlooked or interpreted inconsistently. For virtual reviews especially, file organization becomes the "site." A poorly designed digital

evidence room can impede the visit itself. Clear navigation, permissions, searchable folders, and labeled exhibits are essential for virtual equivalency. Many accreditors consider these strong practices:

- Standard-by-standard evidence folders (aligned to each benchmark)
- Exhibit numbering system (Exhibit 1.1, 1.2, etc.)
- Evidence crosswalk or document index
- Consistent file naming conventions
- Read-only master evidence room with controlled access
- Separate folders for policies, outcomes data, committee minutes, and student records
- Hyperlinked SER to exhibits
- "Reviewer roadmap" or navigation guide

Preparing Documents & Evidence

In addition to the above Site Visit instructions, providing access to records requires some specific instructions.

1. Create a Virtual Site Visit Dropbox, Google Drive, or any secure file storage that your institution uses.
 - a. Create a folder for each Standard and Subfolders for that Standard's Benchmarks OR create folders grouping documents together (Examples: Current Student Files {each student should then have their own folder}, Faculty {folder for academic faculty and folder for clinical faculty}, Curriculum Files, etc.)
 - b. Clearly label all contents in each folder (examples):
 - i. Folder: Academic Faculty
 1. Subfolder: Jane Doe
 - a. Jane Doe CV
 - b. Jane Doe Evaluation
2. Provide access to a sampling of courses (you will receive a list of courses to provide ahead of time) in your Learning Management System (Canvas, Google Classroom, etc.)
 - a. You can create a dummy username and password for the site visitors and delete them after the site visit is complete.
3. Be prepared to provide a walk-through of classrooms, administrative offices, library, and resource centers.

Required Institutional/Programmatic Documents

It is essential to audit the records supporting the SER adequately. The institution/program should make available records relevant to specific standards identified by the SER. Some materials that should be available include, but are not limited to:

- Student handbook
- Clinic handbook
- Faculty/employee handbooks
- Catalog
- Organizational chart

- College policies and procedures
- Advertising materials
- Copies of the course syllabi
- Faculty meeting minutes
- Administration meeting minutes
- Program Advisory Board meeting minutes
- Lists of student files, current and past 3 years
- Copies of course evaluation forms and clinic evaluation forms (student and supervisor/site)
- Copies of employer, graduate, and exit surveys
- Data compiled from student assessments

Student Files

Current Students

For programs with 20 or less students, ARC will review all students. For programs with 21-60 students, ARC will randomly select 40% of the students. For programs with 60-100 students, ARC will randomly select 20% of the students. For programs with 101-200 students, ARC will randomly select 10% of the students. For programs with more than 201 students, ARC will randomly select 5% of the students. At least one week prior to the site visit, the school will send the Director of Accreditation (DA) a list of all current students (preferably in Excel or Google Sheets). Within 48 hours of receipt, the DA will send the list of students that will be audited. The files should include the following items:

1. Enrollment and admissions documents
 - a. Application
 - b. Enrollment Agreement
 - c. Transcripts (any college transfer) or diploma (high school)
2. Academic records
 - a. Any academic interventions (for poor grades, failure to progress, etc.)
 - b. Unofficial transcripts through the semester prior to the site visit
 - c. Satisfactory academic progress
3. Clinical records
 - a. Complete preceptor forms
 - b. NARM clinical experiences
 - c. Clinical day/skills day documentation (if applicable)
4. Other documentation may be requested during the site visit

Alumni

The number of alumni to be audited will depend on how long the program has been in operation and how many graduates the program has. For example, if a program has graduated only one cohort of less than 20 students, ARC will review student files for all alumni. If the program has been accredited for a full cycle (typically six years). At least

one week before the site visit, the school will provide the Director of Accreditation with a list of all graduates (preferably in Excel or Google Sheets). Within 48 hours of receipt, the DA will send the list of students that will be audited. The files should include the following items:

1. Enrollment and admissions documents
 - a. Application
 - b. Enrollment Agreement
 - c. Transcripts (any college transfer) or diploma (high school)
2. Academic records
 - a. Official transcript provided to the student at graduation
3. Clinical records
 - a. Complete preceptor forms
 - b. NARM clinical experiences
 - c. Clinical day/skills day documentation (if applicable)
4. NARM certification (if applicable)
5. Employment verification (if available)

Note: Reviewers will sign FERPA agreement.

Curriculum Files

During the curriculum file review, ARC will verify the information provided on the MEAC Checklist of Essential Competencies. At least one week prior to the site visit, the school will provide a list of courses, indicating what year/semester in which each course is taught (preferably in Excel or Google Sheets). Within 48 hours of receipt, the DA will send the school a list of courses that will be audited. The school will provide the following documents for **all courses**:

1. Course syllabi

For the courses selected, the course files should include the following items:

1. Access to all reading materials (if possible)
2. Three examples of learning activities from each selected course
3. Three examples of assessments from each selected course (try to include a mix of assessment types; quizzes, papers, discussions)

Faculty Files

Academic Faculty

Provide all faculty files for academic faculty who have taught for the school during the last two years of the previous accreditation period and/or are currently teaching. The files should include the following items:

1. Credentials (if faculty do not have the required credentials, provide an explanation of their qualification)
 - a. Proof of education

- b. CV or resume
 - c. Proof of experience
 - d. NARM certification
2. Proof of orientation/training in the following:
 - a. Mission, goals, values, and educational philosophy of the program
 - b. Principles of adult learning
 - c. Competency-based education
 - d. Fair use (copyright)
 - e. Plagiarism
 - f. HIPAA
 - g. FERPA
 - h. Sexual harassment
 - i. Informed decision-making
 - j. Online teaching
 3. Proof of professional development
 - 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
 4. Evidence of yearly faculty evaluation

Clinical Faculty

The school will provide the Director of Accreditation with a list (preferably in Excel or Google Sheets) of all preceptors currently active and any inactive preceptors who were active during the accreditation cycle. At least one week before the site visit, the school will provide the Director of Accreditation with a list of all preceptors (preferably in Excel or Google Sheets). Within 48 hours of receipt, the DA will send back a list of preceptors that will be audited. The DA will randomly select an appropriate number of preceptors to audit. The files should include the following items:

1. Credentials
 - a. Proof of education
 - b. CV or resume
 - c. Proof of experience
 - d. NARM certification
2. Proof of orientation/training in the following:
 - a. Mission, goals, values, and educational philosophy of the program
 - b. Principles of adult learning
 - c. Competency-based education

- d. Fair use (copyright)
 - e. Plagiarism
 - f. HIPAA
 - g. FERPA
 - h. Sexual harassment
 - i. Informed decision-making
 - j. Patient's rights
 - k. Ethics of cross-cultural learning models
3. Proof of professional development
 - 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
 4. Clinical site (preceptor) site selection/evaluation
 5. Evidence of regular evaluation

Administrator Files

The school should make all administrator files available. The files should include the following items:

1. Position description
2. Signed employment contract
3. Proof of education
4. CV or resume
5. Proof of relevant experience (could be a letter of reference or documentation proving prior employment)
 - a. If the individual does not have relevant work experience, provide an explanation
6. Proof of orientation/training in the following:
 - a. Mission, goals, values, and educational philosophy of the program
 - b. Principles of adult learning
 - c. Competency-based education
 - d. Fair use (copyright)
 - e. Plagiarism
 - f. HIPAA
 - g. FERPA
 - h. Sexual harassment
7. Evidence of regular evaluation

Touring the Facilities

Physical Spaces

Be prepared to give a tour of any physical spaces used by the school. Physical spaces may include libraries, clinical/skills rooms, classrooms, administrative offices. If the program is online, you can provide a recorded, virtual tour of any physical spaces the school uses.

Virtual Spaces

For each of the courses selected for the curriculum audit, the school must either provide reviewers access to the virtual classroom. The school can create a reviewer account that allows the reviewer to view the course as a student. If this is not possible, an administrator can walk the reviewers through the courses via Zoom.

Complaints

Provide documentation of any complaints that school has received since the Self-Evaluation Report submission in Weave.

Title IV Documents

If the school is a Title IV school, provide any new documentation that the school has since the Self-Evaluation Report submission in Weave.

Interviews

Interviews may occur before, during, and/or after the site visit. The school should have the following individuals available for interview (the school may have different titles for the individuals listed below):

1. School president, executive director, or program director
2. Board president or vice president
3. Admissions director or equivalent
4. Registrar
5. Business office manager
6. Financial aid officer (if applicable)
7. Human resources manager
8. Financial manager
9. Clinical director
10. Information technology
11. Facilities management (if applicable)
12. Two academic faculty
13. Two clinical faculty, preceptors, that the DA can visit at a different time/date than the site visit (i.e., do not set up clinical faculty interviews for the days of the site visit)
14. Complete current student and alumni surveys (MEAC will provide survey links to share)

What to Expect Following the Site Visit

Draft ARC Report

MEAC prepares the Draft ARC Report following the site visit. This report summarizes findings and is the first time the institution/program will see preliminary benchmark scoring for all applicable benchmarks. A copy of the Draft ARC Report/Site Visit Report will be provided to the institution/program within six-eight weeks of the site visit, and the institution/program will be able to respond to the preliminary benchmark scoring and findings. The school's response to the Draft ARC Report is the final opportunity for due process before the Board's decision. Before the Final Board Report is created, a third reviewer will do a final assessment of the institution's/program's SER and the Site Visit Report.

The Director of Accreditation will summarize the institution's/program's responses and will prepare a final recommendation to the Board of Directors for an accreditation decision.

Board Report

Before making an accreditation decision, the MEAC Board of Directors will review all the materials from each step of the accreditation process, including the Final ARC Report and the Director of Accreditation's summary report. The Director of Accreditation will present the final recommendations to the Board for an accreditation decision. Following discussion and a decision, the Board's overall accreditation decision will be put into a Final Board Report and sent to the program/institution. The Final Board Report will be sent to the school within 90 days following the school's response to the Draft ARC Report. The Final Board Report will include official benchmark scores and requirements for further reporting. If the final decision consists of an adverse action (denial, suspension, or withdrawal of accreditation), the institution/program will have further options for due process. For more information, see MEAC's Accreditation Handbook, Section G, Appeal and Due Process policy.



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Section G: Policies & Procedures

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I. Board of Directors

MEAC Bylaws describe criteria for board membership, elections, meetings and other policies that are relevant to the Board of Directors. The following policies and procedures provide further clarification.

A. Members of MEAC Board of Directors

1. Composition
 - a. The MEAC Board of Directors has responsibility for governance and all final accreditation decisions for both institutions and programs, and therefore includes practitioners (midwives), educators, academic, and administrative personnel.
 - b. At least one, but no less than one-seventh of the members of the Board shall be members of the public, which may include students. To qualify as a public member, candidates must not be an employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by MEAC or has applied for accreditation or preaccreditation; a member of any trade association or membership association related to, affiliated with, or associated with MEAC; or a spouse, parent, child or sibling of an individual associated with, affiliated with, or related to MEAC or to MEAC institutions or programs or other associated, affiliated, or related organizations.
 - c. All Board members must meet eligibility criteria to serve, as specified in MEAC's Bylaws.
2. Nominations
 - a. Nominees shall be solicited from the general public, from the midwifery community, and from midwifery educational programs.
 - b. Nominees must have the endorsement of at least two professional colleagues. If the prospective Board member is a midwife or midwifery educator, endorsements must be from professional colleagues who have worked with them in relevant committees, boards or organizations. If the prospective Board member is a public member, endorsements must be from colleagues who have worked with them in another organization.
 - c. The nominee will review MEAC documents and consider Board member responsibilities and expectations.
 - d. Prior to agreeing to run for election to the board, the nominees will provide MEAC with a résumé and letters of endorsement, including phone numbers, from the two professional references.
 - e. All nominees are subject to review by the Nominations Committee to ensure that candidates meet the requirements for serving as a member of the Board of Directors. This review shall follow a standardized process and utilize standardized rubrics and tools.
3. Elections
 - a. Elections will proceed as stated in the Bylaws. Voting in elections is restricted to Member Schools only. At no point may a Board Member be selected or elected by any associated agency or organization.
4. Responsibilities: Once elected to the Board, each Board member is expected to:
 - a. Travel to and participate in MEAC Board meetings. In the event of two or more unexcused absences from Board and /or Committee meetings the Executive Committee may request the resignation of the Director.

- b. Support the finances of MEAC by assisting with fundraising.
- c. Participate in the work of at least one MEAC committee during a given year.
- d. Familiarize themselves with all MEAC documents and the accreditation processes utilized by MEAC.
- e. Participate in accreditation activities; including serving as Independent Board Reviewers (see II.B.6).
- f. MEAC Board Members are responsible for making final accreditation decisions.
- g. Comply with the ethics policies of MEAC (see II.C).
 - (i) In particular, Directors must avoid any interest, influence, or relationship that might conflict, or appear to conflict, with the best interests of MEAC, or that might affect judgment or loyalty. Directors must promptly disclose any situation where an actual or potential conflict may exist, and remove themselves from negotiations, deliberations or votes involving the conflict.
 - (ii) Directors must also agree to maintain the confidentiality of all documents and information acquired as part of an institution's/program's accreditation process. Directors will not discuss the accreditation matters related to an institution/program outside of the normal MEAC meetings unless such discussion is necessary to conduct MEAC business effectively. Any restrictions on the provision of otherwise confidential information may be superseded by the requirements of government agencies or national accreditation regulatory agencies.

B. The Executive Committee

1. Composition:
 - a. The Executive Committee shall be the Officers, the Executive Director and Director of Accreditation in ex-officio capacity, and such other members as determined by the Board. It shall be the key planning and coordinating body of MEAC.
2. Elections:
 - a. Officers shall be elected by the Board itself according to the Bylaws.
3. Responsibilities:
 - a. The Executive Committee shall act on behalf of the Board in the periods between meetings of the Board on all matters within the authority of the Board, except as to the following matters:
 - (i) The amendment, altering or repeal of the Bylaws or the adoption of new Bylaws;
 - (ii) Electing, appointing or removing any member of any Committee or any Director or Officer of MEAC;
 - (iii) Amending or restating the Articles of Incorporation, adopting a plan of merger or adopting a plan of consolidation with another corporation;
 - (iv) Authorizing the sale, lease, exchange or mortgage of all or substantially all of the property and assets of MEAC;
 - (v) Authorizing the voluntary dissolution of MEAC or adopting a plan for the distribution of the assets of MEAC;
 - (vi) Making decisions on behalf of or changing decisions of the Board regarding the accreditation status of an institution or program, and;
 - (vii) The amendment or repeal of any resolution of the Board which by its terms shall not be so amendable or repealable.

II. Administration

A. Personnel

MEAC will employ adequate administrative staff to carry out its accrediting responsibilities and manage its finances effectively. If for any reason, there should be insufficient funds to maintain staff, these administrative tasks will be carried out by the executive officers of the MEAC Board.

1. Executive Director

- a. The Executive Director is generally responsible for the governance of the organization, including but not limited to, representing the organization to the public and other agencies, managing the organization's finances, providing support to the Board of Directors, and supervising other staff.
- b. The Executive Committee of the Board of Directors supervises the Executive Director.
- c. The Executive Director should have the following qualifications:
 - (i) Ability to meet the requirements of the job description
 - (ii) Sound reputation for ethical conduct
 - (iii) Commitment to the goals and purposes of MEAC
- d. Recruitment and Selection
 - (i) The Board will establish a hiring committee.
 - (ii) All interested applicants must submit a résumé and at least two professional references to this committee. Applicants are expected to review all of MEAC's current documents and the job description for Executive Director.
 - (iii) Applicants will be interviewed.
 - (iv) The hiring committee will select the most suitable applicant for the position and present their recommendation to the Board of Directors for approval.
 - (v) All relevant parties will sign an employment agreement and complete job-specific training.

2. Director of Accreditation

- a. The Director of Accreditation is generally responsible for the program activities of the organization, including but not limited to, accreditation activities, representing the organization to the public and other agencies, providing support to the Board of Directors and supervising other accreditation staff.
- b. The Executive Director supervises the Director of Accreditation.
- c. The Director of Accreditation should have the following qualifications:
 - (i) Ability to meet the requirements of the job description.
 - (ii) Sound reputation for ethical conduct
 - (iii) Commitment to the goals and purposes of MEAC.
- d. Recruitment and Selection
 - (i) The Board will establish a hiring committee.
 - (ii) All interested applicants must submit a résumé and at least two professional references to this committee. Applicants are expected to review all of MEAC's current documents and the job description for Director of Accreditation.
 - (iii) Applicants will be interviewed.

- (iv) The hiring committee will select the most suitable applicant for the position and present their recommendation to the Board of Directors for approval.
 - (v) All relevant parties will sign an employment agreement and complete job-specific training.
- 3. Other Administrative Staff
 - a. Other administrative staff may be hired as needed.
 - b. Responsibilities may include reception, correspondence and clerical support, bookkeeping, and other services as delegated by the Executive Director.
 - c. The Executive Director and the Director of Accreditation are responsible for hiring and supervision.
 - d. All administrative staff must be qualified for the job for which they are hired, and must complete job-specific training.
- 4. Conflict of Interest
 - a. Administrative staff, consultants and other agency representatives are required to disclose any potential conflict of interest as described in the organization's ethics policies (see II.C).
- 5. Confidentiality
 - a. Administrative staff, consultants, and other agency representatives will not discuss the accreditation matters related to an institution/program outside of the normal MEAC meetings unless such discussion is necessary to conduct MEAC business effectively (see II.C). Any restrictions on the provision of otherwise confidential information may be superseded by the requirements of government agencies or national accreditation regulatory agencies.

B. Evaluation and Decision-Making Bodies

- 1. Composition of Evaluation and Decision-Making Bodies
 - a. MEAC accredits both institutions and programs, and therefore includes practitioners, educators, academic, and administrative personnel in evaluation and decision-making bodies. MEAC's evaluation bodies are known as Accreditation Review Committees (ARCs). The decision-making body is the Board of Directors.
- 2. Conflicts of Interest
 - a. Members of evaluation and decision-making bodies must agree to declare all conflicts of interest and remove themselves from proceedings accordingly (see II.C).
- 3. Confidentiality
 - a. Members of evaluation and decision-making bodies must agree to honor the confidentiality of all interactions with the institution/program (see II.C).
- 4. Training
 - a. Structured training is provided for all members of evaluation and decision-making bodies prior to accreditation cycles on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, their responsibilities regarding distance education.
- 5. Evaluation: Accreditation Review Committees
 - a. Responsibilities of the Accreditation Review Committees (ARC)

- (i) Accreditation Review Committees are responsible for the evaluation of applicant institutions/programs, including review of the self-evaluation report and other documentation provided, conduct of site visits and interviews, and preparation of the ARC report and recommendations to the Board of Directors.
 - b. Selection of Accreditation Review Committees
 - (i) MEAC makes regular announcements to the wider midwifery education community of the need for qualified volunteers to serve on ARCs. ARC members are appointed by the Director of Accreditation, under the Board President's supervision, if they meet the stated qualifications.
 - c. Qualifications of Accreditation Review Committee Members
 - (i) ARC members are competent and knowledgeable individuals; qualified by education and experience in their own right and trained by the agency. They must have demonstrated experience and/or ability to evaluate institutions/programs as educators, clinicians, academic or administrative personnel, or they must be similarly qualified.
 - (ii) Potential ARC members must provide MEAC with a resume to document their qualifications and experience.
 - (iii) Potential ARC members must provide at least two professional references.
 - (iv) Potential ARC members must review and sign MEAC's Ethics Policy and conflict of interest declaration.
 - (v) Applicant institutions/programs have the right to request alternate ARC appointees in circumstances where there is a conflict of interest, an appearance of a conflict of interest, or sincerely-held concerns about the qualifications of the ARC appointee to conduct the review.
 - d. Evaluation of Accreditation Review Committee Members
 - (i) Evaluation of ARC member performance is systematically collected and reviewed.
 - (a) The Director of Accreditation regularly reviews evaluations of ARC member performance, including self-evaluation, evaluation from the midwifery program (site visitors); and evaluations from others on the ARC and staff.
 - (b) In the event that evaluations include reports of inappropriate conduct at a site visit or conflict with other ARC members, the MEAC Director of Accreditation, in conjunction with the Board President, may decide that the person no longer serves in these capacities.
- 6. Decision-Making: Board of Directors
 - a. The MEAC Board of Directors makes all final decisions regarding preaccreditation and accreditation status.
 - b. Responsibilities of the MEAC Board of Directors
 - (i) The Board of Directors is supplied the accreditation process material, including self-evaluation reports submitted by the institution/program, site visit reports, Accreditation Review Committee reports, responses from the institution/program, and any other relevant material, including monitoring and compliance reports, so that it may conduct its own review.

- (ii) Two board members are assigned as Independent Board Reviewers to conduct an independent review of the materials described above, present their findings, and make recommendations to the Board regarding decisions to be made.
- (iii) All Board members are provided access to these materials electronically prior to the board meeting in which an accreditation decision will be made, except those recused from a decision.
- (iv) The Accreditation Review Committee will be represented at the decision-making meeting by the Director of Accreditation and the Board will have an opportunity to ask questions of the committee representative(s) before making a decision.

C. Ethics Policies

1. Compliance with Laws and Regulations
 - a. All MEAC activities are to be conducted in compliance with the letter and spirit of all laws and regulations. MEAC representatives have a responsibility to understand the applicable laws, recognize potential dangers, and seek legal advice when necessary.
2. Conflicts of Interest
 - a. MEAC's policy is to have effective controls against conflicts of interest or the appearance of conflicts of interest by MEAC representatives. A "conflict of interest" is defined as a situation where members of the Board of Directors, staff, site visitors, or others acting in an official capacity for MEAC may have an opportunity to influence business or accreditation decisions in ways that could lead to personal gain or give improper advantage to associates.
 - b. Whenever MEAC is called upon to consider an application for accreditation or make an accreditation decision related to a midwifery education program or institution, and a MEAC Board member or committee member is affiliated with the program/institution, then that person:
 - (i) Shall disclose prior to MEAC's discussion of the program's application or accreditation action the nature of their affiliation with the program/institution; and
 - (ii) Shall not be present during discussion of and voting on the program/institution's application or accreditation action.
 - c. No MEAC representative accompanying a site visit team or committee may be affiliated with the program/institution being visited.
 - d. For the purposes of this policy, a person is affiliated with a midwifery program or institution if they or their spouse, parent, child, or sibling:
 - (i) Has been an officer, director, trustee, employee, contractor, consultant, or student of the midwifery program or institution within the last two years.
 - (ii) Has had any other dealings with the institution or program from which they have or will receive cash or property within the last two years.
 - (iii) In any event, all previous relationships should be disclosed.
 - e. If for any other reason a MEAC representative believes they have a conflict of interest or the appearance of one with regard to any program or institution's application or accreditation action before MEAC, the representative shall declare the conflict or appearance of one.

- f. If a representative of a midwifery program or institution that has an application or accreditation action before MEAC has a reason to believe a member or representative may have a conflict of interest or the appearance of one, or if any other members or MEAC's administrative staff may so believe, and if that member does not declare the conflict or the appearance of one, a request may be made that MEAC consider the matter. The possible conflict of interest or the appearance of one shall be discussed by all parties and resolved, if necessary, by consensus or vote, with all MEAC Board members entitled to vote.
 - g. Other areas involving conflict of interest include:
 - (i) Employment decisions if these concern friends, business associates, relatives, or themselves.
 - (ii) Purchasing or other contract decisions in which the individual may have a personal interest.
3. Confidentiality
- a. The information provided by institutions/programs subject to MEAC accreditation will be maintained in strict confidence and will be used solely for the purpose of evaluating the institution's/program's compliance with MEAC requirements.
 - b. The MEAC Board, site visitors, staff, and consultants will not discuss the accreditation matters related to an institution/program outside of the normal MEAC meetings unless such discussion is necessary to conduct MEAC business effectively. Any restrictions on the provision of otherwise confidential information may be superseded by the requirements of government agencies or national accreditation regulatory agencies.
 - c. MEAC collects personal information about employees and other representatives that relates to their involvement with MEAC. Access to this information is limited to people with a need to know and any release of the information to others must be authorized in advance by the Executive Director or the President of the Board of Directors. Personal information is released outside MEAC only with the individual's approval and authorization of the Executive Director, except to verify employment or to satisfy legitimate investigatory or legal requirements.
4. Giving and Receiving Gifts
- a. MEAC representatives may not give or receive gifts from a supplier, governmental official, an accredited organization or applicant, or other organization. Exceptions may be made for gifts which are customary and lawful, are of nominal value, and are authorized in advance. Gifts or benefits for more than a nominal value should be reported promptly, and shall be returned or donated to a suitable charity and this exchange documented.
 - b. Meals and refreshments are acceptable if they are infrequent, are of nominal value, and are in connection with business discussions.
 - c. Anyone doing or desiring to do business with MEAC should be informed that all gifts other than advertising novelties are discouraged.
5. Political Activity
- a. MEAC recognizes that employees may participate in the political process by supporting political parties, candidates, or causes. However, MEAC is a tax-exempt organization which is prohibited from directly or indirectly participating in any political campaign supporting or opposing any candidate or issue. MEAC may not contribute anything of value, including employee's time, to political campaigns,

publish or distribute materials on behalf of any candidate or party, or engage in any other activity which may be considered political.

- b. MEAC representatives may personally contribute to a candidate or party of their choice. However, no compensation or reimbursement by MEAC shall be received for a personal contribution. Any efforts devoted to political activity must be outside working hours. MEAC representatives must make clear that any statements on political or public issues are not those of MEAC.

6. Personal Conduct

- a. MEAC strives to provide all employees, directors, volunteers and members a healthy, safe and positive environment. The climate at MEAC shall be free from discrimination and harassment (see MEAC's Non-Discrimination policy).
- b. MEAC shall not tolerate sexual advances or comments, threats of violence, or any other conduct that creates, in the opinion of the management of MEAC, an intimidating or otherwise offensive environment. Similarly, the use of racial or religious slurs, or any other remarks, jokes or conduct that encourages or permits an offensive environment will not be tolerated.
- c. If a member, employee or volunteer is subjected to improper conduct, or becomes aware of the improper conduct of others, they should bring this to the attention of the President of the Board of Directors. MEAC maintains an employee handbook for relevant policies. All complaints will be investigated promptly (see MEAC's employee handbook).

7. Use and Protection of MEAC Assets

- a. Members have a fiduciary duty to preserve MEAC's assets by demonstrating cost control and following vigorous procurement standards. MEAC employees, materials, equipment or other assets shall not be utilized for any unauthorized purpose. Assets shall be tracked and inventoried. Appropriate action shall be taken if there are any losses.

8. Accounting and Financial Reports

- a. MEAC shall abide by accurate record keeping and reporting. Reimbursable business expenses should be justifiable, reasonable, and supported by receipts. Receipts are not required for per diem payments.
- b. MEAC's financial statements and all books and records on which they are based must accurately reflect all of the organization's transactions. All disbursements and receipts of funds must be properly authorized and recorded. No undisclosed or unreported fund may be established for any purpose.
- c. Those responsible for the handling or disbursal of funds must assure that all transactions are executed as authorized and recorded to permit financial statements in accordance with Generally Accepted Accounting Principles.

9. Compliance

- a. Failure to comply with this policy may result in formal disciplinary action that may include reimbursement to MEAC for any losses or damages, termination of employment, dismissal from the Board, and/or referral for criminal prosecution. Action may also be taken against anyone who fails to report a violation or withhold relevant information concerning a violation of this Ethics Policy. All ARC members, board members, employees and independent contractors must sign a certification form prior to their work with MEAC.

D. Financial Management

1. Budget
 - a. The organization's financial management will be guided by an annual budget that is developed without review by, or consultation with, any other entity or organization.
 - b. The Treasurer, with the input and assistance of the Executive Director and Board, will generate the annual budget which will be presented to the Board for approval at the Board meeting prior to the onset of the coming fiscal year.
2. Fees
 - a. Fees shall be based on projected MEAC operating costs.
 - b. The Treasurer, in development of the annual budget, will review fees and propose changes to fees to the Board for approval.
 - c. Once fees are approved, the Executive Director will notify all Member Schools within 30 days of any changes in fees and the schedule for payment in the upcoming year.
3. Financial Reports
 - a. The Treasurer and the Executive Director will meet periodically to review the agency's financial situation.
 - b. The Treasurer will review semi-annual financial reports and present them to the Board.
4. Legal Obligations and Record Keeping
 - a. The Treasurer works with the Executive Director to assure that all legal obligations are fulfilled regarding MEAC's financial documentation and reporting.
 - b. MEAC will maintain records in accordance with its Record Retention Policy.

E. Complaints about MEAC

1. A complaint against MEAC is defined as a written notification to MEAC by any person or entity that sets forth reasonable and credible information that the MEAC evaluators, MEAC Board Members, or MEAC staff, are not in compliance with one or more of MEAC's accreditation standards or MEAC Policies and Procedures." A complaint against MEAC will be accepted if it includes a statement clearly identifying the submitted materials as a written complaint, and
 - a. identification of, MEAC evaluators, MEAC Board Members, or MEAC staff against which the complaint is being filed, and
 - b. a concise statement of the specific activities or conduct that constitute the basis of the complaint, and
 - c. the name and contact information for the person making the complaint or a statement indicating the complaint is being made anonymously. If the complaint is being made anonymously, MEAC still requires a mailing address so that requests for additional information can be made. Every effort will be made to keep the Complainant's identity and mailing address confidential.
2. Process for Handling Complaints
 - a. All complaints should be submitted to MEAC in writing via email (info@meacschools.org) or via the online complaint form at <https://www.meacschools.org/about-meac/>. *Note-MEAC is in the process of creating a new website so this web address will likely change.*

- b. MEAC permits complaints to be filed in more than one method. Complaints may be submitted by email or electronic form.
- c. MEAC provides plain language assistance to complainants regarding the relevance of the complaint to MEAC's standards or procedures by giving a clear definition of a complaint as a written notification to MEAC by any person or entity that sets forth reasonable and credible information that (1) an accredited institution; (2) an institution applying for accreditation; or (3) the MEAC evaluators, MEAC Board Members, or MEAC staff, are not in compliance with one or more of MEAC's accreditation standards or MEAC Policies and Procedures. Complainants are also informed that complaints will be accepted provided they include a statement clearly identifying the submitted materials as a written complaint, and
 - (i) identification of the institution, program, MEAC evaluators, MEAC Board Members, or MEAC staff against which the complaint is being filed, and
 - (ii) a concise statement of the specific activities or conduct that constitute the basis of the complaint, and
 - (iii) a description of the steps already taken to resolve the problem, and
 - (iv) the name and contact information for the person making the complaint or a statement indicating the complaint is being made anonymously. If the complaint is being made anonymously, MEAC still requires a mailing address so that requests for additional information can be made. Every effort will be made to keep the Complainant's identity and mailing address confidential.
- d. The Executive Committee will review the complaint with due diligence appropriate to the nature and substance of the allegations and may request additional information from the complainant,
- e. The complainant will be notified, in writing, within thirty (30) calendar days of the close of the following MEAC Board meeting, as to the findings and actions taken and formalized in the MEAC Board meeting minutes.
- f. Under such circumstances where the complaint is against the MEAC Board or Executive Committee itself, an ad hoc committee of outside members will be appointed to independently review and evaluate a complaint and to submit a report for subsequent review of the Board. The ad hoc committee members will be independently appointed by members of Midwives Alliance of North America, Citizens for Midwifery, North American Registry of Midwives, and National Association of Certified Professional Midwives. The independent ad hoc committee has and uses its authority to make the following decisions: to remand the issue to the MEAC Board for further internal consideration, to require MEAC to conduct a formal investigation with public notification of the outcome, or equivalent action. In any decision, the independent ad hoc committee must identify specific issues that the Board is to address. The independent ad hoc committee does not have the authority to directly change MEAC's standards, criteria, or policies and procedures nor to remove or appoint any MEAC Board of Directors or staff.
- g. The independent ad hoc committee will simultaneously notify the MEAC Board and the complainant of the outcome of their review.

- h. In a decision that is to be implemented by or remanded to the Board, the Board must act in a manner consistent with the independent ad hoc committee's decisions or instructions.

F. Accreditation Records, Publications, and Notification Responsibilities

1. Types of documents that must be submitted to USDE:

MEAC will fulfill its obligations to ensure appropriate documentation, records and reports of its financial and accreditation activities by maintaining the following documents and submitting them to the Secretary of the U.S. Department of Education (USDE) and to the public upon request:

- a. A copy of any annual report MEAC prepares.
 - b. A list, updated annually, of MEAC's accredited and preaccredited institutions and programs.
 - c. Notice of final accrediting actions with respect to accredited institutions/programs.
 - d. When requested by the Secretary, a summary of MEAC's major accrediting activities during the previous year.
 - e. Any proposed change in MEAC's policies, procedures, or accreditation or preaccreditation standards that might alter MEAC's scope of recognition or compliance with the criteria for recognition.
 - f. The name of any institution/program accredited by MEAC that MEAC has reason to believe is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, and the reason for MEAC's concern. This includes institutions that MEAC has found to be out of compliance regarding the assignment of credit hours per the requirements of 34 CFR 602.24(f).
 - g. Information, when requested by the Secretary, regarding an accredited/preaccredited institution's Title IV, HEA program responsibilities and eligibility.
 - (i) MEAC conducts a review, on a case-by-case basis, of the circumstances surrounding contact with the Department of Education, and the need for the confidentiality of that contact when deciding whether or not to notify an institution when MEAC has provided information or materials to or otherwise has had contact with the U.S. Department of Education relating to potential malfeasance and/or an institution's eligibility for participation in FSA Title IV programs or compliance with the terms of such programs. Notwithstanding the foregoing, MEAC treats a contact or request from the U.S. Department of Education for information concerning an institution as being confidential, upon the specific request of the Department.
 - h. MEAC will monitor the headcount enrollment of each institution it has accredited that offers distance education. If any such institution has experienced an increase in headcount enrollment of 50% or more within one institutional fiscal year, MEAC will report that information to the USDE within 30 days of acquiring such data.
 - i. MEAC will review and evaluate the reliability and accuracy of each institution's assignment of credit hours. If, following the institutional review process, MEAC finds systematic noncompliance with MEAC's standards for awarding credits, or significant noncompliance regarding one or more programs at the institution, MEAC will promptly notify the Secretary.
2. In the event that MEAC contacts the USDE for reasons outlined in II.F.1.d. or II.F.1.f. above, then MEAC must provide for a case by case review of the circumstances, and for the confidentiality of that contact. If USDE specifically requests it, MEAC must consider the contact to be confidential.

3. Accreditation decisions requiring written notice to USDE, relevant state and accrediting agencies, and the public. MEAC will provide written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than thirty (30) calendar days after it makes the decision:
 - a. A decision by MEAC to award initial accreditation/preaccreditation to an institution/program.
 - b. A decision to renew an institution's/program's accreditation/preaccreditation.
4. Actions requiring notice to USDE, appropriate state and accrediting agencies: MEAC will provide written notice of the following types of decisions to the USDE, the relevant state licensing/authorizing agency, and the relevant accrediting agencies at the same time it notifies the institution/program of the decision, but no later than 30 days after it reaches any of the following decisions:
 - a. A decision to place an institution/program on probation or an equivalent status
 - b. A decision to issue a show cause order, to place a school on heightened monitoring, or to require a focused review/special evaluation.
 - c. Any initial and any final decision to deny, withdraw, suspend, revoke, or terminate the accreditation/preaccreditation of an institution/program.
 - d. Any initial and any final decision to take any other adverse action, as defined by MEAC, not listed in 4b above.
5. MEAC will provide written notice to the public of the actions listed in II.F.4 within twenty-four (24) hours of its notice to the institution/program.
6. Notice to USDE, relevant state licensing/authorizing and accrediting agencies and the public if an institution voluntarily relinquishes or lapses accreditation. MEAC will notify the USDE (DAPIP), the relevant state licensing/authorizing agency (email), accrediting agencies (email), and the public (MEAC's website) if an accredited/preaccredited institution/program:
 - a. Decides to voluntarily relinquish or withdraw from accreditation/preaccreditation, within ten (10) business days of receiving notification from the institution/program that it is withdrawing voluntarily from accreditation/preaccreditation, or
 - b. Lets its accreditation/preaccreditation lapse, within ten (10) business days of the date on which accreditation/preaccreditation lapses.
7. Summary of findings to USDE, appropriate state licensing/authorizing agency and the public after an adverse decision:
 - a. For any decision to place an institution or program on probation, deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or a program, MEAC will make available to the USDE, the appropriate state licensing/authorizing agency, and the public, no later than sixty (60) calendar days after the decision, a brief statement summarizing the reasons for the its decision and the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment.
8. Sharing information with other appropriate agencies:
 - a. Upon request, MEAC will share with other appropriate recognized accrediting agencies and State agencies information about the accreditation/preaccreditation status of an institution/program and

any adverse actions it has taken against an accredited/preaccredited institution/program. The requested information will be shared as soon as practicable, but in no event more than 10 business days following receipt of the request. The information provided will clearly identify the action taken and provide a summary of the reasons for it.

9. Providing opportunities for third party comment:
 - a. MEAC publishes notices of the institutions/programs under review for initial or renewal of accreditation on its website and encourages interested parties to submit written comments pertaining to such review. MEAC also solicits comments from third parties, such as governmental or quasi-governmental entities, U.S. federal and state educational agencies, other accrediting or licensing organizations. MEAC may also solicit comments from education-focused media, industry groups, and other relevant parties. Comments may be submitted via MEAC's website or email.
 - b. MEAC requires that public and third-party comments be submitted at least 30 days prior to the scheduled meeting of the MEAC Board of Directors at which the institution's/program's application for accreditation or reaccreditation is to be evaluated. This timeframe allows for a reasonable period for MEAC to share the comment with the institution/program and for the institution/program to respond to the same. Comments received by the deadline will be provided to the MEAC Board, together with such additional information relating to the comment as MEAC may have gathered. To the extent that the MEAC Board believes that the comment raises a serious and credible concern with respect to the institution's/program's compliance with MEAC accreditation standards which are not addressed by the institution's/program's Self-Evaluation Report, the Site Visit Report, and the institution's/program's response to the Site Visit Report, the MEAC Board will determine whether the issuance of a deferral notice or a show cause directive is appropriate.
 - c. Any information received from the public is provided to the institution/program for review and response by a date set by the MEAC Board. A copy of the public comment and the institution's/program's response to the same, if any, are included in the record to be reviewed by the MEAC Board. Information received from government agencies or departments is treated in the same way as information obtained from nongovernmental sources unless the agency or department provides the information to MEAC with express requirements of confidentiality.
10. Notification of proposed changes in administrative policies and procedures to institutions/programs:
 - a. MEAC will notify all institutions/programs, whether accredited or in process of accreditation, of proposed changes in administrative policies and procedures that would affect the institutions'/programs' ability to comply with MEAC standards. New policies and procedures will be implemented on the date established by the Board at the time they are approved.
11. Public notice of proposed new or revised standards or criteria
 - a. MEAC will provide advance public notice of proposed new or revised standards or criteria, giving interested parties, including institutions/programs, adequate opportunity to comment on proposed changes prior to their adoption.
 - (i) The MEAC Board of Directors, after considering written comments and oral presentations, will take action on proposed accreditation standards to adopt without changes, to adopt with

changes or modifications, to defer action until further study and consideration is given, or to reject the proposed standards outright.

- (ii) When any new standards are adopted, the Board will set the date they will become effective, providing a reasonable time for compliance by accredited/preaccredited institutions/programs.

12. MEAC maintains and makes publicly available the following written materials:
 - a. Each type of accreditation/preaccreditation granted by the agency
 - b. Its procedures for applying for accreditation/preaccreditation
 - c. The criteria and procedures used by the agency for determining whether to grant, reaffirm, reinstate, deny, restrict, revoke, place an institution or program on probation, or take any other action related to each type of accreditation/ preaccreditation that the agency grants
 - d. The names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the agency's policy and decision-making bodies as well as the agency's principal administrative staff
 - e. The institutions/programs that the agency currently accredits or preaccredits, the dates of the current grant of preaccreditation/accreditation, the date when the agency will review or reconsider the accreditation/preaccreditation of each institution/program, a listing and status of all benchmarks found to be noncompliant, and the dates for all compliance reporting due.
13. MEAC provides for the public correction of incorrect or misleading information released by an accredited/preaccredited institution/program about:
 - a. The accreditation or preaccreditation status of an institution/program
 - b. The contents of reports of on-site reviewers
 - c. The agency's accrediting
14. MEAC maintains complete and accurate records of all decisions made throughout a program's or institution's affiliation with MEAC regarding the accreditation and preaccreditation of that institution or program in accordance with its Record Retention Policy including but not limited to:
 - a. Preaccreditation or accreditation determinations and substantive change decisions, including all correspondence that is significantly related to those decisions.
 - b. Institution's/program's most recent SER
 - c. Site visit reports
 - d. Institution/program responses to site visit reports
 - e. Annual reports
 - f. Monitoring and Compliance reports
 - g. Any written complaint records since last accreditation review
 - h. Special reviews and reports
 - i. Information related to the institution's Title IV responsibilities and eligibility, including record of compliance based on most recent student loan default rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to MEAC.

15. MEAC maintains records of the following administrative activities:
 - a. Copy of minutes of all MEAC Board meetings, including proposals and decisions in MEAC's policies, procedures or accreditation standards in accordance with its Records Retention Policy.
 - b. Documents related to approval of continuing education programs in accordance with its Records Retention Policy.
 - c. Correspondence with state regulatory agencies in accordance with its Records Retention Policy.
 - d. MEAC's directory of accredited and preaccredited institutions and programs.

III. Accreditation Activities

A. Scope of Accreditation Activities

1. US Department of Education Scope of Recognition
 - a. "The accreditation and preaccreditation throughout the United States of direct-entry midwifery educational institutions and programs conferring degrees and certificates, including the accreditation of such programs offered via distance education."
2. Geographic Scope of Accreditation Activities
 - a. MEAC accredits and preaccredits midwifery institutions and programs that operate, primarily or in full, within the United States of America.
 - (i) United States of America means a State of the Union, the Commonwealth of Puerto Rico, the District of Columbia, Guam, the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau. The latter three are known as the Freely Associated States.
3. Accreditation and Preaccreditation
 - a. MEAC offers both accreditation and preaccreditation
 - (i) Accreditation applies to those institutions and programs that have completed an initial or reaccreditation process, and the Board of Directors has determined them to be in compliance with MEAC standards as described in III.B and III.C.
 - (ii) Preaccreditation applies to those institutions/programs that are progressing towards initial accreditation and that the Board of Directors has determined appear likely to achieve accreditation within one year after gaining preaccreditation status. The duration of preaccreditation status may be extended by vote of the Board. Preaccreditation does not signify that an applicant institution/program is accredited, nor is it a guarantee of eventual accreditation.
4. Institutional and Programmatic Accreditation
 - a. MEAC offers both institutional and programmatic accreditation.
 - (i) Institutional accreditation refers to the review and approval of an entire institution, including all of its financial and management aspects. MEAC institutional accreditation is limited to independent or freestanding educational entities that primarily provide midwifery education.
 - (a) If the institution also offers other educational programs beyond the scope of midwifery expertise, the institution must be accredited by another agency recognized by the USDE and the midwifery educational program can then apply for MEAC programmatic accreditation.
 - (ii) Programmatic accreditation refers to the review and approval of a midwifery program that legally functions as part of an accredited institution with a scope larger than midwifery. In order to apply for programmatic accreditation, the program must be housed within an institution already accredited by an agency recognized by the USDE.

- (iii) MEAC will not accredit or preaccredit an institution comprising fewer than all of the programs, branch campuses, and locations of an institution as certified for title IV participation by the Secretary, except with notice to and permission from the Secretary.
- 5. Types of Certificates and Degrees Covered
 - a. MEAC accredits and preaccredits institutions and programs of midwifery leading to non-degree certificates and diplomas.
 - b. MEAC also accredits and preaccredits institutions and programs of midwifery leading to degrees including associate, baccalaureate, masters, and doctoral degrees. MEAC applies an additional set of Standards and criteria to institutions and programs under this category.
- 6. Distance Education
 - a. MEAC accredits and preaccredits institutions and programs of midwifery using distance education components. MEAC applies an additional set of Standards and criteria to institutions and programs under this category.
- 7. Title IV Federal Financial Aid
 - a. MEAC serves as a link for institutions with eligible programs to access Title IV federal financial aid programs. Institutions seeking access to Title IV for their programs through MEAC Accreditation must meet USDE eligibility criteria and must fall within MEAC's scope of USDE recognition. MEAC applies an additional set of Standards and criteria to institutions under this category.
- 8. Changes to MEAC's Scope of Accreditation Activities
 - a. Any changes that would change or otherwise expand MEAC's USDE scope of recognition must be approved by written application submitted to the USDE prior to implementation, as per 34 CFR 602.31(b).
 - b. Institutions or programs seeking to include within their MEAC grant of accreditation a program that is outside the scope of MEAC's USDE recognition may petition MEAC to seek an expansion of its USDE scope of recognition.
- 9. Accreditation Activities Outside of MEAC's Scope of Recognition
 - a. MEAC may consider accreditation of a program that would otherwise fall outside of the agency's approved USDE scope of recognition. Doing so will generally be limited to an abbreviated period of time and for the primary purpose of exploring an expansion of MEAC's scope of recognition. Consideration of accreditation outside of MEAC's scope of recognition will not be made without prior strategic planning, MEAC Board approval, stakeholder feedback, and communication with the USDE.
 - b. Accreditation outside of the scope of recognition must still fall within a midwifery focus, must still demonstrate compliance with all applicable Standards and Benchmarks, and cannot be used to establish Title IV eligibility.

B. Standards for MEAC Accreditation

- 1. U.S. Department of Education Requirements: Standards, evaluation criteria, policies and procedures established by MEAC for the accreditation of institutions/programs will address the requirements of the USDE, including but not limited to:

- a. Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, state licensing examination, and job placement rates.
 - b. Curricula
 - c. Faculty
 - d. Facilities, equipment, supplies and other resources
 - e. Fiscal and administrative capacity
 - f. Student support services
 - g. Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising (student affairs)
 - h. Measures of program length and the objectives of the degrees or credentials offered
 - i. Record of student complaints
 - j. Record of compliance with the institution's program responsibilities under Title IV of the Higher Education Act
2. Nationally-Accepted Criteria for Midwifery Education
- a. Standards, evaluation criteria, policies and procedures established by MEAC for the accreditation of institutions/programs will be based on the internationally accepted criteria developed by the International Confederation of Midwives and the nationally accepted criteria developed by the North American Registry of Midwives, upon which such agencies as educators, educational institutions, licensing bodies, professional organizations and employers in the profession of midwifery rely.
3. Standards for Degree-Granting Institutions and Programs
- a. Standards, evaluation criteria, policies and procedures established by MEAC for the accreditation of degree-granting institutions and programs will take into account generally accepted standards in higher education.
4. Systematic Review of Standards
- MEAC maintains a systematic program of review to determine if its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of its students.
- a. This program of review is comprehensive, occurs at regular, yet reasonable intervals or on an ongoing basis, examines each of MEAC's standards and the standards as a whole, and involves all the agency's relevant constituencies in the review.
 - b. All of MEAC's relevant constituencies, including but not limited to representatives of midwifery professional organizations and certifying bodies, school directors and faculty, students and graduates, will be given meaningful opportunities to provide input for the review.
 - c. If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time.
 - d. MEAC will provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes to its standards that the agency proposes to make, and provide reasonable time for comment.

5. Changing the Standards

As a result of its systematic program of review, or upon receiving pertinent recommendations, the MEAC Board of Directors (Hereafter, "MEAC") will adopt necessary changes to its standards, evaluation criteria, and policies and procedures to ensure that they provide a valid measure and consistent basis for determining the educational quality of different institutions/programs. The term "changes" includes both revisions to the wording of existing standards as well as to the creation of entirely new standards).

- a. If MEAC determines that it needs to make changes to its standards, MEAC will initiate action within 12 months to make the changes and will complete that action within a reasonable period of time (normally within two years).
- b. In advance of being approved by MEAC, proposed changes to MEAC's standards and/or evaluation criteria that would affect institutions'/programs' ability to comply with MEAC standards will be sent with a call for comment to all affected parties including all of MEAC's relevant constituencies, to the general public, and to other parties who have made their interest known to MEAC. MEAC will provide a reasonable time for comment within an established time frame (usually 30 days). A notice will be posted on MEAC's website to allow the general public to review and comment on the proposed changes. MEAC encourages all internal and external communities of interest, including those that have made their interest known, to comment on any proposed changes.
- c. MEAC will also submit to the Secretary of the U.S. Department of Education any proposed changes in MEAC's policies and procedures, or accreditation standards that might alter the agency's scope of recognition or compliance with the requirements of the USDE.
- d. After considering all comments that have been received within the designated time frame, MEAC will act on the proposed changes to either approve, modify, reject, or defer action until further study and consideration is given.
- e. When changes to standards are approved, all affected institutions/programs will be notified of these changes in writing. The effective date will be determined by the Board and published with the notification. Affected institutions/programs will be allowed a reasonable period of time within which to create plans and come into compliance with the changes.
- f. If exigent circumstances exist that necessitate a material change to MEAC accreditation standards or procedures to become final and effective immediately, MEAC will publish the change in final form without regard to the notice and comment procedures stated in II.B.5. b). Interested parties will be provided an opportunity to comment on the change as soon as practicable after publication. Examples of exigent changes which might require such immediate action include, but are not limited to: (a) immediate changes to MEAC policies, procedures and standards required by other accrediting organizations; (b) legal or regulatory changes with effective dates that do not support the standard comment period; and (c) external causes (such as pandemics, infrastructure/communication issues, or domestic/international conflicts).
- g. Non-substantive changes to MEAC's standards, policies and procedures may be adopted by MEAC without a notice or comment period. However, they will be published by MEAC in accordance with II.B.5.e). Non-substantive changes include, by way of example, changes which are intended (i) to clarify

and/or provide greater detail with respect to existing provisions, (ii) to improve readability, (iii) to conform terminology, and (iv) to update names, addresses and administrative information.

C. Basic Requirements for Accreditation

1. MEAC Standards and Criteria
 - a. MEAC will only preaccredit/accredit institutions/programs that meet the standards established by MEAC, using criteria for evaluating compliance.
 - b. MEAC will only preaccredit/accredit institutions/programs that have reviewed MEAC's accreditation policies and procedures, and adhere to such policies and procedures in good faith. The educational institution/program maintains and demonstrates clearly specified educational goals consistent with its mission and appropriate in light of the degrees or certificates it awards.
2. Legal authority under applicable local, state, and federal law
 - a. MEAC will only preaccredit/accredit institutions/programs that are legally authorized under applicable local, state, and federal law to provide a program of education beyond the secondary level. Prior to a decision to grant or renew accreditation or preaccreditation each institution/program will be required to submit evidence of its authority to provide the program of education beyond the secondary level. Proper state authorization in an institution's state of domicile is a prerequisite for MEAC accreditation and is required to maintain accredited status. Accordingly, should an institution/program lose its state licensure in its state of domicile for any reason while applying for initial or renewal of accreditation or reaccreditation, that process is automatically terminated. MEAC accreditation or preaccreditation of an institution/program is also automatically withdrawn as of the date of the loss of state licensure. Such a withdrawal of accreditation may be appealed by an institution/program pursuant to the procedures set forth in Section III.L.
3. Standing with other state agencies and accrediting agencies
 - a. All institutions/programs seeking preaccreditation/accreditation must supply MEAC with a list of other accreditors and agencies that have authority to regulate the program and these agencies will be notified of the status of the institution/program as regards MEAC.
4. Prospective Applicant and Renewal of Accreditation Training Requirements
 - a. All institutions and programs applying for initial accreditation must complete a MEAC Prospective Applicant Accreditation Training before MEAC accepts the application. This training is offered in four parts: 1) a self-study, 2) a webinar on best practices, 3) a readiness assessment, and 4) a meeting with the MEAC Director of Accreditation to set a date for applying. Additional training may be provided, as available.
 - b. All institutions and programs applying for reaccreditation must complete a training session with the Director of Accreditation to review any changes to the MEAC standards, accreditation process, and accreditation forms before MEAC will accept a Part I Application.
5. If, at any point in its evaluation of an institution/program seeking initial accreditation, agency staff determines that the institution/program fails to demonstrate compliance with these basic requirements for accreditation, or that falls outside the scope of MEAC's accreditation activities, the staff will:
 - a. Return the institution/program's application and provide an explanation of the deficiencies that caused staff to take that action; and

- b. Recommend that the institution/program withdraw its application and reapply when the institution/program can demonstrate compliance.

D. Accreditation Process for Determining Compliance with MEAC Standards

1. General guidelines for the accreditation process
 - a. MEAC consistently applies and enforces standards that respect the stated mission of the institution of higher education, including religious missions, and that ensure that the courses and programs of instruction, training, or study offered by the institution of higher education, including distance education or or programs, are of sufficient quality to achieve, for the duration of the accreditation period, the stated objective for which the courses or the programs are offered.
 - b. All institutions/programs that apply to MEAC for accreditation/preaccreditation are systematically reviewed to determine if they are in compliance with MEAC's standards. This includes the following:
 - (i) An in-depth self-study that includes the assessment of educational quality and the institution/program's continuing efforts to improve educational quality.
 - (ii) An on-site review to verify information provided in the self-study.
 - (a) On-site reviews are not conducted prior to preaccreditation. Site visits are scheduled twelve to sixteen weeks following the grant of preaccreditation.
 - (iii) Responses by the institution/program to requests for additional information and the site visit report.
 - c. Standardized evaluation processes and tools are used to ensure that the criteria are applied consistently to all institutions/programs.
 - d. No school may declare their intention to become MEAC accredited or claim to have submitted an application for accreditation until MEAC has approved the Part 1 Preliminary Application. When a school has submitted the Part 1 Preliminary Application AND that application has been approved by MEAC, the school will be informed that they can use the following statement on their website, catalog and other marketing materials. "Our preliminary application for accreditation by MEAC was accepted on (date). The accreditation process generally takes two years or more from this date to complete successfully. If we are approved, only students enrolled at the time accreditation is approved and those enrolling after that date will be considered to have graduated from a MEAC-accredited program. Accreditation is not retroactive. For further information, contact MEAC at 360-466-2080, info@meacschools.org or through their website www.meacschools.org"
 - e. As accreditation is a voluntary process, institutions/programs may voluntarily withdraw an application for accreditation/preaccreditation at any point in the process by submitting a written statement of withdrawal. Withdrawal of an application for renewal of accreditation by an institution/program that is already MEAC accredited may jeopardize continual accreditation beyond any current grant of accreditation.
2. Specific guidelines for schools with a religious mission
 - a. MEAC will apply and enforce standards that respect the stated mission of the institution of higher education, including religious mission.

- b. Religious mission is defined by the US Department of Education as “a published institutional mission that is approved by the governing body of an institution of postsecondary education and that includes, refers to, or is predicated upon religious tenets, beliefs, or teachings.”
 - c. MEAC will not use as a negative factor the institution’s religious mission-based policies, decisions, or practices in the following areas when making accreditation decisions: curriculum; faculty; facilities, equipment and supplies; student support services; recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.
 - d. MEAC will require that the institution/program’s curriculum include all core components required as listed in the Curriculum Checklist of Essential Competencies Worksheet.
 - e. Schools with a religious mission must undergo the full accreditation process, including Self Evaluation Report and peer-review for all applicable Standards and Benchmarks, including those that might seemingly conflict with the school’s religious mission. Any Benchmark found Not Met as a result of the institution’s religious mission-based policies, decisions, and practices will be exempted from accreditation decisions under III.E and III.F as well as from actions to address non-compliance under III.J and adverse actions under III.K.
3. Overall timeframe and extensions for the accreditation process
- a. The accreditation process will follow an established timeline. For more information see MEAC Accreditation Handbook Section D: The Accreditation Process.
 - b. On one occasion during this process, the institution/program may request a thirty-day extension on any deadline, accompanied by a fee. The Director of Accreditation will notify the institution/program and the ARC of the new timeline, and note it in the file. If the request is denied the fee is returned minus the processing fee.
 - c. The published timeline may be adjusted depending on the complexity of the institution/program, quality of the materials submitted, cooperation of the institution/program in submitting complete materials, volunteer availability, and extensions. MEAC staff will update the timeline accordingly and will notify the institution/program when there is a significant increase or decrease in any times previously stated.
4. Other accreditation-related processes
- a. All institutions/programs that apply to MEAC for a substantive change and that submit required annual, monitoring and compliance reports are systematically reviewed to determine if they are in compliance with MEAC’s standards.
 - b. Standardized evaluation processes and tools are used to ensure that the criteria are applied consistently to all institutions/programs.
 - c. Review of other accreditation-related processes will follow established timelines.

E. Decision-Making Regarding Preaccreditation

- 1. General guidelines for preaccreditation decision-making
 - a. All decisions regarding preaccreditation status are based on published standards, criteria, and policies and procedures.
 - b. The Accreditation Review Committee (ARC) will review the applicant’s initial Self Evaluation Report (SER) and, if applicable, Materials and Information Request (MIR) materials. The Director of

Accreditation prepares a report with a recommendation to the Board of Directors to grant or deny preaccreditation status.

2. Actions and decisions which may be made regarding preaccreditation

a. Granting preaccreditation status

- (i) The MEAC Board of Directors grants preaccreditation status to applicant institutions/programs that :
 - (a) Can demonstrate current compliance (score of Met-2 or above on all preaccreditation benchmarks) with the 2025 Standards Benchmarks I.A1, I.B1, II.A3, II.A5, II.B4, II.C1, III.A1, III.A2, III.A3, IV.B IV.C1, and IV.C2; and
 - (b) Demonstrate a likelihood to gain accreditation within one year, as demonstrated by their preliminary application, SER, and MIR materials.
 - (i) To be considered for preaccreditation, schools must submit a complete SER in Weave for ARC review. If the school does not submit a complete SER, they will not be considered for preaccreditation.
- (ii) MEAC will provide written notice of preaccreditation decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public in accordance with II.F.3.
- (iii) If the institution/program is preaccredited, it must print the USDE's definition of preaccreditation in its brochure and catalog. Institutions/programs must include the following as an addendum to the statement described in III.D.1.d:

"We were granted the status of preaccreditation on [date]. Preaccreditation is defined by the US Department of Education as 'the status of public recognition that an accrediting agency grants to an institution/program for a limited period of time that signifies that the agency has determined that the institution/program is progressing towards accreditation and is likely to attain accreditation before the expiration of that limited period of time.' MEAC preaccreditation status is normally limited to one year and does not signify that an applicant institution/program is accredited, nor is it a guarantee of eventual accreditation."
- (iv) If preaccreditation status is granted, the initial accreditation process will continue as published.

b. Denying preaccreditation

- (i) An institution's/program's application for preaccreditation will be denied if the applicant institution/program is unable to demonstrate current compliance with the subset of benchmarks listed in 1.a above, or if MEAC believes that the institution/program does not appear likely to achieve accreditation within a specified time period, as demonstrated by their preliminary application, SER, and MIR materials.
- (ii) MEAC will provide written notice of denial of preaccreditation to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public in accordance with II.F.34.

- (iii) MEAC will send a denial of preaccreditation status letter to the institution/program, including reasons for denial, procedures for appeal, timelines and applicable fees, should the institution/program decide to appeal.
 - (iv) An institution/program has the right to appeal the decision under the rules of the appeal process (see III.L Due Process and Appealing MEAC Decisions and MEAC Accreditation Handbook Section E: Fees).
 - (v) An institution/program denied preaccreditation may not reapply for initial accreditation until a period of one year has elapsed since MEAC's final decision. The applicant institution/program will be treated procedurally and substantively as if it is a new applicant for initial accreditation.
 - (vi) An institution/program that has been denied preaccreditation must disclose this final decision within seven (7) business days of notification to all current and prospective students. Proof of disclosure must be submitted with MEAC.
3. Regard for decisions of states and other accrediting agencies
- a. MEAC will not grant preaccreditation to an institution/program during the period in which the institution/program:
 - (i) Is the subject of a pending or final action brought by a state agency to suspend, revoke, withdraw, or terminate the institution/program's legal authority to provide postsecondary education in the state;
 - (ii) Is the subject of a decision by a recognized accreditation agency, other than MEAC, to deny accreditation or preaccreditation;
 - (iii) Is the subject of a pending or final action brought by a recognized accrediting agency, other than MEAC, to suspend, revoke, withdraw, or terminate the institution/program's accreditation or preaccreditation;
 - (iv) Is the subject of probation or an equivalent status imposed by a recognized accrediting agency, other than MEAC.
 - b. In considering whether to grant preaccreditation MEAC takes into account actions by:
 - (i) Recognized institutional accrediting agencies that have denied accreditation to the institution, placed it on public probationary status, or revoked status
 - (ii) State agencies that have suspended, revoked or terminated the institution's legal authority to provide post-secondary education
 - c. When MEAC grants preaccreditation to an institution/program notwithstanding any of the circumstances listed in (a), above, it will provide the Secretary of the Department of Education, and other involved accrediting and state agencies with an explanation of the reasons for its actions within thirty (30) calendar days including a thorough and reasonable explanation consistent with MEAC's accreditation standards, why the action of the other body does not preclude MEAC's grant of accreditation or preaccreditation.
 - d. If MEAC learns that in institution/program that MEAC has preaccredited is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, then MEAC will promptly review its preaccreditation of the

institution/program to determine whether it will take adverse action, place the institution/program on probation, or issue a show cause directive.

- e. If a review of a Member School is warranted as a result of another agency's action or decision, the MEAC Board of Directors will appoint a review committee which will:
 - (i) Solicit an explanation from the agency with details of the action taken and the basis for the action.
 - (ii) Review the agency's action and basis for the action in comparison against MEAC Standards and policies and procedures to determine if the institution/program is also in violation or noncompliance with MEAC.
 - (iii) Recommend to the MEAC Board of Directors whether the institution/program should be subjected to MEAC's policies for addressing non-compliance with standards and adverse action.

4. Required Teach-Out Plans

- a. Institutions/programs must have an approved provisional teach-out plan on file with MEAC prior to being awarded preaccreditation status (see III.N Institution/Program Closure, Teach-out Plans, and Teach-out Agreements).
- b. The provisional teach-out plan must ensure that students completing the teach-out would meet curricular requirements for professional licensure or certification, and must include a list of academic programs offered by the institution and the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the program.

5. Withdrawal of Application for Accreditation and Relinquishment of Preaccreditation Status

- a. Preaccredited institutions/programs may voluntarily withdraw their application for initial accreditation.
- b. Upon withdrawal, the institution/program's preaccreditation status will end.
- c. An institution/program that has relinquished preaccreditation may not reapply for accreditation until a period of one year has elapsed. If the applicant institution/program chooses to reapply for initial accreditation after withdrawal, the applicant institution/program will be treated procedurally and substantively as if it is a new applicant for initial accreditation.

6. Time Limit for Preaccreditation Status

- a. The duration of preaccreditation status is one year from the time it is granted; however, an extension may be approved by Board vote in situations where an extension of preaccreditation status is needed to complete a program calendar, fiscal year audit, or other reporting cycle needed to demonstrate compliance with MEAC Standards. The duration of preaccreditation status, including any approved extensions, is not to exceed two years.
- b. Institutions/programs that are granted preaccreditation will proceed with the site visit. An initial ARC Report will be provided following the site visit. Institutions/programs must respond to the report with plans for making corrections and improvements in any area where there are concerns of noncompliance and/or weakness. The one-year period of preaccreditation is to be used to implement these improvements and submit a final response to the ARC Report no later than three (3) months prior to expiration of preaccreditation. The Board will make the initial accreditation decision based on all materials submitted, including documentation of improvements made while in preaccreditation.

7. Change from "preaccreditation" to "accreditation"
 - a. For actions and decisions that may be made regarding initial accreditation or renewal of accreditation, see III.F. Decision-making Regarding Accreditation.
 - b. If MEAC should deny initial accreditation to an institution/program that had previously been preaccredited, MEAC will maintain the institution/program's preaccreditation for a reasonable time to complete the activities in its teach-out plan to assist students in transferring or completing their programs, but for no more than 120 days unless approved by MEAC for good cause.
8. Value of a preaccreditation status
 - a. All credits and degrees earned and issued by an institution or program holding preaccreditation from a nationally recognized agency, such as MEAC, are considered by the US Secretary of Education to be from an accredited institution or program as per 34 CFR 602.23 (f)(2).
 - b. The North American Registry of Midwives (NARM) will accept students and graduates of a preaccredited institution/program as eligible for the certifying examination under the MEAC-accreditation eligibility pathway.

F. Decision-Making Regarding Accreditation

1. General guidelines for accreditation decision-making
 - a. All decisions regarding accreditation status are made by the MEAC Board of Directors and are based on published standards, criteria, policies and procedures.
 - b. MEAC takes into account decisions made by other accrediting agencies and state regulatory agencies when making an accreditation decision.
 - c. MEAC takes into account third-party comments when making an accreditation decision. MEAC will provide public notice of all institutions/programs that are being considered for preaccreditation/accreditation and provide an opportunity for written comment by the public concerning the institution/program's qualifications for preaccreditation/accreditation.
 - d. When a decision has been made, institutions/programs will receive a detailed written report that clearly identifies any deficiencies in the institution's or program's compliance with the MEAC's standards.
2. Actions and decisions which may be made regarding initial accreditation or renewal of accreditation:
 - a. Granting initial or renewal of accreditation of the institution/program. An institution or program will be granted accreditation if the following conditions are met:
 1. No benchmarks found Not Met -and-
 2. More than 50% of applicable benchmarks found Met-2 or Met-3.
 - A grant of accreditation is for a six-year period.
 - b. Granting with compliance reporting required; initial or renewal of accreditation of the institution/program. Accreditation with compliance reporting required will be granted if the following conditions are met:
 1. 10% or less of applicable benchmarks found Not Met -and-
 2. 50% or more of applicable benchmarks found Met-2 or Met-3
 - A grant with compliance will be for a six-year period if none of the benchmarks found Not Met are in the probation list below, a five-year period if one of the benchmarks found Not Met is in

the probation list below, or a four-year period if two of the benchmarks found Not Met are in the probation list below.

- Note for initial accreditation- all benchmarks in the probation list must be found met.
 - MEAC will assign Compliance Reports to document that areas of non-compliance have been corrected within a specified time period.
 - MEAC may also require TRAC Reports and Monitoring Reports for reasons, including but not limited to, tracking progress toward compliance and/or verifying continued compliance.
 - See III.J Actions to Address Non-Compliance.
- c. Granting probationary accreditation, renewal of accreditation only. Probationary Accreditation will be granted if the following conditions are met:
1. Up to 25% of applicable benchmarks found Not Met -or-
 2. More than 33% but less than 50% of applicable benchmarks found Met-2 or Met-3 -or-
 3. Benchmarks found Not Met indicate systemic issue/concentrated areas -or-
 4. 75% of benchmarks found Not Met were also noted as Not Met or Met-1 during the most recent comprehensive review -or-
 5. Found Not Met in more than two of the following Benchmarks (renewal of accreditation only):
 - a. 2025 IA1 Mission
 - b. 2025 IB1 Program Goals
 - c. 2025 II.A3 Essential Competencies
 - d. 2025 II.A5 Clinical Skills
 - e. 2025 II.B4 Learning Activities
 - f. 2025 II.C1 Assessment of Learning: Plan
 - g. 2025 III.B1 Faculty Initial Training
 - h. 2025 IV.C1 Clinical Site Sufficiency
 - i. 2025 IV.C3 Community Needs in Clinical Sites
 - j. 2025 VB2 Audit Compliance (Institutional)
 - k. 2025 VB4 Institutional Support for Program (Programmatic)
 - l. 2025 VB5 Financial Responsibility (Institutional)
- A grant of probationary accreditation is for a four-year period.
 - The decision to place a program or institution on probation is not an adverse action and is not subject to appeal.
 - Probationary accreditation still bestows the institution/program with the full rights, benefits, and responsibilities of accreditation while making corrections.
 - The areas of deficiency and/or non-compliance leading to probationary status must be corrected within a specified time period (see III.J Actions to Address Non-Compliance).
 - If the areas of deficiency, and/or non-compliance are corrected in a timely manner, MEAC will remove the probationary status from the grant of accreditation.

- If the areas of deficiency and/or non-compliance are not corrected within the specified time period, MEAC will proceed with withdrawing accreditation, unless MEAC, for good cause, extends the period for corrections.
 - MEAC will notify applicable third parties, regulatory agencies and the public of the Board's decision to place a program/institution on probation (see II.F).
 - Institutions/programs placed on probation are required to disclose this status within seven (7) business days of notification to all current and prospective students.
 - Probationary accreditation will not be granted to institutions/programs that are being considered for initial accreditation.
- d. Denying initial accreditation or renewal of accreditation. An institution's/program's application for an initial or renewal of accreditation will be denied if the following conditions are met:
1. For initial accreditation, any benchmarks found Not Met that are on the probationary list above (III.F.2.c) -or-
 2. For initial accreditation, any of the conditions that would have resulted in probationary accreditation are met -or-
 3. More than 25% of applicable benchmarks are found Not Met -or-
 4. 33% or less of applicable benchmarks found Met-2 or Met-3
- MEAC will send a letter of denial of accreditation to the institution/program, including its reasons for denial, procedures for appeal, timelines, and applicable fees.
 - An institution/program has the right to appeal the decision under the rules of the appeal process (see III.L Due Process and Appealing MEAC Decisions and MEAC Accreditation Handbook Section E: Fees).
 - An institution/program denied accreditation may not re-apply for accreditation until a period of one year has elapsed since MEAC's final decision. The applicant institution/program will be treated procedurally and substantively as if it is a new applicant for accreditation.
 - An institution/program that has been denied accreditation must disclose this final decision within seven (7) business days of notification to all current and prospective students. Proof of disclosure must be submitted with MEAC.
- e. Deferring a decision regarding accreditation until conditions are met. A deferral extends considerations of the institution's/program's application for an initial or renewal grant of accreditation beyond the normal, published comprehensive review process. Deferrals occur when extenuating circumstances exist that prevent the Board from making an informed accreditation decision. This includes, but is not limited to insufficient information. Any deferral will be for a limited period, generally no more than six months.
- (i) The option for deferral may not be used to delay taking adverse action, to deny accreditation, or to supersede MEAC's standardized evaluation tools.
 - (ii) A deferral is not an adverse action and is not subject to appeal.
 - (iii) If a program/institution is accredited by MEAC at the time of the deferral, the period of accreditation will be extended until the end of the deferral period.

- (iv) If accreditation is deferred, MEAC will notify the applicant in a letter detailing the decision of deferral and any conditions including the final time limit within which the applicant must respond.
 - (v) MEAC may require a special site visit and/or an updated Self-Evaluation Report as a condition of making an accreditation decision.
 - (vi) After reviewing the school's response, the ARC will write a final report summarizing the institution's/program's compliance with each standard, strengths, and areas for further improvement. The ARC Report will be forwarded to the Board for a final decision to grant or deny accreditation.
 - A final accrediting action means a final determination by MEAC regarding the accreditation status of an institution/program. With the denial of accreditation or other adverse action, MEAC will make a final decision when the applicant has failed to notify their intent to appeal, or when the appeal process is complete and the Board has considered the findings of the Ad Hoc Appeal Committee (see III.L Due Process and Appealing MEAC decisions). A final accrediting action is not subject to appeal within the agency.
 - MEAC will notify applicable third parties and regulatory agencies and the public of the Board's final decision (see II.F).
3. Retroactive application of an accreditation decision
- a. An institution or program which is granted initial accreditation may opt to have the start of that accreditation period retroactively applied so as to start on the date that preaccreditation was previously awarded.
 - b. An institution or program operating under a continuation and which has their accreditation reaffirmed at the conclusion of the comprehensive review process will have the accreditation period reaffirmed as starting when the continuation decision stated and ending at an appropriate length of time, as per section (2) above.
 - c. Retroactive application of an accreditation decision may not predate an earlier denial by MEAC of preaccreditation or accreditation to the institution/program.
4. Regard for decisions of states and other accrediting agencies
- a. MEAC will not grant initial or renewed accreditation to an institution/program during the period in which the institution/program:
 - (vii) Is the subject of a pending or final action brought by a state agency to suspend, revoke, withdraw, or terminate the institution/program's legal authority to provide postsecondary education in the state;
 - (viii) Is the subject of a decision by a recognized accreditation agency, other than MEAC, to deny accreditation or preaccreditation;
 - (ix) Is the subject of a pending or final action brought by a recognized accrediting agency, other than MEAC, to suspend, revoke, withdraw, or terminate the institution/program's accreditation or preaccreditation;
 - (x) Is the subject of probation or an equivalent status imposed by a recognized accrediting agency, other than MEAC.

- f. In considering whether to grant initial or renewal of accreditation MEAC takes into account actions by:
 - (i) Recognized institutional accrediting agencies that have denied accreditation to the institution, placed it on public probationary status, or revoked status
 - (ii) State agencies that have suspended, revoked or terminated the institution's legal authority to provide post-secondary education
 - g. When MEAC grants accreditation to an institution/program notwithstanding any of the circumstances listed in (a), above, it will provide the Secretary of the Department of Education, and other involved accrediting and state agencies with an explanation of the reasons for its actions within thirty (30) calendar days including a thorough and reasonable explanation consistent with MEAC's accreditation standards, why the action of the other body does not preclude MEAC's grant of accreditation or preaccreditation.
 - h. If MEAC learns that in institution/program that MEAC has accredited is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, then MEAC will promptly review its accreditation of the institution/program to determine whether it will take adverse action, place the institution/program on probation, or issue a show cause directive.
 - i. If a review of a Member School is warranted as a result of another agency's action or decision, the MEAC Board of Directors will appoint a review committee which will within 10 business days following receipt of the other agency's action or decision, appoint a review committee which will, within 20 business days:
 - (i) Solicit an explanation from the agency with details of the action taken and the basis for the action
 - (ii) Review the agency's action and basis for the action in comparison against MEAC Standards and policies and procedures to determine if the institution/program is also in violation or noncompliance with MEAC
 - (iii) Recommend to the MEAC Board of Directors whether the institution/program should be subjected to MEAC's policies for addressing non-compliance with standards and adverse action.
5. Other matters
- a. The Board may, at its discretion, consolidate two or more actions involving the same school or affiliated schools that are pending before the Board.

G. Maintaining Accreditation Status

- 1. Submission and MEAC review of all required reports and complaints to monitor continued compliance with standards and policies.
 - a. Annual Reports
 - (i) All institutions/programs accredited or preaccredited by MEAC are required to submit an Annual Report. Annual Reports are based on a subset of the MEAC Standards.
 - (ii) All information submitted during the annual reporting process is subject to verification. MEAC will conduct verification for any data that contains identified discrepancies, is suspect, or is otherwise believed to be inaccurate.

- (iii) The Director of Accreditation is responsible for reviewing annual reports, recommending follow-up reporting, and preparing a summary to the Board. The Board reviews, determines further actions, if necessary, and the school is notified.
 - (a) If a school fails to submit an annual report, the school will be put on Show Cause until such time as the annual report is complete.
- b. Timely Review, Advisory, and Consultation (TRAC) Reports
 - (i) TRAC Reports are assigned by the DA or MEAC Board of Directors in circumstances where weaknesses or inadequacies have been identified and require further review to ensure the institution/program is making improvement.
 - (ii) Programs/Institutions may also voluntarily submit a TRAC Report for any Benchmark the program/institution would like formal feedback on.
 - (iii) The Director of Accreditation is responsible for reviewing the report, preparing a summary, and forwarding to the school.
 - (iv) Further actions that may be taken as a result of a TRAC report:
 1. If the school is "on track", no further action is needed.
 2. If the school has gone "off track" or is about to, the report is forwarded to the MEAC Board of Directors for additional action, including further TRAC Reporting or Compliance and Monitoring Reporting.
- c. Monitoring Reports
 - (i) Monitoring Reports are assigned by the Director of Accreditation or MEAC Board of Directors in circumstances where noncompliance with MEAC Standards have been identified and requires further review to ensure the institution/program is making progress toward compliance. These are assigned in tandem with a Compliance Report and function as a monitoring point leading up to the Expected Compliance Date and due date of the Compliance Report.
 - (ii) The Director of Accreditation is responsible for reviewing the report, preparing a summary, and forwarding to the Independent Board Reviewers (IBR). The IBR reviews the report and makes a recommendation to the Board. The Board reviews, determines further actions, if necessary, and the school is notified.
- d. Compliance Reports
 - (i) Compliance Reports are assigned by the Director of Accreditation or MEAC Board of Directors in circumstances where noncompliance with MEAC Standards have been identified.
 - (ii) The Director of Accreditation is responsible for reviewing the report, preparing a summary, and forwarding to the Independent Board Reviewers (IBR). The IBR reviews the report and makes a recommendation to the Board. The Board reviews, determines action taken, if necessary, and the school is notified.
- e. Third Party Reports
 - (i) Third party reports, including public comment, are accepted at any time and may raise questions about an institution's/program's continuing compliance with MEAC Standards and Policies and Procedures.

- (ii) The Director of Accreditation is responsible for forwarding third party reports to reviewers for further analysis and recommendation to the Board. The Board reviews and accepts or determines action taken, if necessary, and the school is notified.
 - f. Complaints
 - (i) Complaints against an institution/program are accepted at any time and may raise questions about an institution's/program's continuing compliance with MEAC Standards and Policies and Procedures.
 - (ii) The Director of Accreditation will implement the complaint process (see III.O).
- 2. Making substantive changes
 - a. Accredited and preaccredited institutions/programs are required to notify MEAC before making substantive changes. Certain changes require prior approval by MEAC (see III.H Approval for Substantive Changes).
- 3. Financial Responsibilities
 - a. Preaccredited and accredited institutions/programs are required to submit annual sustaining fees, fees for reaccreditation, fees for substantive changes, and other miscellaneous fees as detailed in the MEAC Accreditation Handbook, Section E: Fees. All fees, including annual sustaining fees, are paid directly to MEAC and may not be combined with, nor paid out of, fees paid to any related midwifery organization or other agencies or associations.
 - b. Annual sustaining fees will be prorated accordingly for institutions/programs that gain initial accreditation or that have accreditation terminated mid-year.
- 4. Accurate Institution/Program Marketing Materials
 - a. Institutions must accurately describe all programs in its brochure and catalog, differentiating any that are MEAC accredited from those that are not.
 - b. Only institutions/programs that are currently accredited/preaccredited may say in catalogs that accreditation/preaccreditation has been granted by the Midwifery Education Accreditation Council. Institutions/programs that elect to disclose this information must also print the current address and telephone number of MEAC. It is acceptable to print the mission and purpose of MEAC as written in the MEAC Accreditation Handbook. All MEAC accredited or preaccredited institutions must designate their accreditation status on all student transcripts (e.g., "MEAC accredited/preaccredited").
 - c. Advertising or promotion to the public may clarify that MEAC has been recognized by the U.S. Department of Education.
 - d. If printed informational materials need correction, they must be withdrawn from circulation or the required corrections or clarifications must be attached to those materials. The institution/program will publicly correct any errors in the representation of its accreditation status, the contents of reports of site team visitors, and/or MEAC's accrediting actions with respect to the institution/program.
- 5. The institution or program is candid, transparent, and forthcoming in its dealings with MEAC, including:
 - a. Cooperating with all request for information from MEAC
 - b. Promptly notifying MEAC of key personnel changes
 - c. Promptly notifying MEAC of any current or impending changes that might jeopardize the institution/program's compliance with MEAC standards or policies.

6. The institution is candid, transparent, and forthcoming in its dealings with current and prospective students, including:
 - a. Prominently listed on its website and email and telephone number where students, prospective students, and members of the public can speak with a representative of the institution or program.
 - b. A complete listing on its website of the institution or program's administrative staff members, owners, and members of its Board of Directors, as applicable.
7. Active Program Operations
 - a. For programmatic accreditation, the program must remain in active operation with student enrollment in such a way that meets MEAC's Standards, Policies and Procedures
 - b. For institutional accreditation, the institution must have at least one program under the grant of accreditation that remains in active operation with student enrollment in such a way that meets MEAC's Standards, Policies and Procedures
 - c. Any institution or program failing to maintain active program operations will be considered to have voluntarily withdrawn accreditation.
8. Conduct
 - a. The following circumstances will cause the institution or program to be subject to MEAC's policies around show cause, non-compliance, and adverse action.
 - (i) Conduct unbecoming of an accredited institution or program
 - (ii) Failure to fulfill obligations to students
 - (iii) Corporate misconduct
 - (iv) Any owner, director, officer, or key management staff person of an institution or program has:
 - (a) Been convicted or pled nolo contendere or guilty to a crime involving the acquisition, use or expenditure of public funds
 - (b) Been judicially determined to have committed fraud involving their fiduciary responsibilities
 - (c) Been debarred by an accrediting agency and/or state or federal agency
 - (d) Been convicted of medical malpractice and/or had their certification/license to practice revoked

H. Approval for Substantive Changes

1. Scope and Definition. A substantive change is one that may significantly affect an institution's /program's quality, mission, scope, operations including primary methods of delivering programs, or control. Substantive changes are reviewed to ensure that changes in educational offerings, teaching modalities, locations, scope of offerings, and control of the institution/program are or will be made in compliance with MEAC accreditation standards. A substantive change must be approved by the MEAC Board of Directors before the change can be included in the institution's/program's scope of accreditation. Institutions/programs currently operating under a show cause directive may not implement a substantive change unless such change is required to cure an identified deficiency and is approved by the Board. Similar restrictions may be included in deferral notices, as determined on a case-by-case basis. The actions listed below are considered substantive changes that require MEAC approval.
 - a. Any substantial change in the established mission or objectives of the institution/program.

- b. Any change in the legal status, form of control, or ownership of the institution/program.
 - c. The addition of programs that represent a significant departure from the existing offerings or educational programs, or method of delivery, from those that were offered or used when MEAC last evaluated the institution/program.
 - d. The addition of graduate programs by an institution/program that previously offered only undergraduate programs or certificates.
 - e. A change in the way an institution/program measures student progress, including whether the institution measures progress in clock hours or credit-hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods.
 - f. A substantial increase in the number of clock hours or credit hours awarded, or an increase in the level of credential awarded for successful completion of one or more programs.
 - g. The acquisition of any other institution or any program or location of another institution/program.
 - h. The addition of a permanent location at a site at which the institution/program is conducting a teach-out for students of another institution/program that has ceased operating before all students have completed their program of study.
 - i. The addition of a new location or branch campus, except as provided in paragraph 3 of this section. MEAC's review will include assessment of the institution's/program's fiscal and administrative capability to operate the location or branch campus, the regular evaluation of locations, and verification of the following:
 - i. Academic control is clearly identified by the institution/program.
 - ii. The institution/program has adequate faculty, facilities, resources, and academic and student support systems in place.
 - iii. The institution/program is financially stable.
 - iv. The institution/program had engaged in long-range planning for expansion.
 - j. Entering into a written arrangement under 34 CFR 668.5 under which an institution/program or organization not certified to participate in the title IV, HEA programs offers more than 25 percent but less than 50 percent of one or more of the accredited institution's educational programs.
 - a. Note for Title IV Schools: Substantive changes may impact your eligibility for, and/or participation in, Title IV programs through the US Department of Education. It is the responsibility of the school to conduct due diligence to ensure that the substantive change won't jeopardize continued participation in FSA Programs. The US Department of Education may have their own substantive change reporting procedures that will need to be followed in addition to MEAC's.
2. Requirement for prior approval by MEAC of a substantive change:
- a. MEAC requires any institution/program considering a substantive change to submit an application specific to the change at least six months prior to the proposed date of implementation of the substantive change. Unless specific circumstances allow for an expedited review, this is the minimum time that MEAC will need to review and approve the change.
 - b. The substantive change must receive MEAC approval prior to implementation in order to be included in MEAC's grant of accreditation to the institution/program. Failure to receive prior approval may result in adverse action (see III.J.2 and III.K.1).

- c. Exception to (a) and (b) above is made to any institution/program that is not preaccredited, not on probation, and that has not been subject to negative action in the prior three academic years.
- d. Additionally, institutions/programs that have been placed on probation or equivalent status, have been subject to negative action by the agency over the prior three academic years, or are under a provisional certification, as provided in 34 CFR 668.13, must receive prior approval for the following additional changes (all other institutions must report these changes within 30 days to their accrediting agency):
 - (i) A change in an existing program's method of delivery.
 - (ii) An aggregate change of 25 percent or more of the clock hours, credit hours, or content of a program since the agency's most recent accreditation review.
 - (iii) The development of customized pathways or abbreviated or modified courses or programs to
 - (a) Accommodate and recognize a student's existing knowledge, such as knowledge attained through employment or military service; and
 - (b) Close competency gaps between demonstrated prior knowledge or competency and the full requirements of a particular course or program.
 - (iv) Entering into a written arrangement under 34 CFR 668.5 under which an institution or organization not certified to participate in the title IV, HEA programs offers up to 25 percent of one or more of the accredited institution's educational programs.
- e. Institutions/programs that have successfully completed at least one cycle of accreditation and have received agency approval for the addition of at least two additional locations as provided in III.H.1.(h) of this section, and that have not been placed on probation or equivalent status or been subject to a negative action by the agency over the prior three academic years, and that are not under a provisional certification, as provided in 34 CFR 668.13, need not apply for agency approval of subsequent additions of locations, and must report these changes to the accrediting agency within 30 days, if the institution has met criteria established by the agency indicating sufficient capacity to add additional locations without individual prior approvals, including, at a minimum, satisfactory evidence of a system to ensure quality across a distributed enterprise that includes—
 - (i) Clearly identified academic control;
 - (ii) Regular evaluation of the locations;
 - (iii) Adequate faculty, facilities, resources, and academic and student support systems;
 - (iv) Financial stability; and
 - (v) Long-range planning for expansion.
 - (vi) These institutions/programs may implement the following substantive changes without receiving prior approval:
 - (a) A change in an existing program's method of delivery
 - (b) An aggregate change of 25 percent or more of the clock hours, credit hours, or content of a program since MEAC's most recent accreditation review
 - (c) The development of customized pathways or abbreviated or modified courses or programs to:

- (i) Accommodate and recognize a student's existing knowledge, such as knowledge attained through employment or military service
 - (ii) Close competency gaps between demonstrated prior knowledge or competency and the full requirements of a particular course or program
 - (d) Entering into a written arrangement under 34 CFR 668.5 under which an institution or organization not certified to participate in Title IV, HEA programs offers more than 25 but less than 50 percent of the accredited institution's educational programs.
- Failure to report may result in adverse action (see III.J.2 and III.K.1)
3. These substantive changes must be reported to MEAC within thirty (30) calendar days of implementation. Failure to report may result in adverse action (see III.J.2 and III.K.1).
 - a. MEAC must still approve these substantive changes. Approval will specify the effective date on which the change is included in the program's or institution's grant of accreditation. The date of approval may be made retroactive but may not pre-date either an earlier denial of the substantive change or MEAC's formal acceptance of the application for substantive change.
 4. The following substantive changes apply to both institutions and programs and require prior approval by MEAC:
 - a. Change in the established mission or goals of the institution/program (see 11.a. below)
 - b. Change in the ownership, legal status or form of control of the institution /program (see 10.b. below)
 - c. Change in curriculum (see 11.c. below)
 - d. Change of location (see 11.d. below)
 5. The following substantive changes apply only to institutions and require prior approval by MEAC:
 - a. Addition of a new branch campus (see 10e. below)
 - b. Addition of an additional location providing at least 50% of an educational program (see 10.f. below)
 - c. Entering into a contract with another institution or organization that will provide more than 25% of one or more of the accredited institutions educational programs whether or not that institution or organization is certified to participate in the Title IV, HEA programs (see 11.g. below)
 - d. Acquisition of any other institution or any program or location of another institution (see 11.h. below)
 - e. Addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study (see 11.i. below)
 - f. Decision to participate in Title IV, HEA programs (see 11.j. below)
 - g. Decision to cease participation in Title IV, HEA programs (see 11.k. below)
 6. Certain substantive changes also require a site visit by MEAC no later than six months from the date of the change, including but not limited to:
 - a. Change in ownership which results in a change of control
 - b. Addition of a new branch campus
 - c. Addition of an additional location providing at least 50% of an educational program (except as specified in 11.f. below)

7. The addition of a permanent location at a site at which the institution/program is conducting a teach-out for students of another institution/program that has ceased operating before all students have completed their program of study. Site visits to confirm items in the substantive change process may be conducted in an abbreviated manner from the full reaccreditation site visit as determined by the complexity of the substantive change being made.
 - a. Additionally, site visits will be conducted at reasonable intervals to a representative sample of additional locations approved under III.H.3.e and III.H.10.f. Site visits to confirm items in the substantive change process may be conducted in an abbreviated manner from the full reaccreditation site visit as determined by the complexity of the substantive change being made.
8. If an institution/program makes four or more substantive changes within any consecutive twelve-month period, MEAC will require a new accreditation review, including Self-Evaluation Report and site visit (see III.F). For the purposes of this policy, MEAC considers the teach-out and closure of a program to be changes that count toward this cumulative total.
9. Failure to implement an approved substantive change within a reasonable period of time, not to exceed one year from notification of approval of the change, will forfeit approval and will require a new substantive change application.
10. Substantive changes in a MEAC accredited program (programmatic accreditation)
 - a. If a MEAC accredited program within an institution is undergoing a review of substantive change by that institution's accrediting agency, then the program must provide MEAC with the documentation required by that agency but is not required to pay the substantive change fee(s).
 - b. However, if the substantive change, as defined by MEAC, does not require a substantive change approval by the institution's accrediting agency, then the program must complete MEAC's substantive change process and pay the fee(s).
11. Procedures for reviewing substantive change applications:
 - a. Prior to implementation of any of the changes listed above, the institution/program must submit the necessary substantive change application form and fee to the MEAC. The application submitted must include a complete and detailed plan for how the change will be made and all the areas it will impact at the institution/program.
 - b. Certain substantive changes may be approved or disapproved directly by MEAC's Director of Accreditation in a timely, fair, and equitable manner. These are limited to the following:
 - (i) The addition of programs that represent a significant departure from the existing offerings or educational programs, or method of delivery, from those that were offered or used when MEAC last evaluated the institution/program.
 - (ii) A change in the way an institution measures student progress, including whether the institution measures progress in clock or credit-hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods.
 - (iii) A substantial increase or decrease in the number of clock or credit hours awarded, or an increase or decrease in the level of credential awarded for successful completion of one or more programs.

- (iv) The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study.
 - (v) Entering into a written arrangement under 34 CFR 668.5 under which an institution or organization not certified to participate in the Title IV, HEA programs offers more than 25 and up to 50 percent of one or more of the accredited institution's educational programs.
 - (a) Note: a final decision regarding (e), above, must be made within ninety (90) days of receipt of a materially complete request, unless the MEAC Director of Accreditation has determined that there are significant circumstances related to the substantive change which require a review by the full MEAC Board, to occur within one hundred eighty (180) days.
 - c. All other substantive change applications will be reviewed by an Accreditation Review Committee.
 - d. After reviewing all materials (including any site visit reports) the ARC will provide a report to the MEAC Board of Directors which may approve or deny the proposed change.
 - e. MEAC will specify an effective date, which is not retroactive, on which the change is included in the program's or institution's accreditation. MEAC may designate the date of a change in ownership as the effective date of its approval of that change if the accreditation decision is made within thirty (30) calendar days of the change in ownership.
 - f. The school will be notified of the Board's decision.
 - g. If a site visit is required to verify the information provided by the institution/ program, one or more members of the ARC will visit the institution/program and/or new branch campus or additional location. The institution/program is required to submit the site visit fee prior to scheduling the site visit.
 - h. Review occurring prior to Board decision will be conducted in order to determine the likelihood that the institution/program's proposed plan will allow the change to be implemented without creating areas of noncompliance. Follow-up, via Monitoring Reporting, will be conducted with all Substantive Changes to determine actual benchmark scoring and continued reporting. This will normally occur six months following implementation of the change.
 - i. Findings during review of the follow-up Monitoring Reporting that demonstrate noncompliance will result in the removal of the substantive change from the institution/program's grant of accreditation rather than lead to compliance reporting or adverse action. Institutions/programs may resubmit an application for the substantive change after taking corrective planning and action.
12. More information regarding substantive changes, policies and procedures:
- Note: Certain substantive changes are identified in the Code of Federal Regulations found in Part 602 of Title 34 of the Higher Education Act. (602.22)
- a. Change of established mission, purpose, or program objectives
 - (i) Examples of changes of established mission, purpose or objectives of the institution/program include:
 - (a) Altering the institution's/program's emphasis on midwifery education
 - (b) Changing its purpose or objectives in providing midwifery education, or

- (c) Changing its ability to meet the definition of institutional/ programmatic accreditation
 - (ii) The application for a substantive change in mission, purpose, or program objectives will address Standard I and, depending on the proposed change, may also include other Standards.
- b. Change in ownership, legal status, or form of control of the institution
 - (i) Examples of change in legal status or form of control include:
 - (a) Changing from a for-profit to non-profit status or vice versa
 - (b) Changing from partnership or sole proprietorship to corporation
 - (c) Selling the institution/program to another owner
 - (d) Having a new partner "buy into" the ownership of the institution/program
 - (e) Changing more than 50% of the members of the Board of Directors of the corporation during a given election period or consecutive twelve-month period
 - (f) Other related changes that alter who "controls" the institution
 - (ii) The application for a substantive change in legal status, ownership, or form of control of the institution will address Standard V and, depending on the proposed change, may also include other Standards.
- c. Changes in curriculum
 - (i) Examples of a change in curriculum include:
 - (a) The addition or discontinuation of courses or programs that represent a significant departure from the existing offerings of educational programs, in terms of content or method of delivery, from those that were offered when MEAC most recently evaluated the institution/program (this includes the addition of distance learning courses)
 - (b) The addition of courses or programs of study at a degree or credential level different from that included in the institution's/program's current accreditation.
 - (c) A change in the way an institution measures student progress, including:
 - (i) A change from clock hours to credit hours, or vice-versa
 - (ii) A change in the length of each term, from or to, semesters, trimesters, or quarters
 - (iii) A change from time-based to non-time-based methods, or vice-versa.
 - (d) A substantial increase or decrease in the number of clock or credit hours awarded, or an increase in the level of credential awarded for successful completion of a program
 - (e) A substantial increase or decrease in the length of the program
 - (f) Significant changes in the capacity for clinical training.
 - (ii) The application for a substantive change in curriculum will address Standard II, Standard VII and, depending on the proposed change, may also include other Standards.
- d. Change of location

- (i) Examples of a change in location include:
 - (a) A change in the location of the main campus
 - (b) A change in the location of the main administrative site if the educational program is provided via a distance education program.
 - (ii) The application for a substantive change in location will address Standard IV and, depending on the proposed change, may also include other Standards.
- e. The addition of a branch campus
- (i) A branch campus is defined (according to CFR 600.2) as a physical facility that is geographically separate from the main campus of the institution and within the same ownership structure of the institution, and that also—
 - (1) Is approved by the Secretary as a branch campus; and
 - (2) Is independent from the main campus, meaning the location—
 - (i) Is permanent in nature;
 - (ii) Offers courses in educational programs leading to a degree, certificate, or other recognized education credential;
 - (iii) Has its own faculty and administrative or supervisory organization; and
 - (iv) Has its own budgetary and hiring authority.
 - (ii) The application for a substantive change to add a new branch campus will address each standard and criteria in order to permit MEAC to determine that the branch campus has sufficient educational, financial, operational, management, and physical resources to satisfy MEAC's standards for accreditation. The review will specifically include:
 - (a) The educational program to be offered at the branch campus
 - (b) The projected revenues and expenditures and cash flow at the branch campus
 - (c) The operation, management and physical resources at the branch campus
 - (iii) Accreditation will only be extended to the branch campus after MEAC has satisfactorily completed review of the institution's business plan and ensured that the institution will continue to meet MEAC standards for education, finances, operations, management, and facilities resources at the branch location.
 - (iv) MEAC will undertake a site visit as soon as practicable, but no later than 6 months after the establishment of that branch campus to determine continuing compliance with MEAC standards.
- f. Addition of an additional location providing at least 50% of an educational program (as defined in CFR 600.2):
- (i) An additional location is a physical facility that is geographically separate from the main campus of the institution and within the same ownership structure of the institution, at which the institution offers at least 50 percent of an educational program. An additional location participates in the title IV, HEA programs only through the certification of the main campus.
 - (ii) Each additional location must be individually reviewed as a substantive change and requires prior approval by MEAC. MEAC does not pre-approve institutions to add additional locations without going through this application process.

- (iii) The application for a substantive change to add an additional location will address Standard I; Standard II; Standard III; Standard IV; Standard V; Standard VI; and, depending on the proposed change, may also include other Standards. The institution must document satisfactory evidence of a system to ensure quality across a distributed enterprise that includes:
 - (a) Clearly identified academic control;
 - (b) Regular evaluation of the locations;
 - (c) Adequate faculty, facilities, resources, and academic, and student support systems;
 - (d) Financial stability; and
 - (e) Long-range planning for expansion.
 - (iv) MEAC will undertake a site visit, within six months, to each additional location the institution establishes, if the institution
 - (a) Has a total of three or fewer additional locations;
 - (b) Has not demonstrated, to MEAC's satisfaction, that it has a proven record of effective educational oversight of additional locations; or
 - (c) Has been placed on probation or show cause by MEAC or is subject to some limitation by the agency on its accreditation status.
 - (v) MEAC will conduct, at reasonable intervals, visits to a representative sample of additional locations of institutions that operate more than three additional locations. MEAC will conduct visits to 10% of all additional locations or a minimum of three locations, whichever number is greater within each period of accreditation granted to the institution.
 - (vi) MEAC may, at its discretion, include visits to additional locations, for ensuring that accredited/preaccredited institutions that experience rapid growth in the number of additional locations maintain educational quality.
 - (vii) The purpose of the visits is to verify that the additional location has the personnel, facilities, and resources it claimed to have in its application to MEAC for approval of the additional location.
 - (viii) The requirements of III.H.10.f. for approval of additional locations apply to all institutions/programs including those where MEAC's accreditation enables the institution to seek eligibility to participate in title IV, HEA programs.
- g. Entering into a contract with another institution or organization that will provide more than 25% of one or more of the accredited institutions educational programs whether or not that institution or organization is certified to participate in the Title IV, HEA programs.
- (i) The application for a substantive change to acquire another institution or program or location of another institution will address each standard and criteria in order to permit MEAC to determine that the contracted institution or organization has sufficient educational, financial, operational, management, and physical resources to satisfy MEAC's standards for accreditation.
- h. The acquisition of any other institution or any program or location of another institution.
- (i) The application for a substantive change to acquire another institution or program or location of another institution will address each standard and criteria in order to permit MEAC to

determine that the institution or program to be acquired has sufficient educational, financial, operational, management, and physical resources to satisfy MEAC's standards for accreditation.

- i. The addition of a permanent location at a site at which the institution is conducting a teach-out for another institution that has ceased operating before all students have completed their program of study.
 - (i) The application for a substantive change to add a permanent location at a site at which the institution is conducting a teach-out for another institution that has ceased operating before all students have completed their program of study will address each standard and criteria in order to permit MEAC to determine that the permanent location at which the institution is conducting a teach-out has sufficient educational, financial, operational, management, and physical resources to satisfy MEAC's standards for accreditation.
- j. Decision to participate in Title IV HEA programs
 - (i) An institution planning to establish their eligibility to participate in Title IV HEA programs must currently be in compliance with all benchmarks in Standard V.
 - (ii) The application for a substantive change to participate in Title IV HEA programs will address Standard V and Standard X.
 - (iii) The institution may not begin participation in Title IV HEA programs until they have been both certified by the U.S. Department of Education and their application for this substantive change has been approved by MEAC.
- k. Decision to cease participation in Title IV HEA programs
 - (i) Any decision made by the U.S. Department of Education to suspend or terminate an institution's ability to participate in Title IV HEA programs will supersede this policy and institutions are expected to comply with such decision immediately.
 - (ii) The application for a substantive change to cease participation in Title IV HEA programs will include the following:
 - (a) The institution's full rationale for the decision
 - (b) A plan for how students will be informed
 - (c) The plan for phase out and anticipated date on which financial aid availability is expected to cease
 - (d) The institution's plan for supporting any students who are currently Title IV recipients
 - (e) The institution's updated budget and strategic plan

I. Renewal of Accreditation

1. Renewal of accreditation is required every four to six years, or as determined by the Board.
 - a. MEAC will notify accredited institutions/programs that they must begin the process of renewing accreditation by submitting an Application to Renew Accreditation and Part I Fee. See MEAC Accreditation Handbook Section D: Accreditation Process.

- b. Accredited institutions/programs are required to submit a Self-Evaluation Report as part of the re-accreditation process. The process continues in the same manner as that for initial grant of accreditation. See MEAC Accreditation Handbook Section D: Accreditation Process.
 - c. An annual report is required every year, including the years in which a school submits its SER for renewal of accreditation.
 - d. Sustaining fees are assessed every year, including the years in which re-accreditation fees are paid.
2. The institution's/program's accreditation status is maintained while it is undergoing the re-accreditation process.
- a. A continuation will be routinely granted for any institution/program that is nearing the end of its current period of accreditation but that has not completed the normal comprehensive review process, pending outcome of said review.
 - b. Institutions/programs must be fully cooperative with the comprehensive review process in order to receive, and remain under, a continuation. This means all items must be submitted on time and site visits must be promptly scheduled. Failure to cooperate will result in the termination of a continuation.
 - c. Time spent under continuation is considered to be a part of any future period of accreditation that may be granted, pending the outcome of the review. It may not be used to extend the time between comprehensive reviews or to otherwise extend the period of accreditation.

J. Actions to Address Non-Compliance

1. MEAC monitors institutions/programs that have been granted preaccreditation/accreditation through annual reports, TRAC reports, monitoring reports, compliance reports, third party reports, and investigation of complaints. Based on information gleaned from these or other sources that indicates an institution/program may not be in compliance with MEAC standards, criteria, and policies, MEAC must take action:
 - a. Conduct special evaluations/focus reviews or site visits. These evaluations or visits are considered to be exploratory and are preliminary to making a finding. They may not be used as a way to avoid the show cause or compliance reporting process but may result in either process being initiated.
2. Require an institution/program to show cause why preaccreditation/accreditation should not be withdrawn. A show cause order may be issued for any of the following reasons:
 - a. As a result of non-compliance with MEAC standards, criteria, and/or policies
 - b. When there is a consistent pattern of incomplete, incorrect, and/or late submissions
 - c. When there is a pattern of outcomes and/or Benchmark scoring that consistently demonstrates widespread and/or systemic weaknesses
 - d. The institution/program files for bankruptcy under the U.S. Bankruptcy Code
 - e. Another recognized accrediting agency places the institution/program on probation or takes adverse action
 - f. Other changes are made by the institution that are detrimental to the quality of the institution/program. Affected areas include, but are not limited to, educational purpose and goals, management, ownership, student success in relation to mission, faculty, or facilities
 - If MEAC issues an order requiring the institution/program to show cause, the institution/program is required to respond in writing and "show cause" why adverse action should not be taken against the institution/program. The MEAC Board of Directors will describe in writing to the institution the terms

and conditions of the submission of the response to the show cause order. The issuance of a show cause is considered to be exploratory and is preliminary to making a finding. It may not be used to avoid the compliance reporting process but may result in compliance reporting being initiated.

- An institution's/program's show cause response will be processed in the same manner as for a Compliance Report. In evaluating and resolving the show cause, MEAC may:
 - Vacate the show cause, if the institution/program has shown adequate cause that adverse action should not be taken. Vacating means that no further action or reporting is needed on the show cause but does not prevent the assignment of reporting on the issues leading to the show cause.
 - Place a program or institution on probation, if the institution/program has shown adequate cause that the school needs to be placed under a heightened level of review. Probation means that a rigorous schedule of reporting will be assigned to be completed over a period of one to two years.
 - Continue the show cause with additional reporting, if the institution/ program has shown some cause that immediate adverse action should not be taken but might still be warranted pending additional information and clarification. The total time an institution/program may remain under a show cause order is not to exceed one year from initial notification.
 - Take immediate adverse action, if the institution/program has not shown adequate cause and immediate adverse action is warranted.
 - A program may remain subject to a show cause directive for no longer than twelve (12) months without resolution.
3. Permit institutions/programs to be out of compliance with one or more standards, policies and procedures for a period of time, as determined annually, not to exceed three years unless MEAC, for good cause, extends the period of noncompliance. This permitted noncompliance is allowed if all of the following criteria are met:
- a. MEAC and the institution/program can show that the circumstances requiring the period of noncompliance are beyond the institution or program's control, such as:
 - (i) A natural disaster or other catastrophic event significantly impacting an institution or program's operations
 - (ii) Accepting students from another institution that is implementing a teach-out or closing
 - (iii) Significant and documented local or national economic changes, such as an economic recession or closure of a large employer
 - (iv) Changes related to State licensure requirements
 - (v) The normal application of the agency's standards creates an undue hardship on students
 - (vi) Instructors who do not meet MEAC's typical faculty standards, but who are otherwise qualified by education or work experience to teach within career and/or technical courses
 - b. The grant of the period of noncompliance is approved by MEAC's Board
 - c. MEAC projects that the institution or program has the resources necessary to achieve compliance with the postponed standard, policy or procedure within the time allotted
 - d. The institution or program demonstrates to MEAC's satisfaction that the period of noncompliance will not:

- (i) Contribute to the cost of the program to the student without the student's consent
 - (ii) Create any undue hardship on, or harm to, students
 - (iii) Compromise the program's academic quality
- Approval of this permitted noncompliance, following review of the criteria, is considered to be a finding of noncompliance. To be granted approval for this, schools must request MEAC consideration of the specific issue impacting the school.
4. If MEAC determines that an institution/program is not in compliance with MEAC standards or criteria, it will require the institution/program to take appropriate action to bring itself into compliance within a specified time period and submit a Compliance Report demonstrating compliance. This determination is considered to be a finding of noncompliance. The time period for coming into compliance may be as short as thirty (30) calendar days from notification, but will not exceed the lesser of:
 - a. four (4) years
 - b. 150% of the stated length of the program (for programmatic accreditation)
 - c. 150% of the stated length of the longest program at the institution (for institutional accreditation)
 - When the specified time period for compliance is shorter than the maximum time allowed by MEAC policy and USDE regulations, MEAC will provide an explanation for the time stated. Institutions/programs may petition MEAC for a longer time period, not to exceed the limit stated above, if circumstances outside of the institution/program's control will not allow the institution/program to demonstrate compliance within the time period granted. Examples: an auditor's report will not be available until after the expected compliance date; a state authorization decision will not be available until after the expected compliance date.
 - Failure to show evidence of compliance with the standards/elements within the specified time period will immediately result in adverse action (see III.K) unless MEAC, for good cause, extends the period for achieving compliance.
 5. MEAC may grant a good cause extension toward the time period for compliance, generally not to exceed one year, in the following circumstances:
 - a. In situations where an extension is needed to complete a program calendar, fiscal year audit, or other reporting cycle.
 - b. In situations where documentation/evidence is expected from an external source/process, such as a state authorizing agency or USDE.
 - c. In situations where MEAC has made an error that has impacted a school's compliance or ability to demonstrate compliance.

K. Adverse Action

1. Institutions/programs will be provided with written specification of any deficiencies identified and will be given the opportunity to submit a written response before any adverse action is taken.
2. If, after the institution/program has had the opportunity to respond to notification of deficiency, it is determined that the institution, individual program within an institution, or program is not in compliance with standards, criteria, or policies and procedures, MEAC will take prompt adverse action against the institution/program. Adverse Action may be taken against individual programs within MEAC-accredited institutions and/or against the institution as a whole.

3. However, notwithstanding the above, MEAC may take immediate adverse action, without prior notice or issuance of a show cause directive, to initiate an action to withdraw accreditation from an institution/program if it determines, that an institution's/program's noncompliance with MEAC standards and/or policies warrant such immediate action. A decision to initiate an immediate adverse action under the terms of this paragraph is subject to the due process rights set forth in Section III.L. below.
4. Adverse actions include: denial, withdrawal, or suspension of accreditation, or any comparable accrediting action.
 - a. Denial is the decision not to grant preaccreditation or accreditation to any institution/program applying for initial or renewal of accreditation. In the case of renewal of accreditation, the institution/program may be allowed to complete the remainder, if any, of the current grant of accreditation.
 - b. Withdrawal is the decision to revoke a currently accredited institution/program's grant of accreditation. This ends the institution/program's current grant of accreditation as well as the rights, benefits, and responsibilities of that accreditation.
 - c. Suspension is the decision to place a currently accredited institution/program's grant of accreditation on hold as well as the rights, benefits, and responsibilities of that accreditation.
5. Reasons for taking adverse action
 - a. MEAC may take adverse action for any of the following reasons:
 - (i) An institution/program is determined to be out of compliance with standards.
 - (ii) The institution/program has not corrected deficiencies within the specified timeframe (see III.J.3).
 - (iii) The institution/program fails to cooperate in making arrangements for a scheduled visitation.
 - (iv) The institution/program fails to maintain or correct its advertising policies and practices in accordance with MEAC criteria and directives.
 - (v) The institution/program engages in unethical recruiting practices as determined by MEAC.
 - (vi) The institution fails to file all documents and receive approval as required for a substantive change.
 - (vii) The institution/program is the subject of a pending or final action to suspend, revoke, or terminate accreditation by another recognized accrediting agency.
 - (viii) The institution/program is the subject of a pending or final action to suspend, revoke, or terminate legal authority to provide education by a state or federal agency.
 - (ix) The institution/program loses its state license/authorization to operate.
 - (x) The institution/program fails to file its annual report or to promptly pay the annual sustaining fees, necessary visitation expenses, or other fees specified in MEAC's handbook.
6. Steps following an initial decision for adverse action
 - a. Institutions/programs have the right to appeal any decision for adverse action. (see III.L Due Process and Appealing MEAC Decisions)
 - b. Details of the adverse action, timeline for appeal, notification requirements, and requirements for a teach-out plan will be sent to the institution/program with notification of the adverse action.
 - c. Adverse actions are not considered final until the deadline for an appeal has been reached without an appeal being submitted or until the appeal process is exhausted.

- d. Institutions/programs are required to disclose any final decision of adverse action within seven (7) business days of notification to all current and prospective students.
7. Effective date of the adverse action may occur upon notification of final decision or may allow for a reasonable time to complete the activities in a teach-out plan or to fulfill obligations of a teach-out agreement.
8. Reinstating accreditation after adverse action
 - a. An institution/program that has had its accreditation denied or withdrawn may not re-apply for accreditation until a period of one year has elapsed since MEAC's final decision. The applicant institution will be treated procedurally and substantively as if it is a new applicant for accreditation.
 - b. An institution/program that has had its accreditation suspended must complete the terms of the suspension in order to reinstate accreditation. This will ordinarily involve a comprehensive evaluation of the entire institution/program to determine if accreditation should be reinstated or withdrawn.

L. Due Process and Appealing MEAC Decisions

1. MEAC policies and procedures provide institutions/programs with due process
 - a. MEAC procedures governing accreditation/preaccreditation process are provided in writing to all interested parties, including institutions/programs.
 - b. MEAC procedures allow institutions/programs a reasonable period of time to comply with requests for information and documents.
 - c. Before a final adverse action is taken, based solely upon a failure to meet financial standards and benchmarks, the institution or program may, on one occasion, request that the Accreditation Review Committee review significant financial information that was unavailable to the institution or program prior to the determination of the adverse action, and that bears materially on the financial deficiencies identified by MEAC. Upon such review of the new financial information as to significance and materiality, the ARC shall report to the MEAC Board of Directors the findings of their review and any adjustment in their recommendations regarding adverse action. Any decision made by the MEAC Board of Directors upon review and consideration of the new financial information shall not be separately appealable by the institution or program.
 - d. MEAC will make written notification to the institution/program about final decisions regarding applications for accreditation/preaccreditation and any adverse actions. This written notification will include details for the basis of decisions and the appeals process for adverse actions.
2. Institution/program right to appeal adverse actions and responsibilities
 - a. MEAC permits the institution/program the opportunity to appeal the following decisions made by the Board of Directors:
 - (i) Denial of accreditation or preaccreditation.
 - (ii) Suspension of the institution/program's accreditation, in part or in whole.
 - (iii) Withdrawal of the institution/program's accreditation, in part or in whole.
 - (iv) Any other comparable adverse action taken.
 - b. MEAC will keep confidential the details of any action and the basis for the action until the institution/program has either failed to appeal as permitted or MEAC has completed consideration of the institution's/program's appeal.

- c. Institutions/programs that choose to provide notifications to their administrative staff, faculty, current or prospective students, or other stakeholders prior to a final appeal decision, must provide only accurate, justifiable, and provable information. MEAC must be provided prompt copies of all communications/notifications made.
3. Description of the Appeals Process
- a. Notification of an adverse decision
 - (i) If MEAC takes action denying, suspending, or revoking accreditation/preaccreditation, or takes other adverse action against an institution/program, MEAC will send to the institution/program its written statement of findings of fact and reasons forming the basis of that action within ten (10) business days following the decision.
 - b. Notice of intent to appeal
 - (i) An institution/program wishing to appeal the adverse decision must submit a written notice of intent to appeal and applicable fees to MEAC's Director of Accreditation within fourteen (14) business days of its receipt of notification of the adverse action.
 - c. Statement of Appeal and Burden of Proof
 - (i) If an appeal is requested, within twenty-one (21) business days after the receipt of notification of the adverse action the institution/program must submit to MEAC's Director of Accreditation a complete written statement of the grounds for its appeal, setting forth all of the reasons the institution/program believes that the MEAC Board of Directors' decision was in clear error and the part or parts of the Record that support its positions.
 - (ii) The institution/program may submit new evidence (evidence not previously considered by the MEAC Board of Directors) at the time it files material in support of its appeal, but any such new evidence must be identified as such and must be accompanied by a demonstration that the new evidence relates to:
 - (a) Any aspect of the MEAC Board of Director's determination that relied on issues or evidence which the institution/program has not had an opportunity, in advance of MEAC's action, to make its position known; or
 - (b) Facts that were in existence at the time of the action and were relevant to any basis for the adverse action, but were not presented to the MEAC Board of Directors because of mistake or misunderstanding by the institution/program, and which have subsequently come to the attention of the institution/program.
 - (iii) When the written statement of appeal is received, the Director of Accreditation will notify the MEAC Board of Directors of the school's appeal and will convene an Ad Hoc Appeal Panel. The MEAC Board of Directors may, in its discretion, submit a written response within 30 days following its receipt of the statement of appeal.
 - d. Appointment of the Ad Hoc Appeal Panel
 - (i) Within three (3) calendar weeks of MEAC's receipt of the request for appeal, the Director of Accreditation shall select a pool of seven (7) persons from which the Ad Hoc Appeal Panel will be selected. The Director of Accreditation will designate one person from the list of seven

to serve as Chair of the Ad Hoc Appeal Panel of three persons. The Director of Accreditation will provide a list of pool members to the institution/program

- (ii) The institution/program, within ten (10) business days of receipt of the list, may strike up to two persons, other than the chair, from the list. Should this occur, the Director of Accreditation will then designate two new individuals from those remaining on the list to constitute the second and third members of the Ad Hoc Appeal Panel. If a Panel member should become unable to serve prior to the conclusion of the appeal an alternate member may be selected from the remaining pool to fill the vacancy.

The Ad Hoc Appeal Panel shall be subject to MEAC's Ethics Policies (Section IV), including the conflict of interest policy. Ad Hoc Appeal Panel members must not be current members of the MEAC Board of Directors and must not have participated in the decision for adverse action, nor may they be related by marriage to the MEAC Board of Directors. Preferably, Ad Hoc Appeal Panel members should have knowledge of accrediting purposes and procedures and possess experience as midwifery education program administrators, and/or experienced accreditation persons from other agencies. A minimum of one public member is required to serve on this panel. The public member must meet the definition of public member set out in Section I.A.1.b) of MEAC's Policies and Procedures.

- e. The Director of Accreditation shall also notify the site visitors and members of the MEAC Accreditation Review Committee who participated in the accreditation review of the date, time and place of the hearing. The Director of Accreditation may request that one of the site visitors and one member of the Accreditation Review Committee be present at the hearing.
 - (i) A time and place will be selected to permit the institution/program to make its appeal, allowing sufficient time for presentations, deliberations, and the forwarding of a report to MEAC. Ordinarily, the meeting shall be no more than sixty (60) and no less than forty (40) business days from the final appointment of the Ad Hoc Appeal Panel.
- f. Notification of hearing procedures to the appellant institution/program
 - (i) MEAC shall forthwith notify the appellant institution/program in writing of the following:
 - (a) The time and place that the Ad Hoc Appeal Panel will meet for the hearing, the hearing fee and the expenses of the Ad Hoc Appeal Committee that must be reimbursed.
 - (b) The consideration of the appeal will be based on the Record which consists of all documentation utilized by the MEAC Board of Directors Board to make the adverse action including, but not limited to: MEAC' Board of Directors' written statement of findings and reasons related to the action, the institution's/program's written response detailing grounds for appeal, and relevant supportive documents.
 - (c) The appellant institution/program has the right to be present and represented, at its option and expense, by counsel of the institution's/program's choosing, and to have a transcript of the hearing proceedings of the appeal.
 - (d) The institution/program has the right to introduce evidence on its behalf, to examine any evidence introduced against it, to be advised, on request, of the names of any witness appearing against it, and to cross-examine any such witness.

- g. Conduct of hearing
 - (i) The Chair of the Ad Hoc Appeal Panel shall preside over the hearing to determine the order of the proceedings, maintain decorum and assure that all participants in the hearing have a reasonable opportunity to present and examine all relevant oral and documentary evidence introduced therein. All documentation utilized by the Board to make the adverse action must be made available to the Ad Hoc Appeal Panel
 - (ii) The MEAC Board of Directors shall have the right to be accompanied or represented by counsel in the conduct of the appeal. The hearing need not be conducted strictly according to the rules of evidence applicable in a court proceeding as to the examination of witnesses or presentation of evidence. Any relevant matter upon which reasonable persons customarily rely in the conduct of their affairs may be considered. Audio recording of the hearing shall be maintained and the recording or transcriptions shall be available to the appellant for review.
- h. Decisions Available to the Ad Hoc Appeals Panel
 - (i) **Affirm:** If the Ad Hoc Appeals Panel determines that the institution has failed to meet its burden of proof in showing that the MEAC Board of Directors' action was not supported by the record or was attributable to a material error in its application of MEAC's published policies and procedures, it must affirm the decision of the MEAC Board of Directors.
 - (ii) **Remand:** The Ad Hoc Appeals Panel may remand a decision to the MEAC Board of Directors for reconsideration when it finds that the Record on Appeal (and, as applicable, the hearing transcript) did not support the MEAC Board of Directors' decision. In its decision to remand, the Ad Hoc Appeals Panel must identify those material facts that it finds the MEAC Board of Directors failed to consider or where the MEAC Board of Directors otherwise committed one or more material errors in its deliberations and decision-making process. The MEAC Board of Directors must act in a manner consistent with the Ad Hoc Appeals Panel's decisions and/or instructions.
 - (iii) **Affirm and Amend:** If the Ad Hoc Appeals Panel determines that, although it agrees with the MEAC Board of Directors' decision based on the entirety of the Record for Appeal, one or more elements of the MEAC Board of Directors' stated reasoning or procedural actions was nevertheless clearly in error, the Ad Hoc Appeals Panel may amend the decision. An Ad Hoc Appeals Panel decision to amend a MEAC Board of Directors decision remands the matter to the MEAC Board of Directors in order that the MEAC Board of Directors modify the bases for its decision in accordance with the specific direction of the Ad Hoc Appeals Panel.
- i. Following the hearing, the Ad Hoc Appeal Panel shall submit a report based on its review. The report will then be considered and acted upon by the MEAC Board of Directors. The action of the MEAC Board of Directors, which evoked the appeal, may be considered effective and final if the Panel's deliberations result in a decision consistent with that made previously by MEAC.**Notification of final decision**
 - (i) The Director of Accreditation shall notify the institution/program in writing of the final decision upheld by the panel, or a new determination by the Board after consideration of the Panel's report, including rationale for the decision, within thirty (30) calendar days following the conclusion of the hearing. MEAC will also notify the applicable federal and state agencies

and the public according to notification responsibilities required by MEAC's administrative policies and procedures.

j. Arbitration

- (i) MEAC has the authority to require binding arbitration of institutions/programs in lieu of appeals through the courts. If MEAC decides to initiate a binding arbitration requirement, it may do so only after giving prior notice to all institutions/programs accredited by MEAC. In its notice, it must describe in writing the terms and conditions of such an appeal process.
- (ii) If an institution/program elects to dispute MEAC's initiation of an adverse action or a MEAC decision not to approve a substantive change beyond the appeals process administered by MEAC, its dispute shall be resolved exclusively through binding arbitration. To initiate such arbitration, the institution/program must submit to MEAC a request for a de novo review by an independent arbitrator within five business days of its receipt of written notice from MEAC of its decision (after the appeal has been exhausted) together with the applicable non-refundable arbitration fee, MEAC sets it at \$25,000. It might cost that much or more for MEAC to hire counsel for the arbitration). Such arbitration shall be conducted under the auspices of the American Arbitration Association (AAA) and must be initiated by the institution/program with the AAA within 30 days following the institution/program's receipt of notice that the adverse action taken by MEAC has become final. The sole and exclusive venue for the arbitration shall be the District of Columbia (or wherever is most convenient for MEAC). Arbitration under this section shall be conducted by a single arbitrator who must have familiarity and experience with the field of higher education and the federal rules governing accrediting organizations. The AAA will provide a list of qualified arbitrator candidates. The institution/program and MEAC will use good faith efforts to select an arbitrator from the AAA list; if they are unable to do so, the AAA will select the arbitrator. The question(s) to be resolved by the arbitrator are limited to whether MEAC's decision was clearly erroneous because it was (a) not reasonably supported by the Record for Appeal and/or (b) solely attributable to a misapplication of MEAC's accreditation standards or published policies and procedures. The fact that the Record considered by MEAC could have also supported a different decision is not sufficient grounds for an arbitrator to reverse the decision if MEAC's actual decision is also supported by the Record.

The arbitration shall be held within ninety days following the submission of the Record of Appeal to the Appeals Panel. The date for the hearing shall be determined by the arbitrator in their discretion but may be revised by the arbitrator in their discretion in response to a request for change from either party. The institution/program may submit a brief of no longer than 20 pages at least 30 days prior to the hearing date. MEAC may respond to the institution/program's brief with a brief of no more than 20 pages. No discovery shall be authorized nor may evidence in addition to that in the Record for Appeal be introduced in either party's briefs or oral argument. At the arbitration hearing, each party shall be entitled to 20 minutes of oral argument, including questions from the arbitrator. A party may reserve up to five minutes for use in a closing statement. A transcript of the hearing

shall be made and provided in electronic form to the arbitrator and each of the parties. The arbitrator shall make a decision based on the Record for Appeal, the briefs of the parties, and the arbitration hearing (the "Arbitral Record").

The arbitrator may affirm, affirm in an amended form, or remand MEAC decision at issue. The decision of the arbitrator shall include a summary of the reasoning supporting the decision and shall be delivered to the institution/program and MEAC within 60 days following the arbitration hearing. The decision of the arbitrator is binding on the parties and may be reviewed by the federal courts only for abuse of discretion. It is enforceable by all courts of competent jurisdiction. The arbitration proceedings, arbitration filings and Record for Appeal shall be treated as confidential by the parties except as may be required to enforce their respective rights. The arbitrator's decision shall not be deemed confidential.

The expense of the AAA, the arbitrator, and the hearing transcription shall be shared equally by the parties. Otherwise, each party shall bear its own costs in connection with the arbitration.

M. Relinquishment of Preaccreditation/Accreditation

1. An institution/program automatically relinquishes or voluntarily withdraws its preaccreditation/accreditation through any of the following actions:
 - a. MEAC receives formal, written notification from an authorized representative of the institution/program that it voluntarily relinquishes preaccreditation/accreditation.
 - b. The institution/program enters into a teach-out plan and/or closes.
 - c. The institution/program fails to remain in active operation.
2. An institution/program that has relinquished or voluntarily withdrawn its preaccreditation/accreditation may not reapply for accreditation until a period of one year has elapsed since final action with MEAC.

N. Institution/Program Closure, Teach-Out Plans, and Teach-Out Agreements

1. Due to the broad impact of any closure, the determination to close a program, branch campus, or the institution should be made through a consultative process between MEAC, the institution and other stakeholders in midwifery education, and should be decided only after alternatives have been considered.
2. MEAC considers the decision to enter into a teach-out and/or closure to be a major change. It is a decision that should not be entered lightly as it cannot be reversed. Once MEAC has received a teach-out and/or closure plan from an institution or program, that institution or program will no longer be eligible for renewal of MEAC accreditation and the accreditation for that program will be considered voluntarily withdrawn. The current grant of accreditation will cover an institution or program up to the scheduled end date of the grant of accreditation or the completion of the teach-out plan, should the latter occur sooner. A teach-out plan will be considered complete thirty (30) calendar days following the last date of student enrollment. This thirty-day period is allowed to complete any final MEAC reporting and conclude student services such as graduate employment placement. Once an institution/program has entered into a teach-out plan, no new enrollment or reenrollment of prior students will be permitted.
3. Institutions and programs that are compiling a teach-out and/or closure plan should also include any substantive change(s) that will be needed as part of the process, such as change of location, change in

curriculum, entering into contracts with another institution or organization to provide education services. These substantive changes will be evaluated under the teach-out and/or closure plan rather than as a separate process and the usual substantive change fees may be waived.

- a. Institution or Program Closure
 - i. Institutions/programs that will close are required to complete a closure plan, teach-out plan, and/or a teach-out agreement to be evaluated by MEAC prior to implementation. If an institution or program MEAC accredits or preaccredits closes without a teach-out plan or agreement, MEAC must work with the USDE and the appropriate state agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charge.
- b. The closure plan must include:
 - i. The effective date of closure.
 - ii. A plan for disposition of all student records, including educational, billing, accounting and financial aid records, in an accessible location and in accordance with applicable legal requirements in the event the institution closes.
 - iii. Information on the number and types of credits the teach-out institution is willing to accept prior to the student's enrollment.
 - iv. Full contact information for the entity that will assume responsibility for student records.
 - v. A plan for the disposition of all institution/program shares, assets, and liabilities in accordance with the institution/program's bylaws or other governing documents.
- c. MEAC will prorate the Annual Sustaining Fee for any institution/program closing, according to the final day the institution/program is open.

4. Teach-out Plans

- a. Teach-out plan means a written plan developed by an institution/program that provides for the equitable treatment of students if an institution/program, or an institutional location that provides one hundred percent of at least one program, ceases to operate or is expected to cease operation before all students have completed their program of study, and may include, if required by the institution's accrediting agency, a teach-out agreement between institutions.
- b. MEAC requires an institution/program it accredits or preaccredits to submit a teach-out plan for approval upon the occurrence of any of the following events:
 - i. The HEA Secretary notifies MEAC of a determination by the institution's independent auditor expressing doubt about the institution's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability. Non-Title-IV schools must also submit a teach-out plan if, during an Annual Report, MEAC receives an audit or financial review wherein the institution's independent auditor has determined the same.
 - ii. The HEA Secretary notifies MEAC that the institution is participating in Title IV, HEA programs under a provisional program participation agreement and the Secretary has required a teach-out plan as a condition of participation.

- iii. The HEA Secretary notifies MEAC that it has placed the institution on the reimbursement payment method under 34 CFR 668.162(c) or the heightened cash monitoring payment method requiring the Secretary's review of the institution's supporting documentation under 34 CFR 668.162 (d)(2).
 - iv. The HEA Secretary notifies MEAC that the Secretary has initiated an emergency action against an institution, in accordance with section 487(c)(1)(G) of the HEA, or an action to limit, suspend, or terminate an institution participating in any Title IV, HEA program, in accordance with section 487(c)(1)(F) of the HEA.
 - v. MEAC acts to withdraw, terminate, or suspend the accreditation or preaccreditation of the institution or place the institution/program on probation.
 - vi. The institution notifies MEAC that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program, including if the location is being moved and is considered by the HEA Secretary to be a closed school.
 - vii. A state licensing or authorizing agency notifies MEAC that an institution's license or legal authorization to provide an educational program has been or will be revoked.
- c. MEAC must evaluate teach-out plans. The teach-out plan must include:
- i. A listing of all students in all programs and:
 1. their name and student ID number (do not submit social security numbers or birth dates, in part or in whole)
 2. their estimated graduation dates
 3. their anticipated decision for staying at the institution through graduation, transfer, and/or participation in a teach-out agreement with a specific institution
 4. the status of unearned tuition
 5. all current refunds due
 6. their account balances
 7. the program requirements each student has completed
 - ii. An anticipated timeline of activities, including:
 1. The date by which recruitment, admissions, and new enrollment will cease.
 2. The date(s) by which all marketing materials and advertising will be withdrawn, cancelled, corrected, or deleted.
 3. The date by which an audit will be completed to determine what courses and/or other activities are needed by students currently enrolled to complete their programs.
 4. The date by which development of a schedule of courses to be taught during the teach-out process that ensures that all remaining courses required for the students to complete their programs will be offered in a reasonable sequence. In some cases, it may be necessary to modify the program requirements (e.g., include self-study courses or other alternatives) to enable the students to complete their programs, but in these cases the learning objectives and credit-hour requirements must be equivalent to those of the original program.

5. The date of last classes
 6. The effective date of site closure, if applicable
 7. The anticipated date of loss of degree-granting authority, if applicable
 8. The anticipated date of loss of Title IV access, if applicable
- iii. An explanation, accompanied by appropriate supporting documentation and timelines, of how the institution has or will notify students, administrative staff, and faculty of the teach-out plan and, if applicable, of any applicable teach-out agreement, including key dates within each.
 - iv. A detailed listing of additional charges, if any, and how students will be informed of the charges.
 - v. Procedures to ensure that the delivery of training and services to students will not be materially disrupted and that obligations to students will be timely met.
 - vi. A plan for advising students (group and/or individual meetings, dates, agendas).
 - vii. A plan for notifying Title IV FSA of closure and/or teach-out.
 - viii. A plan for providing all potentially eligible students with information about how to obtain a closed school discharge of federal student loans, and, if applicable, information on state refund policies.
 - ix. The names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution/program.
 - x. Title IV approved schools: An explanation of how the institution will arrange for continuity of financial aid services at the new institution and, if unavailable, how students will be informed of the cessation of financial aid support.
 - xi. An updated MEAC Curriculum Checklist Worksheet and a course objectives list for all courses. This may be shared with other MEAC-accredited schools should MEAC need to help facilitate the transfer of students to said MEAC-accredited schools.
 - xii. If the school is unable to fulfill its obligations to all currently-enrolled students, then the school must also submit a proposed teach-out agreement with one or more institutions which currently offer programs similar to those offered at the school and:
 1. Are within reasonable geographic proximity or which would be capable of conducting the teach-out without requiring students to move or travel substantial distances.
 2. Provides information on the number and types of credits the teach-out institution is willing to accept prior to the student's enrollment.
 3. Includes a clear statement to students of the tuition and fees of the educational program and the number and types of credits that will be accepted by the teach-out institution.
 - xiii. A record retention plan to be provided to all enrolled students that delineates the final disposition of teach-out records (e.g. student transcripts, billing, financial aid records).
 - xiv. If the program will close but the institution will remain open, the teach-out plan must also include a plan for disposition of all student records, including educational, billing, accounting

and financial aid records, in an accessible location and in accordance with applicable legal requirements.

- d. Procedures for reviewing teach-out plans
 - i. Prior to implementation of a teach-out plan, the institution/program must submit the necessary plan and associated materials to the MEAC office.
 - ii. The plan is reviewed by Independent Board Reviewers, which may request additional information from the institution/program.
 - iii. After reviewing all materials (including any site visit reports) the IBR will provide a report to the MEAC Board of Directors.
 - iv. The Board of Directors will determine the approved length for the teach-out plan, typically not to exceed 12-18 months. This timeframe allows the institution/program to teach-out those students closest to completion and arrange for transfers and/or teach-out agreements for the remainder.
 - v. The Board of Directors will determine areas of further monitoring and recommendations for strengthening the teach-out process. This may include TRAC Reports, Monitoring Reports, and/or Compliance Reports detailing changes in enrollment, administration, faculty, curriculum, facilities, finances and other major components that could affect the quality or equitable treatment of students within the educational program.
 - vi. Any teach-out plan that is not acceptable and/or that would require undue further monitoring will not be approved and will require that the institution/program enact teach-out agreements in a timely manner.
 - vii. MEAC will notify institutions/programs of further reporting requirements within ninety (90) calendar days of submission of a complete teach-out plan to MEAC.
 - viii. If a site visit is required to verify the information provided by the institution/program, one or more members of the IBR will visit the institution/program and/or new branch campus or additional location. The institution/program is required to submit the site visit fee prior to scheduling the site visit.
- e. MEAC will monitor the status of all active teach out plans, and will continue to monitor compliance with all benchmarks as they relate to the focus stated in 2.c above.
- f. If MEAC receives a teach-out plan from a program that is accredited by another recognized accrediting agency, the Agency will notify that accrediting agency of the teach-out.
- g. MEAC will not permit any institution/program to serve as a teach-out institution if any of the following conditions are present:
 - i. The institution/program is subject to the conditions in III.N.2(b), above.
 - ii. The institution/program is under investigation, subject to an action, or being prosecuted for an issue related to academic quality, misrepresentation, fraud, or other severe matters by a law enforcement agency.
- h. MEAC requires any institution/program under a teach-out plan to provide copies of all notifications made by the institution/program related to the institution/program's closure or teach-out options to

ensure the information accurately represents the student's ability to transfer credits and may require corrections.

5. Teach-out Agreement

- a. Teach-out agreement means a written agreement between institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that proves one hundred percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study.
- b. MEAC requires an institution it accredits or preaccredits that enters into a teach out agreement, either on its own or at the request of MEAC, with another institution to submit that teach-out agreement to MEAC for approval. MEAC will approve the teach-out agreement only if the agreement is between institutions that are accredited or preaccredited by a nationally recognized accrediting agency, is consistent with applicable standards and regulations, and provides for the equitable treatment of students by ensuring that:
 - (i) The teach-out institution has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and reasonably similar in content, delivery modality, and scheduling to that provided by the institution that is ceasing operations either entirely or at one of its locations
 - (a) Note: while an option via an alternate method of delivery may be made available to students, such an option is not sufficient unless an option via the same method of delivery as the original educational program is also provided.
- c. Teach-out agreements must be submitted and approved by MEAC prior to implementation.

O. Complaints against an Institution/Program

1. MEAC will review in a timely, fair, and equitable manner any complaint it receives against an accredited/preaccredited institution or program in accordance with these procedures and will take follow-up action as appropriate based on the results of its review. MEAC encourages parties to pursue informal grievance mediation attempts with each other, or with MEAC staff or Board members, to attempt to resolve grievances informally before commencing a formal written complaint process with MEAC.
2. Scope of MEAC authority in a complaint is limited to compliance or adherence with MEAC's published standards, criteria, and policies and procedures. Matters of noncompliance will be referred to the appropriate process for remediation or show cause, as appropriate.
3. Contents of a complaint:
 - a. The complaint shall be submitted in writing and dated by the Complainant and shall include:
 - i. a statement clearly identifying the submitted materials as a written complaint, and
 - ii. identification of the institution or program against which the complaint is being filed, and
 - iii. a concise statement of the specific activities or conduct that constitute the basis of the complaint, and
 - iv. a description of the steps already taken to resolve the problem, and
 - v. the name and contact information for the person making the complaint or a statement indicating the complaint is being made anonymously. If the complaint is being made anonymously, MEAC still requires a mailing address so that requests for additional

information can be made. Every effort will be made to keep the Complainant's identity and mailing address confidential.

- b. If the written complaint does not contain the required information listed above, the MEAC Director of Accreditation will notify the Complainant, and request additional information. The Complainant has thirty (30) calendar days to respond with additional information; if additional information is not provided within thirty (30) calendar days the complaint will be considered inactive, and MEAC will take no further action unless the Complainant submits the requested information and a letter requesting that the complaint review re-commence.
 - c. The Director of Accreditation will review the complaint information, including any additional information requested by MEAC, and determine if the complaint is within the scope of the MEAC standards or policies. Should the Director of Accreditation be named in the complaint, the MEAC Executive Director or another uninvolved staff or Board member will review the complaint. If the Director of Accreditation determines that the written complaint is outside the scope of MEAC standards or policies, they will notify the Complainant and the MEAC Executive Committee. If the written complaint is found to be within the scope of MEAC standards or policies, the following procedures will commence.
4. Process for handling complaints
- a. Within fifteen (15) business days of receipt by the MEAC office of a written complaint that includes all of the required components, or submission of additional information by the Complainant as requested by MEAC to complete a complaint, a copy of the complaint and a letter requesting a response to the complaint will be forwarded via certified mail to the institution/program against which the complaint has been filed.
 - b. The Complainant will receive written notification from MEAC within fifteen (15) business days that the complaint has been received and that the complaint process has been initiated. The notification will provide an outline of the remaining steps and an anticipated date of resolution, including that the Respondent has been advised of the nature of the complaint, the address to which any additional information in support of the complaint may be sent and the deadline for the submission of any such additional material.
 - c. The institution/program (the Respondent) will then have a maximum of thirty (30) calendar days from the date of the letter from MEAC to respond to MEAC in writing to the complaint. MEAC will request the Respondent to provide documentation and/or evidence relevant to the complaint sufficient to permit evaluation of its merits.
 - d. Whenever a complaint indicates that the school may be in violation of accrediting standards or requirements, the matter will be forwarded to the MEAC Board of Directors for independent consideration or for consideration in conjunction with any other accreditation matter pending before the Board.
 - e. The MEAC President shall appoint a member of the Board of Directors who shall not have a conflict of interest nor shall have been directly involved in the circumstances giving rise to the complaint to serve as chairperson of an Investigative Committee (the "Investigative Committee") to investigate the activities or conduct under complaint.

- f. Should the MEAC President be named in the complaint, the Investigative Committee Chairperson will be appointed by an uninvolved member of the MEAC Executive Committee.
 - g. Within thirty (30) calendar days, the Chairperson of the Investigative Committee shall appoint at least one additional member of the Investigative Committee who is a current or former member of the MEAC Board of Directors or a current or former Accreditation Review Committee Member, excluding any current or former members with conflicts of interest or who may have participated directly or indirectly in the complaint under review. The Director of Accreditation will participate as an ex-officio member of the Investigative Committee. A public member must participate in either the Investigative Committee or the Executive Committee, the body that will render the complaint review decision. Within ten (10) business days of appointing the Investigative Committee members, the Chairperson of the Committee shall notify the Respondent of the names of the members of the Investigative Committee.
 - h. The Investigative Committee will review the documentation provided by the Complainant and the Respondent and create a report analyzing this documentation, including how each area of the complaint reflects compliance or non-compliance with MEAC standards, benchmarks, or policies by the Respondent. The report will also identify areas where the Respondent complied with MEAC standards, benchmarks, or policies. Where areas of inadequacy or weakness in policy, action or response by the Respondent occurred that require feedback and/or remediation, the Committee may make a recommendation for resolution of the complaint. This resolution may include:
 - i. a follow-up Monitoring or Compliance Report, to be submitted by the Respondent, addressing changes to inadequate areas or weaknesses identified in the investigation, or
 - ii. adverse action regarding the accreditation or preaccreditation status of the institution or program), and/or show cause action.
 - i. The Investigative Committee shall complete the investigation within sixty (60) calendar days after its formation.
 - j. The Chairperson of the Investigative Committee shall send the Investigative Committee's report and recommendations to the Executive Committee in advance of the Executive Committee's next available scheduled meeting and present the Committee's findings at that meeting.
 - k. The Executive Committee will consider the Investigative Committee's recommendations and determine whether the Executive Committee requires any additional information to render a decision. If no further information is required, the Executive Committee will determine what actions are needed to achieve resolution.
 - l. If more than half the Executive Committee has conflicts of interests with the complaint under review, then the consideration of the complaint will be considered by the full MEAC Board, excluding those with conflicts of interest.
5. Resolution of the complaint:
- a. If the Executive Committee decides to require a report(s) or initiate a Show Cause action in response to the complaint review, then these will follow MEAC's policies and procedures for Compliance and Monitoring Reports and Show Cause Actions (see III.G).

- b. The Director of Accreditation will notify in writing the Complainant and Respondent of the findings of the complaint review and any decisions by the MEAC Executive Committee or Board regarding actions to be taken by the Respondent.
 - c. The Respondent may request an appeal hearing to dispute the findings or MEAC's decision regarding actions to resolve the complaint. If the Respondent does not request a hearing within thirty (30) calendar days from the date of the Complaint Findings letter, MEAC will consider the complaint review closed.
 - d. The Complainant may also request a hearing if the resolution has failed to satisfy the Complainant or if the Complainant wishes to pursue the matter further. If the Complainant does not communicate in writing to within thirty (30) calendar days from the date of the Complaint Findings letter, MEAC will consider the complaint review closed.
 - e. If the Complainant and Respondent accept that the complaint review has been resolved, the MEAC Director of Accreditation will provide written confirmation of closure to both parties.
 - f. A hearing in accordance with MEAC's due process procedures will be arranged if further recourse is required and/or if the situation warrants such action.
 - g. The MEAC Director of Accreditation shall present a synopsis of the processing and outcome of complaints and investigations to the MEAC Board at the next regularly scheduled Board meeting following final resolution.
6. No person filing complaints or otherwise participating in the investigation arising from such complaints will be discriminated against, harassed, retaliated against, or disciplined as a result of said filing or participation. Procedures for offering protection and for responding to discrimination, harassment, retaliation, or discipline will adhere to MEAC's Non-discrimination policy.



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Section H: Glossary

ACADEMIC ADVISING: A systematic process based on a student-advisor relationship intended to aid students in achieving educational, career, and personal goals through the use of the full range of institutional and community resources.

ACADEMIC CALENDAR: The time frame identified in a catalog or other document and provided to the student which contains the requirements that define a student's program and schedule with academic terms, school years, and student completion timelines. This is different from a schedule of classes, which is defined below.

ACADEMIC COUNSELING: An assistance program that helps students acquire more effective and efficient study skills.

ACADEMIC DISHONESTY: Academic dishonesty or academic misconduct is any type of cheating that occurs in relation to a formal academic exercise.

ACADEMIC YEAR: A time period of at least 30 instructional weeks during which a full-time undergraduate student is expected to complete coursework. It is usually equivalent to at least 24 semester or trimester credit hours or 36 quarter credit hours at an institution using those credit hours; or at least 900 contact hours of instruction at an institution using clock hours.

ACCREDITATION: The status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency's established standards and requirements.

ACCREDITATION CYCLE: The time period between initial accreditation and re-evaluation, often ranging from 5 to 10 years.

ACCREDITING AGENCY: An organization authorized to evaluate and accredit institutions or programs based on specific criteria.

ADEQUACY OF FACULTY: Assessment of whether the faculty is adequate in quantity (often measured in student/teacher ratios) and skill (often demonstrated by credentials) to support student achievement of program objectives and goals.

ADULT TEACHING AND LEARNING: The art and science of helping adults learn (in contrast to children). Teaching adults requires an understanding of the unique characteristics of adult learners that are different from the traditional pedagogical assumptions about child learners. Adult teaching theory is based on the concept that adult learners are autonomous, free, and growth-oriented.

ACNM: American College of Nurse-Midwives. The national professional organization for Certified Nurse-Midwives and Certified Midwives
www.acnm.org

ACTIVE PARTICIPANT: An apprentice or student midwife actively involved in a birth through coaching, charting, assisting, comforting, etc.

ADDITIONAL LOCATION: A teaching facility that is geographically apart from the main campus of the institution where 50% or more of the education program is offered. The addition of such a location must be pre-approved by MEAC as a substantive change. An additional location does not meet all four elements of the definition of a branch campus.

ADEQUACY OF FACULTY: Criteria commonly used to assess the adequacy of faculty include student to teacher ratios, diversity of faculty, number of faculty, advanced degrees, peer reviews, and in-service training.

ADULT TEACHING AND LEARNING: The method and practice of teaching, especially as an academic subject or theoretical concept.

ADVANCED PLACEMENT: A status granted to students who come into a program with relevant experience that has been verified, evaluated and found to be equivalent to coursework in the program. Also, the practice of placing a student in a course based on previous achievement levels, e.g., study at another institution, by challenge examination, or College Level Examination Program (CLEP) examination results. Amount or type of credit given is determined by the institution or program within the institution.

ADVERSE ACCREDITING ACTION OR ADVERSE ACTION: Means the denial, suspension, revocation, or termination of accreditation or pre-accreditation, or any comparable accrediting action an agency may take against an institution or program.

ALIGNMENT: Alignment in higher education refers to the process of ensuring that the various components of an institution—such as curricula, learning outcomes, assessments, resources, and institutional goals—are strategically coordinated to achieve the desired educational outcomes and meet stakeholder needs.

AMERICANS WITH DISABILITIES ACT (ADA): A federal law that requires employers and others to make reasonable accommodations for people with disabilities. Please go to ADA.gov for more information.

ANTEPARTUM: The period of time during a woman's pregnancy before the onset of labor.

APPRENTICESHIP: A form of training that requires studying and working with a midwife in their practice.

ASSET TO LIABILITY RATIO (CURRENT RATIO): A ratio of liquid assets to current debts falling due within a year's time. Current assets are divided by current liabilities to arrive at the ratio. See Handbook Section E for Assets to Liabilities Ratio Worksheet.

ASSESSMENT: The systematic process of measuring an institution's or program's performance against accreditation standards.

ASSOCIATE DEGREE: An undergraduate academic degree awarded by higher education programs or institutions upon completion of the required course of study. For traditional, full-time students in the United States an associate degree is often equivalent to the first two years of a four-year college or university degree. It is the lowest in the hierarchy of post-secondary academic degrees offered in the United States.

AUDIT: A statement issued by an independent Certified Public Accountant that expresses an opinion about whether the statements present fairly a company's accordance with generally accepted accounting principles.

BACCALAUREATE DEGREE: An undergraduate academic degree awarded by a higher education program or institution upon completion of the required course of study. For traditional, full time students in the United States a baccalaureate degree requires a minimum of four years to complete. It is the second lowest in the hierarchy of post-secondary academic degrees offered in the United States.

BALANCE SHEET: In formal bookkeeping and accounting, a balance sheet is a statement of the book value of all of the assets and liabilities (including equity) of a business or other organization or person at a particular date, such as the end of a "fiscal year." It is known as a balance sheet because it reflects an accounting identity: the components of the balance sheet must (by definition) be equal, or in balance; in the most basic formulation, assets must equal liabilities and net worth, or equivalently, net worth must equal assets minus liabilities. A balance sheet is often described as a "snapshot" of the company's financial condition on a given date. Of the four basic financial statements, the balance sheet is the only statement which applies to a single point in time, instead of a period of time.

BENCHMARK: A point of reference from which measurements may be made (b) something that serves as a standard by which others may be measured or judged.

BEST PRACTICES: Methods or techniques that have been widely recognized as superior for achieving desired outcomes in education or accreditation.

BIRTH CENTER: A facility, institution or place - not normally used as a residence, which is not an ambulatory surgical center or a hospital, or in a hospital— in which births are planned to occur. See NARM's Candidate Information Bulletin – glossary. [NARM CIB](#)

BOARD CERTIFICATION: A credential awarded to midwives who pass a rigorous examination demonstrating proficiency and expertise in midwifery practice.

BRANCH CAMPUS: A location of an institution that is geographically apart and independent of the main campus of the institution. The U.S. Secretary of Education considers a location of an institution to be independent of the main campus if the location 1) is permanent in nature; (2) offers courses in educational programs leading to a degree, certificate, or other recognized educational credential; (3) has its own faculty and administrative or supervisory organization; and (4) has its own budgetary and hiring authority.

BUSINESS PLAN: A formal statement of a set of business goals, the reasons they are believed attainable, and the plan for reaching those goals. It may also contain background information about the organization or team attempting to reach those goals. Business plans may also target changes in perception and branding by the customer, client, taxpayer, or larger community. When the existing business is to assume a major change or when planning a new venture, a 3 to 5 year business plan is required, since investors will look for their annual return in that timeframe.

CAREER PLACEMENT SERVICES: Services that an institution provides to students that includes a wide variety of resources to assist with identifying career opportunities, finding up-to-date information on the latest job market trends, acquiring work experience, and developing job search skills for a successful transition from school to midwifery practice.

CERTIFICATION: A credential issued to individuals or programs verifying that specific requirements or standards have been met.

CERTIFICATE LEVEL PROGRAM: An educational program that is focused on preparing students as entry level midwives, providing the education and training of the skills necessary to meet NARM certification requirements, and preparing graduates for immediate employment in the field. It is not a degree granting program because it has not met state standards for degree granting programs, and/or does not include general education or other courses not related to midwifery.

CERTIFIED MIDWIFE (CM): A professional midwife certified by the American Midwifery Certification Board (AMCB) after completing accredited education and passing an exam.

CERTIFIED NURSE MIDWIFE (CNM): A registered nurse who has completed advanced midwifery education and obtained certification by the AMCB.

CITIZENS FOR MIDWIFERY (CFM): A national organization of midwifery supporters. See www.cfmidwifery.org for more information.

CLASSROOM FACILITY: An area in which students regularly gather for instruction from faculty or for other learning activities.

CLINICAL PLACEMENT SUPPORT: The school provides assistance to students related to finding a location and preceptor to fulfill the clinical requirement of the midwifery program.

CLINICAL PRECEPTORS: Professionals who provide clinical instruction to students.

CLINICAL PRECEPTORSHIPS: Supervised professional training designed to allow students to apply previously acquired skills and knowledge to practical situations, such as client care. Clinical experiences are school- or work-based placements in which students are taught academic and occupational skills from school or employee instructors who supervise and evaluate students' work. School-based clinical experiences typically expose students to situations and settings they might encounter once they enter their profession. Simulations and role-playing allow students to hone their professional skills in school under the direction of a classroom teacher. Work-based clinical experiences offer students real-life activities in a professional setting. These experiences, offered under the direction of a practicing midwife, are designed to help students learn the skills and attitudes necessary to become a competent practitioner. Both students and clinical instructors are typically supervised by school-based coordinators or intermediary organizations that monitor placements to ensure that appropriate instruction occurs. See www.narm.org for further information on preceptors.

CLINICAL LEARNING SITE (FACILITY): Any facility in which a student observes or participates in client care.

CLINICAL TRAINING: See clinical preceptorships

CLOCK HOUR: In higher education, a clock hour is a unit of measurement used to determine the time a student spends engaged in direct instructional activities, such as classroom lectures, lab sessions, or hands-on training. Clock hours are particularly common in vocational, technical, and some professional programs, as well as in institutions that offer shorter, career-focused education.

COHORT DEFAULT RATE: A cohort default rate is the percentage of a school's borrowers who enter repayment on certain Federal Family Education Loan (FFEL) Program or William D. Ford Federal Direct Loan (Direct Loan) Program loans during a particular federal fiscal year (FY), October 1 to September 30, and default or meet other specified conditions prior to the end of the next fiscal year. See FSA for more information.

COMMERCIAL FACILITY: A building or area zoned as a business property.

COMPETENCY-BASED EDUCATION: An approach to teaching and learning more often used in learning concrete skills than abstract learning. It differs from other approaches in that the unit of learning is extremely fine grained. Rather than a course or a module, each individual learning outcome or skill (known as a competency), is one single unit. Learners work on one competency at a time, which is likely a small component of a larger learning goal. The student is evaluated on the individual competency, and only once they have mastered it do they move on to others. After that, higher or more complex competencies are learned to a degree of mastery and isolated from other topics. Another common component of Competency-based learning is the ability to skip learning modules entirely if the learner can demonstrate they already have mastery. That can be done either through prior learning assessment or formative testing.

COMPLIANCE: Adherence to the requirements and standards set by the accrediting agency.

CONTACT HOURS: The actual number of clock hours that a student is present in a classroom or clinical setting for instruction.

CONTINUITY OF CARE: Care provided throughout prenatal, intrapartum, and postpartum periods. See www.narm.org for more information on certification requirements.

CONTINUOUS IMPROVEMENT: An ongoing effort to improve the quality and effectiveness of an institution or program.

COPYRIGHT: Copyright is a legal concept, enacted by most governments, giving the creator of an original work exclusive rights to it, usually for a limited time. Generally, it is "the right to copy", but also gives the copyright holder the right to be credited for the work, to determine who may adapt the work to other forms, who may perform the work, who may financially benefit from it, and other related rights. It is a form of intellectual property.

CORE COMPETENCIES: Specific knowledge and skills that the candidate must be able to apply to meet standards of performance required for entry level practice. The competencies have been pre-defined, are nationally recognized, and form the basics of training.

CORRESPONDENCE EDUCATION: (1) Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor; (2) interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student; (3) correspondence courses are typically self-paced; (4) correspondence education is not distance education.

COUNSELING: Providing support and/or guidance to students in times of need as a result of personal or school-related crises. "Counseling" may include referring students to professional counselors when indicated.

CERTIFIED PROFESSIONAL MIDWIFE: A midwife nationally certified by the North American Registry of Midwives (NARM). See www.narm.org for more information

CREDIT(S): A unit of academic progress, also known as "credit hours," generally indicated as quarter, trimester, or semester credit hours. One credit hour is equivalent to 50 minutes of instruction.

CULTURAL SENSITIVITY: The quality of being aware and accepting of other cultures. A person who is culturally sensitive is aware that there could be differences between their culture and another person's, and that these differences could affect their relationship and the way they communicate with each other. A culturally sensitive person would understand other countries' traditions and ways of life, or attempt to learn and apply new understandings. Importantly, culturally sensitive people attempt to be free from prejudices and preconceptions about other cultures. This term is used along with cultural sensitivity in MEAC's standards rather than the term cultural competence.

CULTURAL VERSATILITY: A person's ability to temporarily modify his or her behaviors to help others believe that their concerns and expectations are being met. This term is used along with cultural sensitivity in MEAC's standards rather than the term cultural competence.

CURRENT: Prevalent, customary, and most recent.

CURRICULUM: A detailed outline of the courses, modules or other discrete units of instruction, including clinical training, and intended learning outcomes in a timeline format that indicates how students will proceed through the program to completion. Credit value and/or classroom hours should be included.

DEGREE-GRANTING INSTITUTION: A school recognized by a state authority and accrediting agency that grants AS, AA, BA, BS, MA, MS or PhD degrees to students according to generally accepted standards in higher education. A degree-granting institution may offer degrees in addition to a basic curriculum in midwifery.

DEGREE-LEVEL PROGRAM: An institution that intends to grant degrees must meet additional criteria established by MEAC for degree-granting institutions. If an institution or program wishes to add a degree level program, it must apply to MEAC prior to instituting that degree program as a substantive change. See MEAC Policies and Procedures Section III.

DIDACTIC: Instruction that involves lecture and textbook instruction rather than hands-on demonstration and laboratory study.

DIRECT-ENTRY MIDWIFE: A midwife who trained by entering directly into midwifery education, and not through a nursing program.

DISCRETE UNITS OF INSTRUCTION: Classes, modules, courses, or course sections that can be identified separately within a midwifery curriculum. Each unit or section has identified learning objectives, learning activities, learning resources, and evaluation tools or methods.

DISCRIMINATION: The prejudicial and/or distinguishing treatment of an individual based on their actual or perceived membership in a certain group or category.

DISSERTATION: The lengthy study of a subject, usually culminating in a written thesis, as part of a course of study.

DISTANCE EDUCATION/PROGRAM: Distance education is a formal educational process that uses technology to deliver instruction to students who are not in the same physical location as the instructor. It can include courses and programs that are offered online, off-campus, or electronically. Distance education can use a variety of technologies, including: The Internet, Satellite or wireless communication, Audio and video conferencing, instructional television, and telecourses. Distance education can be categorized as fully distance or hybrid/blended. A fully distance course has no more than 15% of instructional time in face-to-face sessions. A hybrid/blended course has more than 50% but less than 85% of instruction occurs when the student and instructor are not in the same place. Some schools use platforms like Zoom, Blackboard, Canvas, Google Classroom, Google Meet, Microsoft Teams, D2L, and Edgenuity for distance learning.

DIVERSITY, EQUITY, AND INCLUSION: A concept that aims to acknowledge, embrace, and support people from all backgrounds, identities, and experiences, ensuring everyone has equal opportunity to participate and contribute, regardless of factors like race, gender, ethnicity, sexual orientation, ability, or religion; essentially, it means creating an environment where everyone feels welcomed and valued for their unique differences.

DOCTRINE OF FAIR USE: The intangible rights granted by statute to the author or originator of certain literary or artistic productions, whereby, for a limited period, the exclusive privilege is given to that person (or to any party to whom he or she transfers ownership) to make copies of the same for publication and sale.

[U.S. Copyright Office Fair Use Index](#)

[Fair Use Overview](#)

[Copyright Advisory Services](#)

DOCUMENTATION: The collection of evidence and records used to demonstrate compliance with accreditation standards.

DUE PROCESS: Procedures ensuring that institutions or programs have a fair opportunity to present evidence and respond to findings during the accreditation process.

EDUCATIONAL RECORDS: Those records, files, documents, and other materials that contain information directly related to a student and are maintained by the Institution or by a person acting for the Institution. Education records take many forms, including paper and electronic. Education records are subject to regulations under the Family Educational Rights and Privacy Act (FERPA). Education records include:

- Grades
- Class lists
- Student course schedules
- Disciplinary records
- Student financial records
- Payroll records for employees who are employed as a direct result of their status as students (e.g. work study, assistantships, resident assistants)

EDUCATIONAL PROGRAM: A postsecondary course of study that generally leads to an academic or professional degree, vocational certificate, or other recognized credential. The U.S. Secretary of Education considers that a postsecondary institution is not providing an "educational program" if the institution itself does not provide the program's instruction (including a course of independent study) but merely gives credit for one or more of the following: instruction provided by other institutions or organizations, or other accomplishments such as "life experience."

ELECTRONIC SECURITY MEASURES: May include but not limited to password protection, encryption, secure online or proctored exams, etc.

ELIGIBILITY: The criteria an institution or program must meet before applying for accreditation.

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT (ECAR): A report sent to a school from the U.S. Department of Education after a school has been approved to participate in Title IV Federal Family Education Loan Programs. It confirms the information used in the school's Application for Approval to Participate in the Federal Student Financial Aid Programs. When there are changes to the list of officials eligible to certify or sign for a federal Stafford or PLUS Loan, the ECAR must be updated as soon as possible to eliminate delays. See [ECAR](#) for more information on eligibility.

ENCRYPTION: A form of electronic security whereby data is converted into a form, called a ciphertext that cannot be easily understood by unauthorized people. Decryption is the process of converting encrypted data back into its original form, so it can be understood.

ENROLLED STUDENTS: Students enrolled at any time during an academic year, as well as continuing students, even those who are taking a temporary leave of absence. See also Matriculating Students.

ENROLLMENT: (a) The process of registering for classes. (b) The total number of students at an institution.

ENROLLMENT AGREEMENT: A contract between a student and an institution that provides certain terms and conditions. MEAC requires that certain topics be addressed in enrollment agreements.

EVALUATION: The process of reviewing an institution or program to determine if it meets accreditation standards.

EVALUATION METHODS (STUDENT): Processes or means of assessing student achievement, e.g. written examinations, oral examinations, performance examinations, research papers, presentations, projects, or other qualitative or quantitative measures.

EVIDENCE-BASED: Decisions or actions supported by verifiable data or information.

EVIDENCE-BASED PRACTICE: The integration of clinical expertise, patient values, and the best available research evidence into decision-making for patient care.

EXTERNAL AUDIT: See Glossary Term "Audit." An audit conducted by an independent certified professional accountant (CPA) who has no financial relationship with the business being audited.

EXTERNAL FINANCIAL REVIEW: The un-audited review of financial statements of a business or organization by an independent accountant for the purpose of determining the accuracy and plausibility of the information being reviewed. Such a review includes inquiries concerning financial, operating and contractual information, the application of analytical procedures and discussions with officials of the enterprise.

EXTERNAL PRECEPTORSHIP SITE: A site in which midwifery students receive clinical training that is not located within or operated by the accredited institution or program itself. Sites may include offices/clinics, birth centers, hospitals and home-birth settings.

FACULTY: Persons who instruct or guide students in developing their theoretical knowledge base and/or clinical skills within a school or program. MEAC considers both didactic and clinical instructors/preceptors as faculty.

FACULTY PERFORMANCE EVALUATION: The assessment of how didactic and clinical instructors/preceptors carry out their responsibilities.

FACULTY-STUDENT RATIO: The number of faculty members available relative to the number of students, indicating the level of individualized attention possible.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA): A Federal law that protects the privacy of student education records and assures certain student rights concerning their records. See [FERPA](#) for more information.

FELLOWSHIP: Advanced training opportunities for midwives who wish to specialize in a particular area of practice.

FINANCIAL AID ADVISEMENT: Guidance and support for students looking for financial aid to assist in paying the expenses of attending school.

FINANCIAL ACCOUNTABILITY: Financial accountability results from holding an individual(s) accountable for effectively performing a financial activity, such as a key control procedure within a financial transaction process. A well-defined financial accountability structure serves as the foundation for establishing effective financial processes. Accountability is officially delegated from a governance group, such as a Board of Directors, or from one individual having delegated authority to another specific individual.

FINANCIAL RECORDS (STUDENT): Those records, files, documents, and other materials that contain information directly related to a student and are maintained by the Institution or by a person acting for the Institution.

FINANCIAL REPORTS OR STATEMENTS: Reports such as the balance sheet, income statement, and statement of cash flows, which summarize the financial status and operations of a business entity.

FINDINGS: Results or conclusions drawn from the accreditation review process, often detailing strengths and areas for improvement.

FOCUSED VISIT: A targeted site visit by an accrediting agency to address specific concerns or follow-up on prior findings.

FORMATIVE ASSESSMENT: The goal of formative assessment is to monitor student learning to provide ongoing feedback that can be used by instructors to improve their teaching and by students to improve their learning. More specifically, formative assessments: help students identify their strengths and weaknesses and target areas that need work, help faculty recognize where students are struggling and address problems immediately. Formative assessments are generally low stakes, which means that they have low or no point value. Examples of formative assessments include asking students to: draw a concept map in class to represent their understanding of a topic, submit one or two sentences identifying the main point of a lecture, turn in a research proposal for early feedback.

FULL SCOPE MIDWIFERY PRACTICE: A midwifery practice encompassing all aspects of maternity care for preconception through postpartum care.

GAGAS AUDIT: Audits performed under Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States, which are applicable to financial audits. These GAGAS standards have been adopted by the American Institute of Certified Professional Accountants. See [GAGAS](#) for more information.

GENERAL EDUCATION COMPONENTS OR COURSES: These are courses that are designed to provide students in degree-programs with a broad academic foundation and include an appropriate distribution of coursework from the humanities, applied sciences and social sciences. State postsecondary education rules typically establish minimum requirements.

GESTATIONAL AGE: The age of a pregnancy calculated from the first day of the last menstrual period.

GOVERNANCE: The set of processes, customs and policies affecting the way in which a school is directed, administered or controlled.

GOVERNANCE STRUCTURE: The type of legal entity which directs, controls, and administers the educational institution, and an overview or organizational chart of the role, functions, and membership of that organization. For educational institutions, governance types may include sole proprietorships, partnerships (general or limited liability partnerships), or corporations (non-profit, for-profit, government).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): A Federal law which sets national standards to protect the privacy of personal health information. See [HIPAA Home | HHS.gov](http://HIPAAHome.HHS.gov) for more information

INACTIVE: See "leave of absence".

INDEPENDENT/INDEPENDENTLY: Not relying on instructors, preceptors, classmates, or others for assistance or support.

INDEPENDENT ACCOUNTANT: Certified Public Accountant (CPA) in public practice having no financial or other interest in the client whose financial statements are being examined.

INDEPENDENT PROJECT (FOR MASTER'S OR DOCTORAL PROGRAMS): A degree project is a major independent project or thesis completed by a student in the student's main subject area, individually or in a small group. Such a project will often require a specified number of weeks of full-time work, equivalent to a certain number of credits. The project may be presented in the form of a paper and/or presentation.

INDIVIDUAL LEARNING NEEDS: Taking into consideration the unique strengths and weaknesses, and the goals of individual students.

INSTITUTION: (1) A freestanding educational organization that provides one or more educational programs leading to a certificate or degree. (2) A clearly defined, appropriately authorized entity which has or seeks accreditation, and conducts activities within the scope of the accrediting authority of MEAC.

INSTITUTIONAL ACCREDITATION: This type of accreditation refers to the review and approval of an entire institution, including all of its financial and management aspects. MEAC provides institutional accreditation for independent educational entities primarily providing midwifery training within the context of a proprietary or non-profit organization.

INTELLECTUAL PROPERTY: Intellectual property is a legal concept which refers to creations of the mind for which exclusive rights are recognized.

INTERIM REPORT: A periodic report submitted between full accreditation reviews to demonstrate continued compliance.

INTRAPARTUM: The period during labor and childbirth.

JOB DESCRIPTION: Action-oriented, clear and concise statement that identifies the primary duties performed and responsibilities carried out in a particular job. It is not meant to be an encyclopedia of every task performed. Job descriptions should be used for hiring, job evaluation and classification, and performance appraisal.

LAY MIDWIFE: A term that has been used to describe midwives who were not trained within a formal educational program.

LEARNING ACTIVITIES: Activities engaged in by the learner, through observation or participation, for the purpose of acquiring certain skills, concepts, or knowledge, whether guided by an instructor or not. A list of learning activities can usually be found in a course syllabus. Examples include lecture, discussion, films, skills demonstrations and practices, role-plays, small group activities, reading and writing assignments.

LEARNING MANAGEMENT SYSTEM: A software platform or application used to deliver, manage, track, and assess educational or training programs. LMS platforms are widely utilized in educational institutions, corporate training, and professional development programs to streamline learning processes and make educational content accessible in a digital format.

LEARNING MATERIALS AND RESOURCES: Materials available to students to assist them in achieving learning objectives that are represented, accessible, or stored in a variety of media and formats. A list of learning materials and resources can usually be found in a course syllabus. Examples include books, journals, videos, computers, clinical supplies, teaching aids.

LEARNING OBJECTIVES: Specific measurable goals that state what the students are expected to do as a result of a learning activity or upon completion of a module, course, or other discrete unit of instruction. "Measurable" means that the student should be able to demonstrate that the objective has been met, so specific action verbs such as "labels the bones of the pelvis" or "demonstrates giving an injection" should be used. Words which are less suggestive of actions and tend to result in weaker, less measurable learning objectives/outcomes are: Know, Understand, Comprehend, Feel, Learn, Appreciate. Learning objectives are related to mission and program goals.

LEARNING STYLES: The different ways individuals prefer to process, understand, and retain information. These styles are based on the idea that people learn best when information is presented in a manner that aligns with their natural preferences and cognitive strengths.

LEAVE OF ABSENCE: A set period of time in which a student temporarily withdraws from the program for mitigating circumstances such as family, illness, etc, with a plan to re-enroll.

LEGAL FORM OF OWNERSHIP: The type of entity that controls/owns the institution, including but not limited to: sole proprietorship, partnership, limited liability company, non-profit corporation, for profit corporation, publicly held corporation.

LEGALLY AUTHORIZED: Having the necessary approval from the state where the school is located and in any other states where the school may have a presence. Each state handles this authorization process differently. A good resource for learning about each state's requirements can be found here: [State Requirements](#).

LENGTH OF PROGRAM: Parameters established by the institution/program that establish how long students have to complete the program, specifically the minimum amount of time required and the maximum amount of time allowed. The program determines its own length after taking into consideration learning activities that students must accomplish in order to master the skills, knowledge and behaviors outlined in the MEAC curriculum checklist as well as any clinical training hours required for certification by NARM and state legislation. The adequacy of the program length should be reaffirmed by the evaluation of the program assessment process. (see Standard I Benchmark B1).

LIBRARY/LEARNING RESOURCES: an organized collection of resources made accessible to a defined community for reference or borrowing. It provides physical or digital access to material, and may be a physical building or room, or a virtual space, or both.

LICENSED MIDWIFE: A midwife who is legally recognized and regulated by her state or jurisdiction.

LICENSURE: The process by which a midwife obtains legal authorization to practice in a particular jurisdiction.

MAJORITY: One number greater than half of the total number being measured.

MANAGEMENT LETTER: Comments and/or recommendations from a certified public accountant which accompany his/her audit, in order to improve the internal control structure or achieve other operational efficiencies in the organization.

MASTER'S DEGREE: A graduate academic degree awarded by a higher education program or institution upon completion of the required course of study. This degree is available to individuals who have either completed a baccalaureate degree or are working to complete the baccalaureate and masters requirements simultaneously in an articulated master's program.

MATRICULATING STUDENT: A person enrolled or accepted for enrollment in a program or institution for the purpose of obtaining a degree or certificate offered by that institution.

MAXIMUM TIME FRAME: The maximum amount of time a program will allow for student completion of the curriculum requirements before the student is no longer considered to be matriculating. The program determines its own maximum time frame. A maximum timeframe is generally one and one half times the normal allotted timeframe, for example, if a program is designed to be completed in 3 years then a maximum timeframe would be 4.5 years to complete. This would not include permitted leaves of absence for a student.

MEASURE OF PROGRAM LENGTH: In educational and training programs, the **measure of program length** refers to the standardized method used to determine the duration or required commitment to complete a program. It is a key metric for understanding the scope of a program and ensuring consistency across institutions, particularly for accreditation, financial aid eligibility, and student planning.

MIDWIFERY MODEL OF CARE: This refers to the model of care provided by midwives. There are numerous resources on this subject, but MEAC suggests that, as a minimum, schools address all elements of the Midwives Model of Care, which can be found at www.cfmidwifery.org

MIDWIVES MODEL OF CARE™: The Midwives Model of Care™ is based on the fact that pregnancy and birth are normal life processes, and includes:

- monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle;
- providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support;
- minimizing technological interventions; and
- identifying and referring women who require obstetrical attention.

The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

MINUTES: Minutes are the instant written record of a meeting. They typically describe the events of the meeting, starting with a list of attendees, a statement of the issues considered by the participants, and related responses or decisions for the issues. Generally, minutes begin with the name of the body holding the meeting (e.g. a committee), place, date, list of people present, and the time that the chair called the meeting to order. The primary function of minutes is to record the decisions made, therefore, all official decisions must be included. If the members of the committee or group then agree that the written minutes reflect what happened at the meeting, then they are approved, and the fact of their approval is recorded in the minutes of the current meeting.

MISSION STATEMENT: A broad statement of the purpose of your institution or program. It is also an opportunity to articulate what is unique or special about your institution or program. An example would be "to prepare professional midwives to be competent to practice in out-of-hospital settings." Another might be "to prepare midwives to serve Spanish-speaking families in the U.S. and Central America."

MODULE: A unit of education or instruction in which a single topic or a small section of a broad topic is studied for a given period of time.

MONTHLY CASH FLOW: A financial planning tool that shows the expected cash influx and outflow during the budget period, including receipts from loans needed to maintain a minimum cash balance and repayments of such loans.

NATIONAL ASSOCIATION OF CERTIFIED PROFESSIONAL MIDWIVES (NACPM): A professional association whose members are CPMs that has adopted Philosophy and Principles of Practice and Standards of Practice. See <http://www.nacpm.org/> for more information.

NEONATAL: Relating to the first 28 days of a newborn's life.

NEW STUDENT ORIENTATION: Orientation addressing the academic, social, emotional, and intellectual issues involved in beginning an educational path at an institution or program, which may last a few hours or a few days.

NON-DISCRIMINATION POLICY: MEAC standards require accredited institutions or programs to develop and enforce a policy which precludes the discrimination of individuals for employment (faculty and administration) or enrollment on the basis of sex, gender identity, race, color, marital status, ethnic origin, religion, age, sexual orientation, or disability.

NON-MATRICULATING STUDENT: A student enrolled in courses, but not admitted to or intending to, complete a program leading to a degree or certificate.

NORTH AMERICAN REGISTRY OF MIDWIVES (NARM): An organization that sets standards for and provides a mechanism for the certification of midwives, including graduates of MEAC accredited institutions/programs. See www.narm.org for more information.

OPERATIONS BUDGET: A formal statement of future plans, expected income by source and expected expenses by category for a discrete period of time, usually expressed in monetary terms. Budgeting is the process of developing formal plans for future financial activities, often serving as a basis for evaluating actual performance.

ORGANIZATIONAL BYLAWS: Rules or laws established by an organization to regulate itself, as allowed or provided for by some higher authority. The higher authority, generally a legislature or some other governmental body, establishes the degree of control that the by-laws may exercise.

ORGANIZATIONAL CHART: A diagram that clearly illustrates the supervisory relationships among the school's owners, management and all other employees, including faculty and preceptors. The diagram should specify positions by job title rather than by the names of individuals.

OUT OF HOSPITAL BIRTH: A planned birth in a home, free-standing birth center, or other location independent of a hospital. See Candidate Information Bulletin [NARM CIB](#) for more information.

PEER REVIEW (IN ACCREDITATION): Evaluation of a person's work or performance by a group of people in the same occupation, profession, or industry.

PLAGIARISM: The "wrongful appropriation" of another author's language, thoughts, ideas, or expressions, and the representation of them as one's own original work. See: [Copyright Advisory Services](#).

POLICIES AND PROCEDURES: A set of documents that describe an organization's policies for operation and the procedures necessary to fulfill the policies.

POST-PARTUM: The period after childbirth when a mother's body returns to a non-pregnant state.

POST-SECONDARY EDUCATION: The non-compulsory educational level following the completion of a school providing a secondary education, such as a high school, or secondary school. Also referred to as higher education.

PRACTICE: See theory and practice.

PRACTITIONER: Educator and practitioner relating to those who serve on the accrediting bodies, appeals panels and site visits.

PRECEPTOR: A faculty member who serves as clinical instructor within a midwifery program.

PRE-ACCREDITATION: To apply for accreditation, institutions or programs must have graduated at least four students—the majority of whom is licensed or certified midwives or is working in midwifery or a related field. Institutions or programs who do not meet these criteria may apply for pre-accreditation, but must otherwise meet the same standards as those set for institutions or programs seeking accreditation.

PRENATAL: The period of time, conditions, or medical care occurring before birth, spanning from conception to the start of labor.

PRESENCE: A term related to the requirement for state authorization of distance education programs. The definition of this term varies from state-to-state. A good resource for learning about each state's definition of the term can be found here: [State Requirements](#).

PRIMARY MIDWIFE/CARE PROVIDER: Person who has full responsibility for provision of all aspects of midwifery care (prenatal, intrapartum, postpartum, and newborn) without the need for supervisory personnel. See Candidate Information Bulletin <http://www.narm.org/pdffiles/cib.pdf> for more information.

PRIMARY MIDWIFE UNDER SUPERVISION: An apprentice or student midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during any care provided. See Candidate Information Bulletin [NARM CIB](#) for more information.

PRIOR LEARNING ASSESSMENT: A term used to describe learning gained outside a traditional academic environment; the evaluation and assessment of an individual's life learning for college credit, certification, or advanced standing toward further education or training.

PROCTOR: A person authorized by the school or program to oversee or administer a course that a student completes independently using a prepared curriculum and examinations. "Proctors" are different from faculty and do not necessarily meet the same qualifications as a faculty member.

PROFESSIONAL DEVELOPMENT: Refers to ongoing learning opportunities designed to enhance the skills, knowledge, and effectiveness of faculty, staff, and administrators. It plays a critical role in maintaining high standards of teaching, research, and service while fostering a culture of continuous improvement within institutions.

PROFIT AND LOSS STATEMENT: A financial statement for companies or nonprofit organizations that indicates how net revenue (money received from the sale of products and services before expenses are taken out, also known as the "top line") is transformed into net income (the result after all revenues and expenses have been accounted for, also known as the "bottom line"). This report is also known as an income statement. It

summarizes income and expenses for the month, so you can tell whether you're operating at a profit or a loss. The report shows subtotals for each income or expense account in your chart of accounts. The last line shows your net income (or loss) for the month.

PROGRAM: A series of courses, which have been sequentially combined, that has a terminal objective and leads to a certificate of completion, diploma, or degree.

PROGRAM ASSESSMENT: MEAC requires accredited programs and institutions to conduct ongoing assessment of the accredited midwifery program(s). The purpose of the program assessment is to identify areas for improvement in the program by evaluating whether the program goals are being met. This is a diagnostic tool and part of a program's continual quality improvement process. See Program Goals for more information and examples.

PROGRAM GOALS: Midwifery education program goals are the broad hoped-for outcomes for students at the completion of the education program. Program goals should be measurable in order to do a thorough program assessment. Depending on the goal, these measurements may or may not be directly tied to the learning objectives of particular courses (though taken as a whole, the learning objectives of the courses at your program/institution should add up to a package that helps you achieve your program goals). For example, all MEAC accredited institutions and programs should have as a program goal that graduates are prepared to be nationally certified by North American Registry of Midwives and/or to be state licensed. (see Standard I Benchmark C4).

Examples of program goals, not required in the MEAC standards, include:

- 1) Program Goal: To educate leaders in the midwifery community
 - a) Measure (not tied to learning objectives): Number (or percentage) of alumni who serve in leadership roles in midwifery organization, e.g. state midwifery boards, state NACPM chapters, board roles in AMO organizations, etc.
 - b) Measure (tied to learning objectives): Successful completion of courses focusing on leadership, including MDW 309-Midwifery Organizations in Context and LPD 403- Leadership and Personal Development
- 2) Program Goal: To increase the supply of midwives in California by training midwives who are licensed and practice in this state.
 - a) Measure (not tied to learning objectives): Percentage of alumnae licensed in California
 - b) Measure: (not tied to learning objectives): Percentage of alumnae practicing in California

PROGRAM PARTICIPATION AGREEMENT (PPA): -A written agreement that must be signed by both a top official at an institution and the U.S. Secretary of Education that permits the institution to participate in one or more federal Title IV student aid programs (other than the Leveraging Educational Assistance Partnership [LEAP] Program). The signed agreement makes the institution's initial and continued eligibility to participate in Title IV programs conditional on compliance with all provisions of the applicable laws and program regulations. This agreement may have to be updated periodically due to changes at the institution. See [PPA Info](#) and [ESA](#) for more information.

PROGRAMMATIC ACCREDITATION: This type of accreditation refers to the review and approval of a midwifery program that legally functions as part of an institution with a scope larger than midwifery. In order for an entity to apply for program accreditation, it must be housed within an institution already accredited by a U.S.E.D. recognized accrediting agency.

QUALITY ASSURANCE: The systematic process of ensuring that an institution or program meets defined standards of quality.

QUALITY INDICATORS: Specific measures used to evaluate the effectiveness and quality of an institution or program.

QUALITATIVE MEASURES: Assessments or analyses that are not numerical in nature. Examples are in-depth interviews, personal references, or written essays.

QUANTITATIVE MEASURES: Assessments that can be reported numerically. Examples include a person's age, test scores, or GPA.

QUARTER SYSTEM: Academic term in which the year is divided into four quarters, each approximately ten to thirteen weeks long.

REACCREDITATION: The process by which an accredited institution or program undergoes re-evaluation to maintain its accredited status.

REASONABLE ACCOMMODATION: Changes made in physical facilities, learning activities, assessment methods, and other aspects of the school's services that support the success of students, faculty and staff with disabilities. See Americans with Disabilities Act link above.

RECERTIFICATION: The process by which midwives renew their certification to ensure continued competence in their field.

RECORDS MANAGEMENT AND RETENTION: The practice of identifying, classifying, archiving, preserving, and destroying records. Birth certificates, medical x-rays, office documents, databases, application data, and e-mail are all examples of records.

RECRUITMENT PROCESS (STUDENT): Policies and procedures for advertising/ marketing to attract students to apply for enrollment in a program

REGULATORY AGENCIES: Public agencies or organizations mandated by state or federal statute responsible for the oversight and regulation of higher education, career education, and midwifery education.

REMEDATION: The act or process of correcting a fault or deficiency.

RESPONSIBILITIES OF FACULTY: Used in the context of a job description, these describe the specific tasks and jobs that an individual must perform and/or participate in as part of their obligation to the institution/program.

RISK MANAGEMENT PLAN: A document prepared to foresee risks, estimate impacts, and define responses to issues. A risk is "an uncertain event or condition that, if it occurs, has a positive or negative effect on an organization's objectives." Risk is inherent in all organizations so they should assess risks continually and develop plans to address them. The risk management plan contains an analysis of likely risks with both high and low impact, as well as mitigation strategies to help the project avoid being derailed should common problems arise. Likely risks for midwifery schools include: legal, financial, loss of key personnel, natural disasters, etc.

RUBRIC: A framework or scoring guide used to evaluate performance against accreditation standards.

SAFETY PLAN: A predetermined procedure, generally written, to inform people of how to respond in an emergency or hazardous situation.

SATISFACTORY ACADEMIC PROGRESS: Policies and procedures established by an institution/program that determine whether or not students are making satisfactory progress toward their educational goals. Students who receive Title IV funds must be making satisfactory academic progress in order to remain eligible for financial assistance. Schools must check at least once each academic year and document for each payment period that each student receiving Title IV aid is progressing satisfactorily in their academic program. See [SAP](#) for more information.

SCHEDULE OF CLASSES: A list of courses to be offered for a given semester or quarter providing the days, time, meeting place and usually the instructor of the course. Some class schedules also contain academic calendar information, including deadlines for registration transactions, and additional course fees, financial aid, and other pertinent information.

SCOPE OF PRACTICE: The procedures, actions, and processes permitted by law or professional standards for midwives.

SELF-EVALUATION REPORT (SER): The report an institution or program prepares which fully describes how it meets each of the MEAC standards and benchmarks, with all supporting documentation/evidence to support their report.

SELF-STUDY: A comprehensive internal review conducted by an institution or program to assess its adherence to accreditation standards.

SEMESTER SYSTEM: Academic term in which the year is divided into two semesters, generally about thirteen to fifteen weeks long.

SEPARATION OF DUTIES: Regarding financial practices, the division of tasks between at least two people in the collection of and banking of monies received to ensure ethical financial practices.

SHOW CAUSE: A non-adverse action taken by MEAC requiring an institution or program to provide sufficient evidence to demonstrate why the institution/program's accreditation should not be withdrawn. See MEAC Policies and Procedures Section III.

SITE VISIT: An in-person evaluation conducted by representatives of the accrediting agency to verify compliance with standards.

SOCIAL SUPPORT SERVICES: Social support consists of strategies that foster and fortify social networks, school-connectedness, self-confidence, and academic motivation through intentional services, behaviors, structures, and expectations. Kuh and Love (2004) found that students who made cultural connections through social groups that reflect their culture of origin were more likely to persist in higher education. While such groups may form organically and informally, universities may also foster and create such opportunities to connect. Specific forms of social support provided by colleges, such as cohorts (Harris 2006) and learning communities (Tinto 2004) help students share academic experiences together, thus linking academic and social integration.

SOLVENCY: The ability of an institution to meet its long-term financial obligations. MEAC uses ratios to analyze an institution's solvency.

STANDARDS: The established criteria that institutions or programs must meet to achieve accreditation.

STATE POST-SECONDARY EDUCATION AUTHORITY: A regulatory agency mandated by state law to oversee and institute rules for higher education institutions and programs.

STATED TIMEFRAME: The amount of time it takes for most students to complete the midwifery program as determined by the institution or program; this is the amount of time described in program materials.

STRATEGIC PLAN: Strategic planning is an organization's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy. In order to determine the direction of the organization, it is necessary to understand its current position and the possible avenues through which it can pursue a particular course of action. The key components of 'strategic planning' include an understanding of the firm's vision, mission, values and strategies.

STUDENT ACHIEVEMENT: Terminology used by the U.S Department of Education to assess whether institutions of higher education are succeeding in helping their students to achieve their academic goals. MEAC requires accredited institutions and programs to demonstrate the following measures of student achievement: completion (of the program), retention, graduate placement, and certification exam pass rates. (See Standard I Benchmark C).

STUDENT ADMISSIONS CRITERIA: Decisive factors, requirements and conditions that a student must meet in order to enroll in a program.

STUDENT AND EXCHANGE AND VISITOR PROGRAM (SEVP): Acts as the bridge for varied government organizations which have an interest in information on foreign students. It uses web- based technology, the Student and Exchange Visitor Information System (SEVIS) to track and monitor schools and programs, students, exchange visitors and their dependents throughout the duration of approved participation within the U.S. education system. See [Student and Exchange Visitor Program | ICE](#) for more information.

STUDENT EVALUATION/ASSESSMENT: The evaluation of a student's learning to determine progress and level of performance.

STUDENT FINANCIAL AID: Financial assistance for an eligible student; usually for tuition but possibly for other educational and living expenses, available in the form of grants, loans, and scholarships.

STUDENT LEDGERS: A current and accurate record of student payments, credits and debits. Title IV institutions must meet specific requirements for these ledgers.

STUDENT PROGRESS: Policies and procedures for measuring how students advance, develop, gain knowledge or move forward in their education.

STUDENT SERVICES: Programs offered by an institution to offer assistance and support to students, such as counseling, financial aid information, tutoring, housing, childcare, new student orientation, clinical placement assistance, accommodation for disabilities, learning resources.

STUDENT INFORMATION SYSTEM: A software platform designed to manage, store, and track information related to students and their academic records. SIS is commonly used in educational institutions such as schools, colleges, and universities to streamline administrative processes and improve communication between administrators, teachers, students, and parents.

SUBSTANTIVE CHANGE: Any significant change to the educational mission or programs of an institution that might adversely affect the capacity of the institution or program to meet MEAC's standards, including changes in curriculum, mission/objectives, ownership, legal status, location, additional locations, additions of branch campus. See MEAC Policies and Procedures Section III.

SUMMATIVE ASSESSMENT: The goal of summative assessment is to evaluate student learning at the end of an instructional unit by comparing it against some standard or benchmark. Summative assessments are often high stakes, which means that they have a high point value. Examples of summative assessments include: a midterm exam, a final project, a paper, a senior recital. Information from summative assessments can be used formatively when students or faculty use it to guide their efforts and activities in subsequent courses.

SUPERVISION/SUPERVISORY RELATIONSHIP: A relationship in which one party oversees the work of another, evaluates the quality of the work and provides guidance and direction. See Candidate Information Bulletin [NARM CIB](#) for more information.

SYLLABUS/SYLLABI: An outline or other brief statement describing the main topics of curriculum for a course and requirements of students enrolled in the course. Syllabi typically focus on the learner. Well-written syllabi communicate to students what is expected to succeed in a course and what competencies must be mastered. Syllabi assist faculty members with communicating with their learners and help learners understand what is expected of them. Follow this link for information on best practices in syllabi writing: [Best Practices in Syllabus Writing: Contents of a Learner-Centered Syllabus - PMC](#).

SYSTEM BACKUP: Refers to the copying and archiving of computer data so it may be used to restore the original after a data loss event. Backups have two distinct purposes. The primary purpose is to recover data after its loss, be it by data deletion or corruption. The secondary purpose of

backups is to recover data from an earlier time, according to a user-defined data retention policy, typically configured within a backup application for how long copies of data are required.

TEACHING AIDS: Any device, object, or machine used by a teacher to clarify or enliven a subject in an effort to achieve the specified learning objectives.

TEACH-OUT AGREEMENT: A written agreement between institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that provides one hundred percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study.

TEACH-OUT PLAN: A written plan developed by an institution that provides for the equitable treatment of students if an institution, or an institutional location that provides one hundred percent of at least one program, ceases to operate before all students have completed their program of study, and may include, if required by the institution's accrediting agency, a teach-out agreement between institutions.

TECHNOLOGY PLAN: A plan prepared by a school to explain how telecommunications and information technology will be used to achieve educational goals, curriculum reforms, or library service improvements.

TECHNOLOGY/TECHNICAL SUPPORT: In general, technical support services attempt to help the user solve specific problems with a product—rather than providing training, customization, or other support services.

TERMS OF EMPLOYMENT: A contract signed by employees to acknowledge that they understand and agree with the basic terms of their employment and scope of duties. It provides basic employment conditions that protect the company, and helps ensure that the employee cannot later deny awareness, responsibility, or accountability. The document should clarify the intentions of the employer and employee. To ensure that the terms can be enforced, the Terms of Employment (and other related documents) should be signed before employment begins. Although many employee rights and employer obligations are established by federal law, state law still controls a great deal of the employment relationship. Employers are urged to have the Terms of Employment and other related employment forms reviewed by the company's local attorneys, and to use those forms in a manner prescribed by local law.

TITLE IV: A section of the Higher Education Act (HEA) of 1965, a federal law in the United States that governs federal student aid programs. Title IV outlines the rules and funding mechanisms for federal financial assistance to students pursuing post-secondary education. These programs are administered by the U.S. Department of Education and aim to improve access to higher education.

TITLE IX: A federal civil rights law in the United States that prohibits discrimination on the basis of sex in any educational program or activity receiving federal financial assistance. Enacted as part of the Education Amendments of 1972, Title IX is administered by the U.S. Department of Education's Office for Civil Rights (OCR).

THEORY AND PRACTICE: Two aspects of education. Theory is very often contrasted to "practice"; a Greek term for "doing", which is opposed to theory because pure theory involves no doing apart from itself. A classical example of the distinction between theoretical and practical uses the discipline of medicine: medical theory involves trying to understand the causes and nature of health and sickness, while the practical side of medicine is hands-on – trying to make people healthy. These two things are related but can be independent, because it is possible to research health and sickness without curing specific patients, and it is possible to cure a patient without knowing how the cure worked. In keeping with the latest evidence in adult learning, MEAC standards encourage schools to link theory and practice where possible.

THESIS: A dissertation embodying results of original research and especially substantiating a specific view; especially one written by a candidate for an academic degree.

THIRD-PARTY COMMENT: Input from stakeholders such as students, alumni, or employers regarding an institution or program being reviewed for accreditation.

THIRD-PARTY SERVICER: As defined in [34 CFR 668.2](#), a third-party servicer is "an individual [not including an employee of the institution] or a State, or a private, profit, or non-profit organization that enters into a contract with an eligible institution to administer, through either manual or automated processing, any aspect of the institution's participation in any title IV, HEA program."

TIMELY FASHION: Within the timeframes established by the agency or program.

TITLE IV FEDERAL STUDENT FINANCIAL AID PROGRAMS: Financial aid programs for postsecondary students, authorized under Title IV of the Higher Education Act of 1965, as amended (HEA). The programs are administered by the U.S. Department of Education. See [FSA](#) for more information about Title IV federal student aid programs.

TRANSCRIPT: The accurate and complete record of a student's academic coursework attempted at an institution, presented in either electronic or paper format.

TRANSFER OF CREDIT: The institution's mechanism for assessing and/or accepting transfer credits earned by a student transferring from another institution. See [CHEA](#) for more information.

TRANSPARENCY: Openness and accessibility of information related to the accreditation process and outcomes.

TRIMESTER SYSTEM: Academic term in which the year is divided into three terms, usually thirteen to seventeen weeks in duration.

TUTORING: Special mentoring by faculty or other qualified individuals for classroom and clinical work.

UNDER REVIEW: The status of an institution or program that is in the process of being evaluated for accreditation.

U.S. DEPARTMENT OF EDUCATION (U.S.D.E.): A federal agency directed by the U.S. Secretary of Education (an office appointed by the President) and mandated by Congress to oversee education in the United States and its territories, including the disbursement of federal student financial aid, the regulation of accrediting agencies, and many other federal programs that support, provide funding, or regulate educational institutions. See www.ed.gov for more information.

U.S. DEPARTMENT OF EDUCATION (U.S.D.E) RECOGNIZED AGENCY: An agency recognized by the U.S. Secretary of Education as a reliable authority in evaluating the educational quality of programs offered by postsecondary institutions. An accrediting agency sets educational standards, evaluates institutions, and certifies that institutions have met its standards.

UNIVERSAL PRECAUTIONS: Universal precautions refers to the practice of avoiding contact with clients' and/or patients' bodily fluids, by means of the wearing of nonporous articles such as medical gloves, goggles, and face shields.

VALID AND RELIABLE ASSESSMENTS: In order for assessments to be sound, they must be free of bias and distortion. Reliability and validity are two concepts that are important for defining and measuring bias and distortion. Reliability refers to the extent to which assessments are consistent. Validity refers to the accuracy of an assessment – whether or not it measures what it is supposed to measure.

VALIDATION: The process of confirming that an educational program or credential meets established standards.

VERIFICATION: The confirmation of evidence provided by an institution or program during the accreditation process.

VOCATIONAL EDUCATION: A program of training to prepare students for gainful employment in a recognized occupation.

WATER BIRTH: A method of childbirth where labor and/or delivery occurs in a water-filled tub or pool under midwifery care.

WITHDRAWAL: A permanent dropping of courses or the midwifery program by the student.

WITHDRAWAL OF ACCREDITATION: The removal of accreditation status due to non-compliance with established standards.



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Section I: Curriculum Checklist of Essential Competencies

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0 | COMPETENCY IN GENERAL HEALTHCARE SKILLS

Midwives must have the requisite skills and knowledge of general healthcare skills.

The midwife demonstrates the application of Universal Precautions as they relate to midwifery:

- 0.1 handwashing
- 0.2 gloving and ungloving
- 0.3 sterile techniques
- 0.4 compliance with workplace safety regulations (i.e., OSHA compliance)

1 | COMPETENCY IN SOCIAL, EPIDEMIOLOGIC, AND CULTURAL CONTEXT OF MATERNAL AND NEWBORN CARE

Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health, and ethics that form the basis of high-quality, culturally relevant, appropriate care for women, newborns, and childbearing families.

The midwife has the knowledge and/or understanding of:

- 1.1 the community and social determinants of health (e.g., income, literacy and education, water supply and sanitation, housing, environmental hazards, food security, disease patterns, common threats to health)
- 1.2 principles of community-based primary care using health promotion and disease prevention and control strategies
- 1.3 direct and indirect causes of maternal and neonatal mortality and morbidity and strategies for reducing them
- 1.4 methodology for conducting maternal death reviews and near-miss audits
- 1.5 principles of epidemiology, community diagnosis (including water and sanitation), and how to use these in care provision
- 1.6 methods of infection prevention and control appropriate to the service being provided
- 1.7 principles of research, evidence-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings
- 1.8 indicators of quality health care services
- 1.9 principles of health education
- 1.10 national and local health services and infrastructures supporting the continuum of care (organization and referral systems), how to access needed resources for midwifery care
- 1.11 relevant national or local programs or initiatives (provision of services or knowledge of how to assist community members in accessing services, such as immunization and prevention or treatment of health conditions prevalent in the country or locality)
- 1.12 the concept of alarm (preparedness), the protocol for referral to higher health facility levels, and appropriate communication during transport [emergency care]

- 1.13 the legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols, and professional guidelines
- 1.14 policies, protocols, laws, and regulations related to therapeutic abortion (TAB) care services
- 1.15 human rights and their effects on the health of individuals, including but not limited to health disparities, domestic partner violence, and female genital mutilation [cutting]
- 1.16 advocacy and empowerment strategies for women
- 1.17 the history of childbirth practices and the midwifery profession
- 1.18 unique healthcare needs of women from distinct ethnic or cultural backgrounds or a variety of family structures and sexual orientations
- 1.19 culturally sensitive care
- 1.20 traditional and modern health practices (beneficial, neutral, and harmful)
- 1.21 benefits and risks of available birth settings
- 1.22 strategies for advocating with women for a variety of safe birth settings
- 1.23 the purpose and role of national and local midwifery organizations

Professional Behaviors. The midwife:

- 1.24 is responsible and accountable for clinical decisions and actions
- 1.25 acts consistently following professional ethics, values, and human rights as defined by national and local professional midwifery organizations
- 1.26 acts consistently following standards of practice as defined by national and local professional midwifery organizations
- 1.27 maintains and updates knowledge and skills to remain current in practice
- 1.28 uses standard/universal precautions, infection prevention and control strategies, and clean technique
- 1.29 behaves in a courteous, non-judgmental, non-discriminatory, and culturally appropriate manner with all clients
- 1.30 is respectful of individuals and their culture and customs, regardless of socioeconomic status, race, ethnic origin, sexual orientation, gender, physical ability, cognitive ability, or religious belief
- 1.31 maintains the confidentiality of all information shared by the woman; communicates essential information among other health providers or family members only with explicit permission from the woman and in situations of compelling need

- 1.32 uses shared decision-making in partnership with women and their families, enabling and supports them in making informed choices about their health, including the need or desire for a referral or transfer to other health care providers or facilities for continued care when health care needs exceed the abilities of the midwife provider and their right to refuse testing or intervention
- 1.33 works collaboratively with other healthcare workers to improve the delivery of services to women and families
- 1.34 follows appropriate protocol and etiquette for transport/ transfer of care of the mother or newborn from home or birth center to the hospital during pregnancy, in labor, or postpartum
- 1.35 provides the opportunity for client feedback

The midwife has the skill and/or ability to:

- 1.36 engage in health education discussions with and for women and their families
- 1.37 use appropriate communication and listening skills across all domains of competency
- 1.38 assemble, use, and maintain equipment and supplies appropriate to the setting of practice
- 1.39 document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practices
- 1.40 comply with all local regulations for birth and death registration, mandatory reporting for physical abuse, and infectious disease reporting
- 1.41 take a leadership role in the practice arena based on professional beliefs and values
- 1.42 assume administration and management tasks and activities, including but not limited to:
 - a. compliance with privacy and protected health information regulations (i.e., HIPAA compliance)
 - b. compliance with workplace safety regulations (i.e., OSHA compliance)

Additional skills (not required). The midwife may:

- 1.43 assume administration and management tasks and activities, including but not limited to:
 - a. quality control
 - b. human resource management
 - c. third-party billing
 - d. business practices appropriate for the level of health facility and midwifery scope of practice
 - e. take a leadership role in policy arenas

2 | COMPETENCY IN PRE-PREGNANCY CARE AND FAMILY PLANNING

Midwives provide high-quality, culturally sensitive health education and services to the community to promote healthy family life, planned pregnancies, and positive parenting.

The midwife has the knowledge and/or understanding of:

- 2.1 growth and development related to sexuality, sexual development, and sexual activity
- 2.2 female and male anatomy and physiology related to conception and reproduction
- 2.3 cultural norms and practices surrounding sexuality, sexual practices, marriage, and childbearing
- 2.4 components of health history, family history, and relevant genetic history
- 2.5 physical examination content and investigative laboratory studies that evaluate the potential for a healthy pregnancy
- 2.6 health education content targeted to sexual and reproductive health (e.g., sexually transmitted infections, HIV, newborn and child health)
- 2.7 basic principles of pharmacokinetics of family planning drugs and agents
- 2.8 natural family planning methods
- 2.9 all currently available methods of family planning, including medical eligibility criteria and appropriate timeframes for method use
- 2.10 methods and strategies for guiding women and/or couples needing to make decisions about methods of family planning
- 2.11 signs and symptoms of urinary tract infection and sexually transmitted infections commonly occurring in the community/country
- 2.12 indicators of common acute and chronic disease conditions specific to a geographic area of the world that present risks to a pregnant woman and the fetus (e.g., HIV, TB, malaria) and referral process for further testing and treatment, including post-exposure preventive treatment
- 2.13 indicators and methods for advising and referral of dysfunctional interpersonal relationships, including sexual problems, gender-based violence, emotional abuse, and physical neglect
- 2.14 principles of screening methods for cervical cancer (e.g., Pap test and colposcopy) and interpretation of test results

The midwife has the skill and/or ability to:

- 2.15 take a comprehensive health and obstetric, gynecologic, and reproductive health history

- 2.16 engage the woman and her family in preconception counseling based on the individual situation, needs, and interests
- 2.17 perform a physical examination, including clinical breast examination, focused on the presenting condition of the woman
- 2.18 order and/or perform and interpret laboratory tests used in providing well-woman care, including, but not limited to, CBC, thyroid function tests, urinalysis, chemistry panels
- 2.19 request and/or perform and interpret selected screening tests including, but not limited to, screening for HIV, STIs, and PAP tests
- 2.20 provide collaborative care, support, and referral for treatment for the HIV positive women and HIV counseling and testing for women who do not know their status (however authorized to do so in the jurisdiction of practice)
- 2.21 dispense, furnish, or administer (however authorized to do so in the jurisdiction of practice) locally available and culturally acceptable methods of family planning
- 2.22 advise women about the management of side effects and problems with the use of family planning methods
- 2.23 take and order cervical cytology (Pap) test
- 2.24 use the microscope to perform simple screening tests including, but not limited to, amniotic fluid ferning, candida, trichomonas, and bacterial vaginosis

Additional skills (not required). The midwife may:

- 2.25 insert and remove intrauterine contraceptive devices
- 2.26 insert and remove contraceptive implants
- 2.27 perform acetic acid visualization of the cervix and interpret the need for referral and treatment
- 2.28 perform colposcopy for cervical cancer screening and interpret the need for referral and treatment
- 2.29 dispense, furnish, or administer (however authorized to do so in the jurisdiction of practice) emergency contraception medications per local policies, protocols, laws, or regulations
- 2.30 provide commonly available methods of barrier, steroidal, mechanical, and chemical methods of family planning

3 | COMPETENCY IN THE PROVISION OF CARE DURING PREGNANCY

Midwives provide high-quality antenatal care to maximize health during pregnancy, including early detection and treatment or referral of selected complications.

The midwife has the knowledge and/or understanding of:

- 3.1 anatomy and physiology of the human body
- 3.2 the biology of human reproduction, the menstrual cycle, and the process of conception
- 3.3 the growth and development of the unborn baby
- 3.4 signs and symptoms of pregnancy
- 3.5 examinations and tests for confirmation of pregnancy
- 3.6 signs and symptoms and methods for diagnosis of an ectopic pregnancy
- 3.7 principles of dating pregnancy by menstrual history, size of the uterus, fundal growth patterns, and use of ultrasound
- 3.8 components of health history and focused physical examination for antenatal visits
- 3.9 manifestations of various degrees of female genital mutilation (cutting) and their potential effects on women's health, including the birth process
- 3.10 factors involved in decisions relating to unintended or mistimed pregnancies
- 3.11 all currently available methods of therapeutic abortion (TAB) and their medical eligibility criteria
- 3.12 pharmacotherapeutic basics of drugs recommended for use in medical abortion
- 3.13 principles of uterine evacuation via manual vacuum aspiration (MVA)
- 3.14 normal findings [results] of basic screening laboratory tests including, but not limited to:
 - a. routine pregnancy bloodwork
 - b. urine dipstick
 - c. fetal screening (i.e., genetic testing, biophysical profile, 1st and 2nd-trimester screen, NST, U/S)
 - d. glucose tolerance screen
 - e. pre-eclampsia screening tests
 - f. GBS vaginal/rectal culture
- 3.15 normal progression of pregnancy: body changes, common discomforts, expected fundal growth patterns, weight gain

- 3.16 implications of deviation from expected fundal growth patterns, including intrauterine growth retardation/restriction, oligo- and polyhydramnios, multiple fetuses
- 3.17 fetal risk factors requiring transfer of women to higher levels of care before labor and birth
- 3.18 normal psychological changes in pregnancy, indicators of psychosocial stress, and the impact of pregnancy on the woman and the family
- 3.19 safe, locally available, non-pharmacological methods for the relief of common discomforts of pregnancy
- 3.20 how to determine fetal well-being during pregnancy, including fetal heart rate and activity patterns, amniocentesis, and ultrasound technology
- 3.21 components of a healthy diet and the nutritional requirements of the pregnant woman and fetus, including the appropriate use of vitamin and mineral supplements
- 3.22 health education needs in pregnancy (e.g., information about the relief of common discomforts, hygiene, sexuality, and work inside and outside the home)
- 3.23 basic principles of the pharmacokinetics of drugs prescribed, dispensed, or furnished to women during pregnancy
- 3.24 effects of prescribed medications, ultrasound, street drugs, traditional medicines, and over-the-counter drugs on pregnancy and the fetus
- 3.25 effects of smoking, alcohol abuse, and illicit drug use on the pregnant woman and fetus
- 3.26 effects of environmental exposures, food-borne illnesses, or certain activities on the pregnant woman and fetus (e.g., heavy metals, listeriosis, pesticides, food additives, saunas, toxoplasmosis)
- 3.27 the essential elements of birth planning (preparation for labor and birth, emergency preparedness)
- 3.28 the physical preparation for labor
- 3.29 the components of preparation of the home/family for the newborn
- 3.30 signs and symptoms of the onset of labor (including women's perceptions and symptoms)
- 3.31 techniques for increasing relaxation and pain relief measures available for labor
- 3.32 signs, symptoms, and potential effects of conditions that are life-threatening to the pregnant woman and/or her fetus, including but not limited to:
 - a. pre-eclampsia/eclampsia
 - b. vaginal bleeding
 - c. premature labor

- d. Rh isoimmunization
- e. syphilis
- 3.33 means and methods of advising about care, treatment, and support for the HIV-positive pregnant woman, including measures to prevent maternal-to-child transmission (PMTCT) (including feeding options)
- 3.34 signs, symptoms, and indications for referral of selected complications and conditions of pregnancy that affect either mother or fetus, including but not limited to:
 - a. anemia
 - b. asthma
 - c. HIV infection
 - d. thyroid disorders
 - e. diabetes
 - f. cardiac conditions
 - g. malpresentation/abnormal lie
 - h. placental disorders
 - i. pre-term labor
 - j. post-dates pregnancy
 - k. Hydatidiform mole
- 3.35 the prenatal methods for encouraging optimal positioning at term, including external manual version
- 3.36 the physiology of lactation and methods to prepare women for breastfeeding

The midwife has the skill and/or ability to:

- 3.37 take an initial history and perform ongoing history each antenatal visit
- 3.38 perform a complete physical examination and explain the findings to the woman
- 3.39 take and assess maternal vital signs, including temperature, blood pressure, pulse
- 3.40 draw blood and collect urine and vaginal culture specimens for laboratory testing
- 3.41 assess maternal nutrition and its relationship to fetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them
- 3.42 perform a complete abdominal assessment, including measuring fundal height, lie, position, and presentation

- 3.43 assess fetal growth using manual measurements
- 3.44 evaluate fetal growth, placental location, and amniotic fluid volume using manual measurements or techniques and by referring to ultrasound visualization and measurement
- 3.45 listen to the fetal heart rate; palpate the uterus for fetal activity and interpret the findings
- 3.46 monitor fetal heart rate with Doppler
- 3.47 perform a pelvic examination, including sizing the uterus, if indicated and when appropriate during the course of pregnancy
- 3.48 perform clinical pelvimetry [evaluation of bony pelvis] to determine the adequacy of the bony structures
- 3.49 calculate the estimated date of birth and assess gestational period through query about LMP, bimanual exam, and/or urine pregnancy testing
- 3.50 provide health education to adolescents, women, and families about normal pregnancy progression, danger signs and symptoms, and when and how to contact the midwife
- 3.51 teach and/or demonstrate measures to decrease common discomforts of pregnancy
- 3.52 provide guidance and basic preparation for labor, birth, and parenting
- 3.53 provide education regarding avoidance of potentially harmful environmental exposures, food-borne illnesses or activities
- 3.54 identify variations during the course of the pregnancy and institute appropriate first-line independent or collaborative management based upon evidence-based guidelines, local standards, and available resources for:
 - a. low and or inadequate maternal nutrition, including eating disorders and pica
 - b. anemia
 - c. ectopic pregnancy
 - d. hyperemesis
 - e. genital herpes
 - f. inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy
 - g. gestational diabetes
 - h. insufficient cervix
 - i. elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure

- j. vaginal bleeding (with or without cramping)
 - k. multiple gestation, abnormal lie/malpresentation at term
 - l. intrauterine fetal death
 - m. rupture of membranes before the term
 - n. post-term pregnancy
 - o. exposure to or contraction of infectious disease (e.g., HIV, Hep B & C, Varicella, Rubella, cytomegalovirus)
 - p. GBS-positive vaginal, rectal culture
 - q. Toxoplasmosis
 - r. Depression
- 3.55 identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention
- 3.56 inform women who are considering therapeutic abortion about available services for those keeping the pregnancy and for those proceeding with abortion, methods for obtaining therapeutic abortion, and to support women in their choice
- 3.57 dispense, furnish, or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition
- 3.58 provide individualized care according to the needs and desires of each woman

Additional skills (not required). The midwife may:

- 3.59 measures for prevention and control of malaria in pregnancy, according to country disease pattern, including intermittent preventive treatment (IPT) and promotion of insecticide-treated bed nets (ITN)
- 3.60 pharmacologic basis of de-worming in pregnancy (if relevant to the country of practice)
- 3.61 perform an external version of the fetus presenting
- 3.62 breech or transverse

4 | COMPETENCY IN THE PROVISION OF CARE DURING LABOR AND BIRTH

Midwives provide high-quality, culturally sensitive care during labor, conduct a clean and safe birth, and handle selected emergency situations to maximize the health of women and their newborns.

The midwife has the knowledge and/or understanding of:

- 4.1 physiology of the first, second, and third stages of labor
- 4.2 anatomy of fetal skull, critical diameters, and landmarks
- 4.3 psychological and cultural aspects of labor and birth
- 4.4 indicators of the latent phase and the onset of active labor
- 4.5 indications for stimulation of the onset of labor and augmentation of uterine contractility
- 4.6 normal progression of labor
- 4.7 how to use the partograph (i.e., complete the record, interpret information to determine timely and appropriate labor management)
- 4.8 measures to assess fetal well-being in labor
- 4.9 measures to assess maternal well-being in labor
- 4.10 process of fetal passage [descent] through the pelvis during labor and birth; mechanisms of labor in various fetal presentations and positions
- 4.11 comfort measures in the first and second stages of labor (e.g., family presence/assistance, positioning for labor and birth, hydration, emotional support, non-pharmacological methods of pain relief)
- 4.12 pharmacological measures for management and control of labor pain, including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of labor
- 4.13 signs and symptoms of complications in labor, including but not limited to:
 - a. bleeding
 - b. labor arrest or dysfunction
 - c. malpresentation
 - d. eclampsia
 - e. maternal distress
 - f. fetal distress
 - g. infection

- h. prolapsed cord
- 4.14 the benefits, risks, criteria for risk assessment, and midwifery management of vaginal birth after a cesarean
- 4.15 indicators, risk factors, special needs, and prenatal management of the pregnant woman with multiple gestations
- 4.16 principles of prevention of pelvic floor damage and perineal tears
- 4.17 indications for performing an episiotomy
- 4.18 principles of expectant (physiologic) management of the 3rd stage of labor
- 4.19 principles of active management of 3rd stage of labor
- 4.20 principles underpinning the technique for the repair of perineal tears and episiotomy
- 4.21 indicators of need for emergency management, referral, or transfer for obstetric emergencies, including but not limited to cord prolapse, shoulder dystocia, placental abruption, uterine rupture, uterine bleeding, retained placenta
- 4.22 indicators of the need for operative deliveries, vacuum extraction, and use of forceps, including but not limited to fetal distress and cephalo-pelvic disproportion
- 4.23 indicators of need for and appropriate administration of the following pharmacologic agents: lidocaine/xylocaine for suturing, oxygen, methergine, Pitocin for postpartum hemorrhage, RhoGAM, vitamin K, antibiotics for group B strep prophylaxis, IV fluids, newborn eye prophylaxis

The midwife has the skill and/or ability to:

- 4.24 take a specific history and maternal vital signs in labor
- 4.25 perform a focused physical examination in labor
- 4.26 perform a complete abdominal assessment for fetal position and descent
- 4.27 time and assess the effectiveness of uterine contractions
- 4.28 perform a complete and accurate pelvic examination for dilatation, effacement, descent, presenting part, position, the status of membranes, and adequacy of the pelvis for the birth of baby vaginally
- 4.29 monitor and chart the progress of labor
- 4.30 provide physical and psychological support for woman and family and promote normal birth, including encouragement of adequate rest and sleep
- 4.31 facilitate the presence of a support person during labor and birth

- 4.32 provide adequate hydration, nutrition, and non-pharmacological comfort measures during labor and birth
- 4.33 provide for bladder care, including performance of urinary catheterization when indicated
- 4.34 promptly identify abnormal labor patterns or progress and initiate appropriate and timely intervention and/or referral, including but not limited to OP position, asynclitism, pendulous abdomen, maternal exhaustion/ dehydration)
- 4.35 stimulate or augment uterine contractility using non-pharmacologic agents
- 4.36 administer local anesthetic to the perineum when an episiotomy is anticipated or perineal repair is required
- 4.37 perform an episiotomy if needed
- 4.38 perform appropriate hand maneuvers for a vertex birth
- 4.39 perform appropriate hand maneuvers for face and breech deliveries
- 4.40 manage the birth of multiples
- 4.41 recognize the various severities of meconium-stained amniotic fluid and perform suctioning of the airway as appropriate
- 4.42 clamp and cut the cord
- 4.43 institute immediate, life-saving interventions in obstetrical emergencies to save the life of the fetus while requesting medical attention and/or awaiting transfer, including but not limited to:
 - a. prolapsed cord
 - b. placental abruption
 - c. uterine rupture
 - d. malpresentation
 - e. shoulder dystocia
 - f. fetal distress
- 4.44 manage a nuchal cord or arm at birth
- 4.45 support expectant (physiologic) management of the 3rd stage of labor
- 4.46 assess the need for and conduct active management of the third stage of labor, following the most current evidence-based protocol
- 4.47 inspect the placenta and membranes for completeness
- 4.48 perform fundal massage to stimulate postpartum uterine contraction and uterine tone
- 4.49 provide a safe environment for mother and infant to promote attachment (bonding)

- 4.50 estimate and record maternal blood loss
- 4.51 inspect the vagina and cervix for lacerations
- 4.52 repair an episiotomy if needed
- 4.53 repair 1st and 2nd degree perineal or vaginal lacerations
- 4.54 manage postpartum bleeding and hemorrhage using appropriate techniques and uterotonic agents as indicated
- 4.55 dispense, furnish, or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs, including antibiotics and antihemorrhagics, to women in need because of a presenting condition
- 4.56 perform manual removal of placenta
- 4.57 perform internal and external bimanual compression of the uterus to control hemorrhage
- 4.58 perform aortic compression
- 4.59 identify and manage shock
- 4.60 insert intravenous line and administer fluids, draw blood for laboratory testing
- 4.61 arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and arranging for a companion caregiver on the journey to continue giving emergency care as required
- 4.62 perform adult cardio-pulmonary resuscitation

Additional skills (not required). The midwife may:

- 4.63 identify and repair cervical lacerations

5 | COMPETENCY IN THE PROVISION OF CARE FOR WOMEN DURING THE POSTPARTUM PERIOD

Midwives provide comprehensive, high-quality, culturally sensitive postpartum care for women.

The midwife has the knowledge and/or understanding of:

- 5.1 physical and emotional changes that occur following childbirth, including the normal process of involution
- 5.2 the normal process of involution and physical and emotional healing following SAB or TAB
- 5.3 signs and symptoms of sub-involution and/or incomplete SAB or TAB (e.g., persistent uterine bleeding)
- 5.4 signs and symptoms of SAB or TAB complications and life-threatening conditions (e.g., persistent vaginal bleeding, infection)
- 5.5 physiology and lactation process and common variations, including engorgement, lack of milk supply, etc.
- 5.6 the importance of immediate/early/exclusive breastfeeding for mother and child
- 5.7 maternal nutrition, rest, activity, and physiological needs (e.g., bowel and bladder) in the immediate postpartum period
- 5.8 principles of parent-infant bonding and attachment (e.g., how to promote positive relationships)
- 5.9 indicators of subinvolution (e.g., persistent uterine bleeding, infection)
- 5.10 indicators of maternal breastfeeding problems or complications, including mastitis
- 5.11 signs and symptoms of life-threatening conditions that may first arise during the postpartum period, including but not limited to:
 - a. persistent vaginal bleeding
 - b. endometritis/sepsis
 - c. postpartum pre-eclampsia and eclampsia
 - d. embolism
- 5.12 signs and symptoms of selected complications in the postnatal period, including but not limited to:
 - a. persistent anemia
 - b. hematoma
 - c. depression and other postpartum emotional disorders

- d. thrombophlebitis
 - e. incontinence of feces or urine, cystocele/rectocele
 - f. urinary retention
 - g. obstetric fistula
- 5.13 the unique postpartum course of recovery and care needs for the woman who gave birth by cesarean
- 5.14 principles of interpersonal communication with and support for women and/or their families who are bereaved, such as maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities, transport
- 5.15 approaches and strategies for providing special support for adolescents, victims of gender-based violence (including rape)
- 5.16 principles of manual vacuum aspiration of the uterine cavity to remove retained products of conception
- 5.17 principles of prevention of maternal to child transmission of HIV, tuberculosis, hepatitis B and C in the postpartum period
- 5.18 methods of family planning appropriate for use in the immediate postpartum period, including but not limited to progestin-only oral contraceptives
- 5.19 care, information, and support that is needed during and after SAB or TAB (physical and psychological) and services available in the community
- 5.20 community-based postpartum services available to the woman and her family and how they can be accessed

The midwife has the skill and/or ability to:

- 5.21 take a selective history, including details of pregnancy, labor, and birth
- 5.22 perform a focused physical examination of the mother
- 5.23 provide information and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)
- 5.24 assess for uterine involution and healing of lacerations and/or repairs, and educate on ways to promote healing
- 5.25 provide postpartum care for the mother who gave birth by cesarean
- 5.26 initiate and support uninterrupted [immediate and exclusive]breastfeeding

- 5.27 teach mothers how to express breast milk and how to handle and store expressed breast milk
- 5.28 educate the mother on the care of self and infant after childbirth, including signs and symptoms of impending complications, and community-based resources
- 5.29 educate a woman and her family on sexuality and family planning following childbirth
- 5.30 provide appropriate and timely first-line treatment for any complications detected during the postpartum examination (e.g., anemia, hematoma, maternal infection), and refer for further management as necessary
- 5.31 provide emergency treatment of late post-partum hemorrhage, and refer if necessary
- 5.32 provide education and guidance on exercise in the postpartum period, including Kegel exercises and abdominal muscle strengthening
- 5.33 educate and advise women (and family members, when appropriate) on sexuality and family planning post-SAB and TAB
- 5.34 assess for uterine involution following a SAB or TAB; treat or refer as appropriate
- 5.35 educate the mother on the care of herself following a SAB or TAB, including rest and nutrition and how to identify complications such as hemorrhage

Additional skills (not required). The midwife may:

- 5.36 provide family planning services concurrently as an integral component of postpartum care

6 | COMPETENCY IN POSTNATAL CARE OF THE NEWBORN

Midwives provide high-quality, comprehensive care for the essentially healthy infant from birth to two months.

The midwife has the knowledge and/or understanding of:

- 6.1 elements of assessment of the immediate and subsequent condition of newborn (e.g., APGAR scoring system for breathing, heart rate, reflexes, muscle tone, and color)
- 6.2 principles of newborn adaptation to extrauterine life (e.g., physiologic changes that occur in pulmonary and cardiac systems)
- 6.3 basic needs of newborn: established breathing, warmth, nutrition, attachment (bonding)
- 6.4 advantages of various methods of newborn warming, including skin-to-skin contact
- 6.5 methods and means of assessing the gestational age of a newborn
- 6.6 characteristics of low birth weight infants and their special needs
- 6.7 characteristics of the healthy newborn (appearance and behaviors)
- 6.8 normal growth and development of the preterm infant
- 6.9 normal newborn and infant growth and development
- 6.10 selected variations in the normal newborn (e.g., caput, molding, Mongolian spots)
- 6.11 elements of health promotion and prevention of disease in newborns and infants (HIV, Hepatitis B & C), including essential elements of daily care (e.g., cord care, nutritional needs, patterns of elimination, care of the uncircumcised penis)
- 6.12 immunization needs, risks, and benefits from infancy through young childhood
- 6.13 traditional or cultural practices related to the newborn
- 6.14 principles of infant nutrition, feeding cues, and infant feeding options for babies (including those born to HIV-positive mothers)
- 6.15 signs, symptoms, and indications for referral or transfer for selected newborn complications, including but not limited to:
 - a. respiratory distress
 - b. meconium aspiration syndrome
 - c. hypoxia
 - d. jaundice
 - e. hematoma

- f. adverse molding of the fetal skull
 - g. cerebral irritation (seizures)
 - h. non-accidental injuries
 - i. hemangioma
 - j. hypoglycemia
 - k. hypothermia
 - l. hyperthermia
 - m. dehydration
 - n. infection
 - o. congenital syphilis
 - p. alcohol and drug withdrawal
 - q. thrush
 - r. colic
 - s. birth anomalies
 - t. failure to thrive
 - u. vitamin K deficiency bleeding
 - v. polycythemia
- 6.16 provide immediate care to the newborn, including drying, warming, ensuring that breathing is established, and cord clamping and cutting when pulsing ceases
- 6.17 assess the immediate condition of the newborn (e.g., APGAR scoring, other methods for assessing breathing and heart rate)
- 6.18 promote and maintain normal newborn body temperature through covering (blanket, cap), environmental control, and promotion of skin-to-skin contact
- 6.19 begin emergency measures for:
- a. respiratory distress (newborn resuscitation, suctioning in case of obstruction)
 - b. hypothermia
 - c. hypoglycemia
- 6.20 give appropriate care to the low birth weight baby, and arrange for referral if potentially serious complications arise or very low birth weight
- 6.21 perform a routine full-body newborn exam and refer for medical care with any abnormal findings
- 6.22 perform a gestational age assessment

- 6.23 provide routine care of the newborn per local guidelines and protocols, including:
 - a. birth registration
 - b. administration of Vitamin K
 - c. screening tests
 - d. eye prophylaxis
 - e. identification
- 6.24 position infant to initiate breastfeeding as soon as possible (within one hour) after birth and support exclusive breastfeeding
- 6.25 recognize indications of need, stabilize, and transfer the at-risk newborn to an emergency care facility
- 6.26 educate parents about danger signs in the newborn and when to bring infant for care
- 6.27 educate parents about the normal growth and development of the infant and young child and how to provide for the day-to-day needs of the normal child
- 6.28 assist parents in accessing community resources available to the family
- 6.29 support parents during the grieving process for the loss of pregnancy, stillbirth, congenital birth defects, or neonatal death
- 6.30 support parents during transport/transfer of newborn or during times of separation from infant (e.g., NICU admission)
- 6.31 support and educate parents who have given birth to multiple babies (e.g., twins, triplets) about special needs and community resources
- 6.32 provide well-baby care up for a minimum of 6 weeks of age