

**ACCREDITATION GUIDELINES FOR ESTABLISHING
SCHOOLS OF MEDICINE, DENTISTRY AND PHARMACY**

**ACCREDITING ASSOCIATION OF SEVENTH-DAY ADVENTIST SCHOOLS,
COLLEGES AND UNIVERSITIES**
www.adventistaccreditingassociation.org

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Overview

New schools of medicine, dentistry, and pharmacy undergo a three-stage accreditation process with the International Board of Education (IBE) and Adventist Accreditation Association (AAA). The program must demonstrate that the basic science and clinical education components are integrated with a biblical worldview. It must also demonstrate how professionalism, ethics and moral character, and an epistemology of lifestyle and wellness are to be developed in students and faculty throughout the entire program. Lifestyle medicine¹ is defined as the use of a whole food, plant-predominant diet, regular physical activity, restorative sleep, stress management, avoidance of risky substances and positive social connection to prevent disease and is a primary therapeutic modality for treatment and reversal of chronic disease.²

These guidelines are for the entry-level professional degree, whether post-secondary or post-baccalaureate, typically four years and up to seven years in length, respectively. Guidelines for advanced clinical training in medicine, dentistry and pharmacy will be developed in the future.

The institution must conduct a feasibility study that includes evaluation by external reviewers (see format in Appendix B) before making application to the IBE. There is no prescribed format for the feasibility study, but use of the proposal format in Appendix A will facilitate later application to IBE. Although not required, the institution may request an Advisory Consultation from the General Conference Department of Education to assist it in preparing its proposal to the IBE.

The Program Proposal Instrument (Appendix A) is the first element of the institutional presentation and the basis for the first site visit by IBE. If successful, it leads to a vote by AAA for preliminary accreditation. It is understood that the proposal will not be complete in every detail and some elements will be developed as the program is implemented. Whereas the initial proposal would include a copy of the template for MOUs for clinical education of students in hospitals, actual signed copies are expected later on. Therefore, the institution must update the proposal with new developments and provide written responses to the first site visit report in preparation for the second site visit prior to the midpoint. The institution will do the same for the site visit in the final year.

¹ <https://lifestylemedicine.org>

² L. Lianov & M. Johnson. Physician competencies for prescribing lifestyle medicine, JAMA, July 14, 2010., Vol. 304(2): 202-203.

Before the charter class may be admitted, the proposal and a site visit must be formally approved by the IBE. The report template that will be used by the visiting team during IBE site visit is shown Appendix C. Based on a favorable site visit report, the AAA will approve the award of preliminary accreditation, after which the institution may admit its charter class. If the site visit report contained conditions (e.g. employment of a founding dean), the institution must submit to AAA evidence of having met the conditions, after which the AAA will approve admission of the charter class.

The institution must formally request from AAA a second site visit to move to provisional accreditation. This site visit will occur two years into the program and no later than a year prior to the midpoint. In preparation for the site visit, the institution will submit a report detailing completion of recommendations of the first site visit report, as well as report on other progress by updating the original Program Proposal Instrument.

Early in the final year of the inaugural class, the institution must request full accreditation by means of a written report that demonstrates fulfillment of all recommendations of prior site visit report and update any further developments that were incomplete in the original Program Proposal Instrument. They must also demonstrate capacity to sustain the basic science, clinical education and interprofessional education components, all integrated with biblical principles and lifestyle medicine.

After receipt of Full Accreditation, the program is reviewed as part of the next regular AAA site visit like any other degree program.

The timeline, steps and corresponding reports, authorizing entities and desired outcomes are shown in Table 1. The Health Professional Education Committee (HPEC) is the subcommittee of the IBE that reviews and recommends all health professional proposals prior to action by IBE.

Table 1. Timeline for Authorization by IBE and Accreditation by AAA

Year	Type of report	Authorizing Entity	Desired Outcome
4 years prior to start date	Feasibility study and Independent Assessor Report (Appendix B)	Institutional board, sponsoring union/division	Recommendation to request Advisory Consultation from GC Education
3 years prior to start date	Advisory Consultation	GC Education	Proposal ready for submission to IBE
2 years prior to start date	Proposal (Appendix A)	IBE	Site visit authorized by IBE. Site visit team will use the report format shown in Appendix C.
1.5 years prior to start date	Evidence of fulfilling conditions	IBE/AAA upon recommendation of HPEC	Preliminary accreditation; authorization to admit charter class
2 years after charter class begins	Evidence of fulfilling recommendations of first site visit report	AAA	Provisional accreditation and approval to proceed to clinical education phase.
1 year prior to graduation	Evidence of fulfilling remaining recommendations from prior site visit reports and evidence of sustainability	AAA	Full accreditation

Philosophy of Seventh-day Adventist Health Professions Education

In his earthly ministry, Jesus taught, preached and healed, revealing the character of God and the plan of salvation. Before Christ ascended, he commissioned his followers. Jesus told his disciples “Very truly I tell you, whoever believes in me will do the works I have been doing, and they will do even greater things than these, because I am going to the Father.” (John 14:12, NIV). Healing is one of the signs to accompany proclamation of the gospel (see Mark 16:16, Acts 3:6; 4:8-10, 22; 5:15-16) and a gift of the Holy Spirit (1 Cor. 12:9, 30). In response to God’s grace, Christians are invited to offer their bodies as a “living sacrifice” (Rom. 12:1 NIV) , with awareness that their “bodies are temples of the Holy Spirit” and to “therefore honor God with your bodies.” (1 Cor. 6:19-20).

Biblical counsel along with the visionary leadership of Ellen White led to the establishment of Seventh-day Adventist health ministry at the Western Health Reform Institute in 1866 in Battle

Creek, Michigan. The first target of reform were “the medical practices of physicians.”³ During a time before microbiology was understood and many treatments were as harmful as the conditions they attempted to cure, these health reformers promoted a wholistic approach to healing in which the prevention of disease was as important as treating it, paving the way for the modern practice of lifestyle medicine. To achieve its core purpose, comprehensive health ministry should “point to the Saviour of the world as one who can health and save the soul and the body.”⁴

Ellen White counseled “Never are we to lose sight of the great object for which our sanitariums are established—the advancement of God’s closing work in the earth.”⁵ This was lost sight of with the American Medical Missionary College which grew out of Battle Creek Sanitarium. Noble aspirations to carry out “non-sectarian” teaching and clinical work led it away from the distinctive mission of the Seventh-day Adventist Church but not before it graduated eminent medical missionaries such as Dr. Harry Miller---the vegetarian “China doctor” who pioneered development of soy milk⁶ and Dr. Lottie Cornella Isbell Blake,⁷ the first of many black Seventh-day Adventist physicians. She and her husband became self-supporting medical missionaries in Panama, Haiti and Jamaica.

For the denomination’s second medical school in Loma Linda, Ellen White called for the “ best class of instructors, and capable Bible teachers who understand the truths of the word....our best labors...the wisest talent...our very best educational talent.”⁸ She affirmed the role of women as nurses and physicians, especially in obstetrics and gynecology, in a time when women were not readily accepted into medicine. About the need for interprofessional, interdisciplinary work to “carry forward the work of God intelligently,”⁹ she urged consultation and working closely with others: nurses, physicians, ministers¹⁰ and administrators. White called for “nurses...[with] more than ordinary skill in the care of the sick...[who are] also evangelists in soul-winning,” and “physicians, to labor, not in professional lines as physicians, but as medical missionary evangelists.”¹¹ “Let prayers of faith be offered by the bedside of the sick. Let the sick be encouraged to claim the promises of God for themselves.”¹² Pointing to the Master Physician, White continued that the “Saviour’s work of ministering to suffering humanity was always combined with His ministry of the word. He preached the gospel and He healed infirmities both by the same mighty power. He will do the same today; but we must do our part by bringing the

³ White, E. G. *Medical Ministry*. Mountain View, Calif.: Pacific Press Pub. Assn., 1932, 27.

⁴ *Ibid*, 248.

⁵ *Ibid*, 55.

⁶ <https://www.chinesesdahistory.org/harry-willis-miller-m-d>

See also Moore, R. S. *China Doctor: The Life Story of Harry Willis Miller*. Mountain View, California: Pacific Press, 1969.

⁷ <https://encyclopedia.adventist.org/article?id=6CDX&highlight=Lottie|blake>

⁸ White, E. G. *Medical Ministry*. Mountain View, Calif.: Pacific Press Pub. Assn., 1932, 58.

⁹ *Ibid*, 46.

¹⁰ *Ibid*, 240, 241.

¹¹ *Ibid*, 58.

¹² *Ibid*, 57.

sick in touch with the Mighty Healer.”¹³ Today hospital chaplains with their specialized skills and ministry are a vital member of the healthcare team and health professions faculty.

She advised on the need to “...educate...how to treat the body in sickness, how to regain health, and how to keep well when health is restored.”¹⁴ The curriculum was to exemplify “a school of the highest order—a school where the word of God will be regarded as essential and where obedience to its teachings will be taught.”¹⁵ The curriculum should “provide that which is essential to qualify...to stand the examinations required to prove their efficiency as physicians.”¹⁶ White’s guidance was pragmatic and balanced and she added “whenever we can comply with the law of the land without putting ourselves in a false position, we should do so. Wise laws have been framed in order to safeguard the people against the imposition of unqualified physicians. These laws we should respect, for we are ourselves by them protected from presumptuous pretenders. Should we manifest opposition to these requirements, it would tend to restrict the influence of our medical missionaries.”¹⁷ In recognition of the need for a strong foundation and later specialization, she advised “preparatory and advanced medical training in our own schools, under Christian teachers.”¹⁸

The practice of medicine is physically demanding in addition to the challenges it poses to every dimension of one’s being. White advised that students who apply should “possess a natural energy, force, and perseverance that will enable them to reach a high standard of excellence....[and have] physical strength,”¹⁹ overlaid with a “desire to devote their lives, not to commercial pursuits, but to unselfish service for the Master.”²⁰ They must demonstrate that they are “consecrated young men and young women...whose hearts are filled with the love of God.”²¹ As physicians such “will not seek to grasp the very highest wages or else do nothing”²² but rather “give promise of usefulness and moral strength,” be “frank, yet modest and dignified in all their associations,” and “look upon their work as a high and holy calling.”²³ Such wise counsel. It balances the realities of the practice of medicine while upholding its spiritual duty as a sacred calling to further Christ’s healing ministry.

Proposals for new schools of medicine, dentistry and pharmacy should demonstrate how these principles will be implemented in student admission, curriculum design, faculty hiring and development, and learning outcomes.

¹³ Ibid, 62.

¹⁴ Ibid, 63.

¹⁵ Ibid, 75.

¹⁶ Ibid, 57.

¹⁷ Ibid 84.

¹⁸ Ibid, 68.

¹⁹ Ibid, 74.

²⁰ Ibid, 75.

²¹ Ibid, 75.

²² Ibid, 76

²³ Ibid, 76.

Historical Overview of Seventh-day Adventist Schools of Medicine, Dentistry and Pharmacy

Seventh-day Adventist medical education began with the founding of American Medical Missionary College (AMMC) which was an outgrowth of classes started at Battle Creek Sanitarium in 1878. It was chartered in Illinois in 1895. Students received their education in both Battle Creek and Chicago, with Dr. John Harvey Kellogg as dean. In 1910, AMMC merged with College of Physicians & Surgeons of Chicago, becoming part of what today is the University of Illinois College of Medicine in 1913. Thus, the denomination lost its first medical school.²⁴

In 1909, with a charter from the State of California, the Seventh-day Adventist Church began the operation of the College of Medical Evangelists (CME). The charter enabled the CME to operate schools of medicine and dentistry, and the first class of medical students began their study the same year. The first six physicians graduated with the Doctor of Medicine degree in 1914. It began operating graduate programs in 1946, with the first Adventist PhD (in medical sciences) graduating in 1958. In 1961, consolidation of various educational programs, including CME and hospitals in and around Loma Linda led to the establishment of Loma Linda University (LLU). Today is the flagship institution of the Seventh-day Adventist Church in medicine and various health professional courses, with an international outreach in patient care and health professions education throughout the world.²⁵

In Mexico, the Vocational and Professional School in Montemorelos received state authority to issue recognized university degrees in 1973, leading to the establishment of the Church's first medical program in Spanish in 1975.²⁶ River Plate Adventist University (Argentina) established a post-secondary medical school in 1994, also taught in Spanish. In 2012, post-secondary schools of medicine were started at Babcock University (Nigeria) and Universidad Unión Peruana (Peru). A four-year postbaccalaureate College of Medicine at the Adventist University of the Philippines opened in August 2015. The Adventist School of Medicine of East-Central Africa (ASOME), located on the campus of the Adventist University of Central Africa (Rwanda), has been authorized to admit its first students to a six-year postsecondary medical program on January 18, 2021.

²⁴ <http://www.llu.edu/info/legacy/index.html>
https://books.google.com/books?id=s5t2WdD2e8C&pg=PP3&source=gbs_selected_pages&cad=2#v=onepage&q&f=false

²⁵ The global outreach of LLU includes visits of heart surgery teams to many parts of the world; developing medical, nursing, dental and public health programs in far-off places such as Afghanistan, Nepal, the Philippines, Russia and sub-Saharan Africa; teacher exchange and personnel development with medical centers in India; and distance learning centers providing graduate education in nursing in Asia, Africa, and South America.

²⁶ <http://books.google.com/books?id=fFYFLksIywcC&pg=PA128&dq=university+of+montemorelos+school+of+medicine+1975+HISTORY&hl=en&sa=X&ei=dpjyUfbpI4K49gSpuoGgCQ&ved=0CEIO6AEwAA#v=onepage&q=university%20of%20montemorelos%20school%20of%20medicine%201975%20HISTORY&f=false>

Graduate medical education accredited by the Accreditation Council for Graduate Medical Education is available in several Adventist centers in the United States. They include Family Medicine at Adventist Hinsdale Hospital, Adventist LaGrange Memorial Hospital, and Glendale Adventist Medical Center, and a range of residencies at Florida Hospital²⁷; Kettering Medical Center²⁸; and the White Memorial Hospital.²⁹

Loma Linda University and Medical Center offers the greatest range of residency programs.³⁰ In addition, graduate medical education is also available in some centers outside the United States, such as at River Plate Adventist Hospital in Argentina³¹; Ile Ife Adventist Hospital, Nigeria (Family Practice); Babcock University Teaching Hospital,³² and Maluti Adventist Hospital (Family Practice), Lesotho, in collaboration with the University of the Free State, Bloemfontein, South Africa.

Dentistry. The first Adventist School of Dentistry started in 1953 at what is now Loma Linda University. It currently offers the Doctor of Dental Surgery degree and a bachelor of science degree in dental hygiene as well as advanced education programs in anesthesia, endodontics, oral and maxillofacial surgery, prosthodontics, orthodontics, periodontics, pediatric dentistry, and implant dentistry. The International Dental Program at Loma Linda University provides U.S. doctoral degree training to dentists who have been trained in other countries. In 2003, a doctoral dental program was started at the Adventist University of the Philippines. The next year (2004), Montemorelos University in Mexico opened the College of Dentistry with dental surgery, dental technology and restorative dentistry (cirujano dentista, tecnología dental, especialidad dental en odontología reconstructiva, Escuela de Ciencias Estomatológicas, Facultad de Ciencias de la Salud, Universidad de Montemorelos).

In 2016, Northeast Brazil College (Faculdade Adventista da Bahia) admitted 60 students to a five-year post-secondary Bachelor of Dentistry (Programa de Graduação em Odontologia), becoming the first dental program in Portuguese. That same year (2016) River Plate University, Argentina (Universidad Adventista del Plata, Facultad de Ciencias de la Salud) admitted 37 students to its five-year Bachelor in Dentistry. Universidade Adventista de São Paulo -

²⁷ Family Medicine, Geriatric Medicine (FP) Surgery- General, and Emergency Medicine.

²⁸ Transitional, Internal Medicine, and Cardiology.

²⁹ Family Medicine, Internal Medicine, Obstetrics and Gynecology, and Pediatrics.

³⁰ Family Medicine, Procedural Dermatology, Vascular Surgery, Surgery-General, Radiation Oncology, Urology, Thoracic Surgery, Dermatology, Pediatric Emergency Medicine, Emergency Medicine, Anesthesiology, Pediatric Anesthesiology, Anesthesia Critical Care, Pain Medicine, Internal Medicine, Family Medicine Rural Track at Hanford, Rheumatology, Gastroenterology, Cardiovascular Disease, Pulmonary Disease and Critical Care Medicine, Neurological Surgery, Neurology, Child Neurology, Clinical Neurophysiology, Ophthalmology, Obstetrics and Gynecology, Orthopedic Surgery, Pediatrics, Pediatric Critical Care Medicine, Otolaryngology, Pathology-Anatomic and Clinical, Radiology-Diagnostic, Pediatric Radiology, Vascular and Interventional Radiology, Neuroradiology, Psychiatry, Physical Medicine and Rehabilitation, Neonatal-Perinatal Medicine, General Preventive Medicine, Occupational Medicine, Plastic Surgery.

³¹ Cardiology, Surgery, Pathology, Psychiatry, Radiology and Imaging, Gynecology and Obstetrics and Internal Medicine.

³² General Surgery, Urology, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Community Medicine, Radiology, Family Medicine and Pathological Sciences.

Engenheiro Coehlo (UNASP-EC) was the next that was approved to offer a dental degree, in 2018.

Pharmacy. Sahmyook University College of Pharmacy in Seoul, Korea, offers courses promoting the health of mankind through the prevention of disease and therapeutic treatment. Sahmyook University Department of Pharmacy was accredited by the Ministry of Education in October 1978. In March 1979, 30 freshmen were accepted into the program. Over the past 30 years, the department has produced more than 1,000 alumni who contribute to society through advanced research and pharmaceutical studies. In September 2007, the program was renamed as the College of Pharmacy. The curriculum covers ways of developing research and technology. In addition, the Department of Pre-Medicine, Pharmacy trains students who plan to take post-graduate courses in dentistry and pharmacy and contributes to the health of humanity and prevention and treatment of diseases. Students sit for the MEET/DEET/PEET exams. In 2019, LLU and Sahmyook University signed an affiliation agreement that gives Sahmyook University College of Pharmacy graduates school priority admission to LLU School of Pharmacy's doctoral program.

Loma Linda University School of Pharmacy is the first and presently, only pharmacy program to offer the Doctor of Pharmacy (PharmD) degree within Seventh-day Adventist education globally. The inaugural class started in 2002 and graduated four years later in 2006. Graduates are able to provide high quality pharmacy care as fully participating members of health-care teams committed to whole-person care. The program is fully accredited by the Accreditation Council for Pharmacy Education through 2021. Upon completion of the PharmD program, students are eligible to take the North American Pharmacy Licensure Exam (NAPLEX). Supporting the degree program are the Department of Pharmaceutical and Administrative Sciences and the Department of Pharmacy Practice.

The LLU School of Pharmacy and the Loma Linda University Health (LLUH) combined offer a variety of pharmacy post-graduate residencies³³ that are accredited by the American Society of Health-System Pharmacists (ASHP). Within LLUH, pharmacy residents can receive training from different institutions within the LLUH system.³⁴ Application to pharmacy residencies accredited by ASHP is made through the ASHP website which participates in a National Matching Service. In addition to the ASHP pharmacy residency programs, a two-year Infectious Disease Pharmacy Fellowship program at LLU Medical Center (LLUMC) offers additional training after completion of a PGY1 pharmacy residency program.

³³ Residencies include post-graduate-year-1 (PGY1) pharmacy practice residency slots and post-graduate-year-2 (PGY2) specialty residencies (e.g., Cardiology, Critical Care, Informatics, Medication Use Safety, Oncology, Pediatrics, Pharmacy Administration, Transitions of Care).

³⁴ These include Loma Linda University Medical Center (LLUMC) - which includes University Hospital, East Campus, and Behavioral Medicine; and Loma Linda University Children's Hospital.

Within the United States, additional post-graduate pharmacy residency programs accredited by ASHP are offered at a number of Adventist institutions in California,³⁵ Maryland,³⁶ Ohio,³⁷ and Florida.³⁸ PGY2 pharmacy residencies in Ambulatory Care, Critical Care, and Emergency Medicine are also available within the AdventHealth system. Florida Hospital-Advent Health has PGY2 pharmacy residencies in Pediatric Pharmacy, Cardiology, Oncology, and Informatics. Additionally, PGY1 and PGY2 combined health-system pharmacy administration and leadership with masters is offered.

Table 2 lists PGY1 and PGY2 pharmacy residency and fellowship programs at an Adventist facility by U.S. state. Further information can be found at: <https://www.ashp.org/Professional-Development/Residency-Information>

Table 2. PGY1 and PGY2 Pharmacy Residency and Fellowship Programs at Adventist Facilities by U.S. State.

Type of Program	State	Program Name
PGY1 Ambulatory Care Pharmacy Residency (ASHP)	FL	AdventHealth Celebration
PGY1 Community-Based Pharmacy Residency (ASHP)	CA	Adventist Health Glendale
PGY1 Pharmacy & PGY2 Combined Health System Pharmacy Administration and Leadership Pharmacy Residency (ASHP)	FL	AdventHealth Orlando
PGY1 Pharmacy Residency (ASHP)	CA	Adventist Health Bakersfield Adventist Health Glendale Adventist Health Ukiah Valley Adventist Health White Memorial Adventist Health, Central Valley Network California Northstate University College of Pharmacy and Adventist Lodi Memorial Loma Linda University Medical Center
	FL	AdventHealth Altamonte Springs AdventHealth Apopka AdventHealth Celebration AdventHealth East Orlando AdventHealth Orlando AdventHealth Tampa

³⁵ PGY1 pharmacy residencies are at Adventist Health institutions in Bakersfield, Glendale, Ukiah Valley, White Memorial, Central Valley Network.

³⁶ PGY1 pharmacy residency at Shady Grove Medical Center - Adventist Healthcare.

³⁷ PGY1 pharmacy residency, Kettering Medical Center.

³⁸ AdventHealth has PGY1 pharmacy residencies in Apopka, Celebration, East Orlando, and Tampa.

		AdventHealth Winter Park Florida Hospital Heartland Medical Center-AdventHealth
	KS	AdventHealth Shawnee Mission
	MD	Shady Grove Medical Center – Adventist HealthCare
	OH	Kettering Medical Center
PGY2 Administration Residency	CA	Loma Linda University Medical Center
PGY2 Ambulatory Care Pharmacy Residency (ASHP)	FL	AdventHealth Celebration AdventHealth East Orlando
PGY2 Cardiology Pharmacy Residency (ASHP)	FL	AdventHealth Orlando
PGY2 Cardiology Residency (ASHP)	CA	Loma Linda University Medical Center
PGY2 Critical Care Pharmacy PGY1 Pharmacy Residency (ASHP)	FL	AdventHealth Orlando
PGY2 Critical Care Pharmacy Residency (ASHP)	CA	Loma Linda University Medical Center
PGY2 Emergency Medicine Pharmacy Residency (ASHP)	FL	AdventHealth Orlando
PGY2 Infectious Diseases Fellowship	CA	Loma Linda University Medical Center
PGY2 Informatics Residency	CA	Loma Linda University Medical Center
PGY2 Medication Use Safety and Policy Residency (ASHP)	CA	Loma Linda University Medical Center
	FL	AdventHealth Orlando
PGY2 Oncology Pharmacy Residency (ASHP)	CA	Loma Linda University Medical Center
	FL	AdventHealth Orlando
PGY2 Pediatric Pharmacy Residency (ASHP)	CA	Loma Linda University Medical Center
	FL	AdventHealth for Children
PGY2 Pharmacy Informatics Residency (ASHP)	FL	AdventHealth Orlando
PGY2 Transitions of Care Residency	CA	Loma Linda University Medical Center

Licensed pharmacists may apply to sit for Board of Pharmacy Specialty Certification exams if they meet the eligibility criteria. Pharmacists who are board certified are qualified to practice at advanced pharmacy levels. Specialty certification exams include:

- Ambulatory Care Pharmacy
- Cardiology
- Pharmacy
- Compounded Sterile Preparations Pharmacy
- Critical Care Pharmacy
- Geriatric Pharmacy
- Infectious Diseases Pharmacy
- Nuclear Pharmacy
- Nutrition Support Pharmacy
- Oncology Pharmacy
- Pediatric Pharmacy
- Pharmacotherapy
- Psychiatric Pharmacy
- Solid Organ Transplantation Pharmacy

Further information can be obtained at: <https://www.bpsweb.org/impact-of-bps-certification/>

Two institutions were approved by the IBE in 2018 to offer a post-secondary Bachelor of Pharmacy: Manila Adventist College in the Philippines and Universidade Adventista de São Paulo - Engenheiro Coehlo (UNASP-EC) in Brazil. At UNASP-EC College of Pharmacy, an inaugural class of 27 was accepted on February 6, 2019. The second class of 25 started the five-year post-secondary dental program on February 5, 2020. Students participate in seven scientific study groups supervised by professors. These research groups carry out studies on cosmetic technology; mathematical models in population genetics; science, religion, and health: existential questions; metabolic studies and health in populations; hand washing in a campus community; Pharmacovigilance in a secondary care hospital; Quality Control of Vegetable Products. The research groups are registered at the Brazilian National Research Council (*CNPq*).

Required religion courses are part of the five dental program, co-taught by a professor with a PharmD and a theologian who currently is a PhD candidate in Science and Religion. The five-year program in Pharmacy consists of a three-year didactic curriculum followed by classes and residency in the fourth and fifth years. The two-year residency program consists of Public Health combined with Pharmaceutical Care; Pharmaceutical Technology; Clinical Laboratory Analysis; Compounded Sterile Preparations Pharmacy combined with Pharmacy, Legislation and Administration; combined Hospital Pharmacy Management and Clinical Pharmacy; Food Support Pharmacy combined with Microbiology and Toxicology in Foods. After graduating, students are eligible to acquire their license through the Brazilian Regional Pharmacy Council (*CRF*) that is empowered to sign on behalf of the Brazilian Federal Pharmacy Council (*CFF*). After a scrutinized analysis of the transcript and diploma, the license is awarded by the Brazilian Regional Pharmacy Council (*CRF*). UNASP College of Pharmacy is planning to open two post-graduate programs in 2020/21 in Cosmetology and Aesthetics and Quality Control in Pharmaceuticals.

Purposes and Significance of AAA Accreditation

The purpose of the Accrediting Association of Seventh-day Adventist Schools, Colleges and Universities (AAA) is to monitor that the mission of the Seventh-day Adventist Church is being carried out by institutions that it accredits, and that schools are functioning according to General Conference (GC) Working Policy.³⁹ The accreditation process serves to assure that all educational institutions, both academic and professional, meet denominational standards of educational quality. The cyclical process of institutional self-study and assessment, coupled with external validation by a team of professional peers, provides a mechanism for ongoing quality improvement. A quality assurance focus also reduces the cost of risk management for the organization. Recognition as a Seventh-day Adventist institution or use of the Seventh-day Adventist name or logo, recognition of degrees, eligibility for receipt of denominational funds (including in-kind contributions) is contingent upon that institution holding current AAA accreditation.⁴⁰

Procedure for Authorization by the IBE and Accreditation by the AAA

The GC Department of Education should be consulted early in the process regarding an advisory consultation. The purpose of the advisory consultation (or visit) is to discuss what is already available and to provide advice in preparation of the feasibility study and the proposal (Appendix A) to the International Board of Education.

Any new medical/dental/pharmacy education program seeking AAA accreditation must follow a series of steps outlined in this document, the New Program Proposal Instrument (Appendix A), guidelines of the International Board of Education and the Accreditation Manual of the AAA.

When the AAA deems a school ready to admit a charter class it will grant preliminary accreditation to the educational program. The new program is then re-examined prior to the midpoint of the charter class as it develops, and additional resources are put into place at which point provisional candidacy is awarded. Upon demonstration of compliance and satisfactory progress, the program will undergo a full survey early in the final year of the charter class's progression. If the self-study and corresponding documentation indicate to the AAA's satisfaction that the program meets all accreditation standards, the program will be granted full accreditation. Steps 2-4 require an on-site visit by a team appointed by the AAA to verify the Institutional Report specific to that phase of accreditation:

1. Feasibility study;
2. Preliminary accreditation;

³⁹ See GC Working Policy FE 20.

⁴⁰ See GC Working Policy FE 20 35

3. Midpoint review and provisional accreditation (two years after program start-up and no later than one year before the midpoint) and;
4. Final-year review and full accreditation.

To summarize the process outlined on pages 1-2, the first step will be a feasibility study completed with sufficient notice to permit through review in advance of submission of the proposal to the IBE. The second step is a site visit for preliminary accreditation prior to admission of any students. Step three is a second site-visit that focuses on the clinical phase of education, two years after start-up and no later than one-year prior to the midpoint which, if satisfactory results in the award of provisional accreditation. A final site visit takes place during the final year of the charter class, after which satisfactory programs will be fully accredited.

When an institution's program fails to receive or retain AAA accreditation, accreditation and candidacy is withdrawn. The governing board will work with the institution's administration to arrange a teach-out of already admitted students or to transfer them to an accredited program elsewhere. No new students may be admitted to the program. Upon petition, candidacy may be extended to the program for the duration required to teach out already admitted students, in which case evidence of resources must be in place for the teach out.

The AAA requires elements of institutional organization, operation, and resources to be in place before it will consider the program for preliminary accreditation. These minimum requirements are described below; additional expectations may be appropriate under certain circumstances (for example, if a school intends to offer extensive clinical instruction during the first year of study). Schools are encouraged to consult with the AAA Executive Secretary to determine if additional requirements are likely to be warranted. The proposal (Appendix A) must follow the guidelines for new programs set by the International Board of Education and major headings and related accreditation standards described in the AAA Accreditation Handbook. Failure to comply with these requirements will result in a two-year period before consideration of a new proposal by the IBE/AAA. If the school chooses to admit a charter class prior to receiving preliminary accreditation from the AAA, it will not be eligible for AAA consideration until after the charter class graduates. In exceptional cases, any waiver to these guidelines must be sought by the institution and approved by vote of the IBE and/or AAA Boards.

Institutional approval and government authorization

When an accredited Seventh-day Adventist postsecondary educational institution plans to offer a new program or make a substantive change to an existing program, it must complete a feasibility study, or equivalent, and receive approval from all internal institutional boards, and its Board of Trustees. While this is the first approval step, institutions must consult with their division⁴¹ at an early stage during the feasibility study, particularly if the proposed changes will result in shift of institutional mission. Changes and additions must also fit in with any educational strategy for the division, and early consultation will help the application processes move more quickly.

⁴¹ Those institutions serving more than one division (e.g., General Conference institutions) must gain input and endorsement from the constituency and divisions it will serve. Final review and approval will be made by the General Conference.

Internal Feasibility Study

Institutions should develop their own processes for evaluating program additions. However, as their later proposal to IBE must follow the format of the Program Proposal Instrument found in Appendix A, institutions may find it easier to use the same instrument in their feasibility study as part of their internal approval processes. This study must evaluate the:

- relationship between proposed change/addition and institutional/department mission
- market (church, community)
- employment/higher education potential for graduates including the availability of postgraduate training opportunities within and outside Adventist institutions to graduates of a new school
- a business analysis of current barriers for Adventist professionals to work within or alongside denominational institutions
- development of a business plan to recruit and retain graduates of the proposed school to work within or alongside denominational institutions
- curriculum and any specific educational policies that are specific to the program
- need for additional professional faculty/staffing and especially, availability of SDA teachers
- need for additional resources: buildings, space, library resources, computers, other capital equipment
- financial assessment of start-up and on-going expenses of the proposal, against sources of income (special and on-going)
- plans for accreditation (church and government) and any implications to institutional mission
- timeline leading to commencement of change/program addition so that all required approvals (including IBE/AAA) can be received BEFORE the program starts. Proposals and site team reports must be received at least 30 days in advance of a meeting of the IBE/AAA
- evidence of adequate financial support
- clinical training with mentorship by Adventist faculty/professionals
- access to clinical facilities in reasonable proximity to the proposed program
- availability of patients sufficient in number and mix for the development of clinical competence in students, and linked to financial sustainability of the proposed program
- location in a place that permits clinical faculty to generate and sustain themselves financially in sufficient numbers to operate a medical school. (An urban center of sufficient population density is needed to financially support some 50-100 faculty clinicians in addition to those already practicing in the area)
- SWOT analysis (including financial resources)
- analysis of the proposal with specific reference to the last AAA report

Assessments from independent professionals

Institutions must include in their program evaluation process assessments from a minimum of three individuals who work in institutions of a similar nature and have relevant expertise to the specific proposal. If not visiting together, each one should write an assessment after visiting the

campus. One of the assessors should be a content expert, and another should be an expert in the method of proposed delivery if this will be non-traditional. The feasibility report must append the assessors' reports and the institutional response. The response must show how the proposal has been revised based on the assessment. It may also provide a rationale for why the institution does not agree with a recommendation. The evaluation by external reviewers may speed up the program approval process if the names of assessors are agreed upon by the division/General Conference in advance. A model document for use with external assessors can be found in Appendix B.

Government authorization

The internal committees and Board of Trustees will consider as part of their study what government processes need to be followed or resources (e.g., human, financial, infrastructure) in place in order to have the new program/changes authorized, and whether this proposal will change the status of the institution in any way with the government/local authorities. If changes are anticipated, the executive committee of the sponsoring entity (union, division, or GC) must be involved in the discussion and agree to any course of action taken by the institution. If government/accreditation approval will not change the present standing of the institution with the government or the church, the institution can pursue institutional and church approval for its proposal at the same time.

Action by Division Committees

Once the institution has completed its feasibility study, it must show how feedback was incorporated into its proposal and send it to the relevant division through the division's Department of Education (or GC in the case of GC institutions). The proposal will now be expected to follow the outline of the Program Proposal Instrument (Appendix A).

Once a Division Board of Higher Education has received a Program Proposal Instrument from an institution it should decide whether the proposed program meets the recommendations of these guidelines and consequently warrants a survey visit with personnel from within the division (or personnel selected by the GC in the case of GC institutions). This could be in the form of an individual assessor, or a team of assessors, depending on the nature and extent of the proposal. If the institution has been consulting with the division throughout its internal evaluation process and external assessors (that have been approved by the division and General Conference) have already been used, additional visits may be unnecessary. However, the division⁴² must endorse by an action of its Board of Higher Education and/or Division Executive Committee the proposal before it is recommended to the General Conference Department of Education.

If the division chooses to conduct an on-site survey, it may use the same form as that advised for external assessors, the full General Conference on-site assessment instrument (Appendices A and B), or an assessment instrument of their own. The division will also identify visit parameters. Based on this visit, the division may ask the institution to revisit its initial proposal and make

⁴² Or divisions served in the case of GC institutions.

adjustments or decide that it cannot recommend the proposal at all. Not until the division is fully satisfied with the proposal should it be endorsed and sent to the General Conference Department of Education for the agenda of IBE/AAA. This endorsement will be from the approved committee of that division that deals with new programs (Board of Education through the University Council, etc.).

While the Department of Education at the General Conference is not formally involved in a new program/substantive change proposal until it is formally sent to them through the division, the division shall keep the department informed throughout the process, so that the proposal can be reviewed as quickly as possible.

Involvement of the General Conference Education Department

Once the General Conference Education Department receives a Program Proposal Instrument (Appendix A) endorsed by a Division, the staff will evaluate the proposal, in collaboration with the GC Health Ministries Department and the Committee on Health Professional Education. The department staff or the Committee on Health Professional Education may recommend that an advisory visit take place before a recommendation can be made to IBE for the preliminary review site visit. Once approved for a preliminary (preclinical) site visit by the IBE, as long as the Department has been kept informed of the application by the applying institution/division a survey team will normally be sent to the institution within 90 days of the receipt of the proposal and the team report will be sent back to the Department staff within 30 days of the completion of the visit. (For details of how an on-site visit will be organized please see “On-Site Visit” below.) On the basis of this visit the department will recommend an action to the IBE. If successful, the institution will thereafter receive a midpoint visit and then the final site visit.

Preparing for the Visit by the IBE

When an on-site visit is conducted to consider a proposal for a new program or substantive change to an existing program, the survey team will represent several bodies: (1) The General Conference International Board of Education, (2) the Division Education Committee or Board of Higher Education, (3) other Seventh-day Adventist colleges and universities with similar health professional programs, and (4) the constituency supporting the institution (church leaders, parents, students). All of them need evidence regarding the quality of the new program(s) and degree(s) to be offered.

The team will be appointed by the General Conference Department of Education in consultation with the GC Health Ministries Department and division Education/Health Ministries Department, or by the division Department of Education in the case of a division on-site visit. Team members will be professionals with expertise in the discipline under review, as well as in other relevant areas such as religion, chaplaincy, finance and library/educational resources. If a non-traditional method of delivery is anticipated, an individual experienced in that delivery method should also be present.

The chair of the team will consult with the administrators of the institution to be visited and agree to the date of the survey visit, as well as the schedule for the team. He/she will also ensure that each member receives the necessary instructions and background documents for the visit. Each team member, however, will be responsible for obtaining his/her own documents, visas, and travel tickets and for communicating to the agreed liaison at the institution information regarding his/her travel plans and need, if any, for local transportation. For a team member employed by a denominational entity, the employers should assist him/her to obtain visas and travel tickets. Alternate arrangements for travel expenses should be worked out early and some arrangement must be worked out at the very inception of the process of building the site visit team, especially for all those not employed by a denominational entity.

The president of the institution to be visited will forward to members of the team an updated version of the proposal with all appendices, so that they may receive them at least 30 days in advance of the visit. The administration of the institution is also responsible for providing local transportation and adequate room and board for team members. It provides the team with relevant documents not included in the proposal, as well as answers to questions pertinent to the proposal. The college/university administration must arrange for trustees of the institutional board to be present during the visit and especially during the exit report presented by the survey team.

The On-Site Report for Preliminary Accreditation

The basis of the on-site visit will be the feasibility study and the New Program Proposal Instrument. Interviews and observations will focus on confirming the conclusions of the report and the team will write an independent report to the International Board of Education. In doing so, the team will be concerned with the following:

- Does the application further the mission of the institution and church in the respective area of the world?
- Will any changes in administrative structure, or relationships with external bodies, in any way compromise the mission of the institution?
- Is the financial plan for making the proposed change(s) realistic and workable?
- Will the present and/or recommended physical facilities be adequate for the program recommended?
- Is there sufficient evidence to suggest that there will be in place appropriate administration, faculty and specialty staff, clinical sites, and patient volume to ensure the effective delivery of the new program?
- Has there been sufficient market research to justify the need for the proposed addition?
- Will it be likely that the institution will be able to deliver the new educational program at a level that will meet the requirements of AAA accreditation?
- Will the plans enable the institution to receive local government accreditation? (This is recommended by AAA, except in cases where government regulations make this impossible.)
- Is the timeline for starting the new program realistic?
- What special considerations or government recommendations might impinge on full delivery of the curriculum?
- Has the sponsoring entity's (division, union(s), etc.) Executive Committee reviewed and approved the proposal via a formal Executive Committee vote?

The sponsoring entity's vote must include approval of the proposal for the proposed program and clearly describe:

1. The governance structure of the health professional program vis-à-vis the parent University. Potential governance options include:
 - (a) Division-level board for the entire university
 - (b) Division-level board for the health professional program with union(s)-level board for the parent university
 - (c) Other governance structure that demonstrates the proposed school will serve the entire division's membership and health care institutions;
2. Commitment to provide sufficient resources to implement the proposed health professional career (both infrastructure and faculty/staff), and commitment to permanent ongoing support (e.g., subsidy).
3. Commitment to comply with all IBE accreditation standards. Commitment from the board(s) and administration(s) of any Adventist health care facility(s) that the proposed school will use as a major teaching site to create effective governance and operational structures to allow the institutions to function in tandem.
4. Commitment from the boards of division/union(s) to recruit faculty on a long-term basis, not for short-term (less than 2 years) term.
5. Commitment from the proposed program to track their graduates (long-term) with periodic surveys to ascertain whether their graduates are fulfilling the expected outcomes.

The team will also vote a recommended action to the IBE, according to the options in "Actions Available to the International Board of Education" noted below. The completed report should be

forwarded to the secretary of IBE within one month of the completion of the on-site visit. Guidelines for the report to be written by the team for the IBE can be found in Appendix C.

Dissemination of the Report

The visiting team will normally share their findings in an exit report with the relevant institutional administrators and available members of the institutional board before leaving the campus. While the report is not official until voted by IBE/AAA, the applicants are encouraged to immediately start to act on recommendations and conditions in the draft site visit report. The exit meeting is a reporting session only, and institutions may not use this as a time for debate. Matters of factual accuracy only can be corrected.

Involvement of the International Board of Education

The International Board of Education will receive a proposal, with a recommendation from the preliminary site visit team. The Board may choose to accept the recommendation given to it or take an alternative action in line with options available to it. The Board will make a decision on both recognition of a new program and on a recommendation on accreditation to AAA, which will take the final action on accreditation.

Actions available to Adventist Accrediting Association

1. Recognition and preliminary accreditation.
AAA will usually take this action when the applying institution has presented a solid proposal and the committee has confidence in their ability to introduce the proposed program/change effectively. Comments or suggestions may be made to the institution, but there would be no formal recommendations. Candidacy would normally be for a two-year period and the institution would be expected to initiate an application to AAA for provisional accreditation at the end of that two-year period, and no later than one year prior to the midpoint of the new program; and to apply for full accreditation early in the final year.
2. Recognition and preliminary accreditation, with recommendations.
This action will normally be taken by AAA if the Board considers the proposal to be sound but agrees there remain some areas of weakness that must be addressed during the candidacy period. With this vote, AAA will authorize/recognize the new program and give it candidacy status but specific recommendations will also be included in the vote and the institution must ensure it responds to the recommendations before the time of the next AAA visit. Preliminary candidacy would normally be for a two-year period and the institution would be expected to initiate an application to AAA for provisional accreditation at the end of that two-year period, and no later than one year prior to the midpoint of the new program; and to apply for full accreditation early in the final year.
3. Recognition and recommendation of preliminary accreditation, with conditions. This action will be taken by AAA if in the judgment of the committee there is good reason to

support the institutional proposal, but there are still some significant hurdles to its success. These could relate to issues such as finance, availability of qualified and appropriate faculty, or inadequate development of a quality curriculum. With this vote, AAA will expect certain conditions to be met before the new program can move to the next stage. Candidacy and preliminary accreditation will only begin when the conditions are met, and students may only be admitted thereafter. Candidacy will normally be for a two-year period, and institutions must initiate an application to AAA for provisional accreditation at the end of that two-year period, and no later than one year prior to the midpoint of the new program, with application for full accreditation early in the final year. (When conditions are given in the provisional or full stages of accreditation, new students may not be admitted until the conditions have been met.) The General Conference Education Department will act on behalf of AAA to confirm conditions are met and will report the date of completion back to AAA at its next regular meeting.

4. Recommendation for denial of authorization or recognition. AAA will take this action if it concludes that the institutional proposal is not supportable for quality, operational or philosophical reasons. A rationale for the denial will be sent to the relevant institution and its division.

Right of Appeal

Right of Appeal - Onsite Report.

Applying institutions may appeal to the International Board of Education on actions related to the approval of new programs or programs undergoing substantive changes. Appeals regarding accreditation are submitted to the Adventist Accrediting Association. The reasons for the appeal must be predicated on one of the following: the team or Board drew their conclusions based on inaccurate information, the team or Board failed to follow procedure, or the team/Board acted unprofessionally (for example, through conflict of interest, prejudice, etc.).

A written appeal will only be considered by the International Board of Education/AAA if the appeal is about the overall conclusion of the on-site team and the recommendation of approval of the proposed new/changed program. Disagreement with other statements in the report may be documented, but these will not constitute an appeal. Any appeal should succinctly identify the reasons for disagreement with the findings of the site team, provide supporting evidence for the request for a differing conclusion, or where the team did not follow procedure, and must be submitted within 120 days of the completion of the original report, and at least 10 working days prior to the meeting of the IBE/AAA. Such an appeal may be supported by a representation of no more than three persons before a meeting of the board. The board, in closed session, shall then render its decision.

Right of Appeal—Division.

Any action of the division board involving a specific institution or program may be appealed by the same in writing, through the respective division education committee, within 120 days of

notification of such action. Such an appeal may be supported by a representation of no more than three persons before a meeting of the board. The board, in closed session, shall then render its decision.

Within 120 days of the Division Board of Education and/or Executive Committee issuing a decision, the involved institution may request reconsideration of the decision by the division education committee provided the request is based on new information. Such review may be supported by representation of no more than three persons appearing before a meeting of the division education committee. The division education committee in executive session shall then render its final decision. If, after the final decision is rendered by the division Education Committee, the matter is not resolved, written appeal by the institution may be made to the International Board of Education/AAA, through the General Conference Department of Education which shall have discretion to determine whether to accept the appeal for review. The Department of Education may recommend an independent assessment of the proposal and make a recommendation to IBE/AAA based on its independent conclusions.

Right of Appeal—IBE/AAA.

If the International Board of Education/Adventist Accrediting Association changes the recommendation of the on-site team to the detriment of the applying organization, that organization can appeal the Board action by submitting a written request for a reconsideration of the action within 120 days of receiving notification. This request must provide reasons, with supporting documentation attached, for why the Board action is considered unfair by the organization. This appeal will be considered at the next meeting of IBE/AAA. Such an appeal may be supported by a representation of no more than three persons before a meeting of the board. The board, in closed session, shall then render its decision. In extreme and far-reaching decisions, further appeal may be made to the General Conference Executive Committee.

Lack of Compliance

The Adventist Accrediting Association expects all programs at accredited institutions to have been approved. This is an assurance for all other accredited institutions that individuals transferring to their institutions have come from programs that have met minimal requirements set by the AAA. Therefore, lack of compliance by an individual institution will impact on the total accreditation effectiveness of the Seventh-day Adventist Church.

When an institution is considered out of compliance and dialogue has been attempted with the institution and its parent organization, AAA will normally immediately place the institution on probation. If the voted terms of probation are then not met, AAA accreditation will be revoked.

Functions and Structure of a Medical/Dental/Pharmacy School

A. Institutional Setting

The following aspects of the institutional setting of the educational program should be addressed in the proposal:

1. A description of the governance structure of the proposed school, whether at the level of Division or Union(s), including the composition and terms of membership of any governing board and its relationship to the parent university. The organizational chart (Appendix 11) must show linkages to clinical practice groups. Governing board membership must have the requisite competence to oversee the professional program and demonstrate how Adventist health care institutions and the proposed program will be responsive to the needs of the Division. It must be clear that the governing board duly exercises its governance powers.
2. A job description for the dean, with approval of the description from appropriate university authorities.
3. Appointment of a qualified Seventh-day Adventist founding dean with a validated resume.
4. Appointment of the senior leadership within the dean's staff, particularly in the areas of academic affairs, student affairs, admissions/recruitment, hospital relationships, and administration and finance
5. Appointment of administrative leadership (e.g., department chairs or their equivalent) for academic units that will have major responsibilities for student education, especially in those disciplines to be taught during the first two years of the curriculum
6. Terms of reference for the major standing committees of the professional program, particularly those dealing with the curriculum, student advancement, admissions, and faculty promotion and tenure. The manner in which the professional program is organized, including the responsibilities and privileges of administrative officers, faculty members, standing committees, and students must be established, and the relationship of the professional program to the university must be made clear.

7. A description of how specialty training will take place in postgraduate education in Appendix 13. All correspondence and contracts/MOUs from participating clinical sites must be attached in Appendix 10.4 and 14.3.
8. Commitment by the university to structure optimal relationships between the program and any university operations that falls within the purview of the program (in particular, admissions, clinics or faculty practice groups).
9. Commitment by the relevant board/university executive committee to account for program funds separately to ensure the program has sufficient ongoing financial resources to fund depreciation, recruit and retain qualified Adventist faculty, and modernize equipment and facilities to maintain an adequate level for training health professionals. The amount of tuition income toward indirect and general university overhead should be negotiated on a case-by-case institutional basis and be affirmed by the institutional board and Division Executive Committee action.
10. Detailed commitment by the sponsoring division/union(s) adequate over the long-term.
11. Commitment from the sponsoring division/union(s) to plan for Adventist postgraduate education needs of the proposed program in their territory(ies).

The IBE/AAA considers the development of a concise job description and the appointment of the founding dean as essential starting points for the creation of the proposed program. The founding dean serves as the focal point for providing leadership in the implementation of the new school's missions and goals, and acts as the catalyst for securing the resources needed to assure the accomplishment of its aims. The founding dean must be a practicing Seventh-day Adventist and must study and personally observe existing Adventist programs, with deliberate attention given to translating biblical values and Adventist mission into the fabric of the new school.

Senior leadership in education, student affairs, hospital relationships, and administration and finance is necessary to begin implementation of programs and services in these areas. Corollary appointment of administrative leadership, especially in those academic units that will have substantial involvement in student education, creates an infrastructure that should facilitate effective development of the educational program. Senior leadership should establish working relationships with existing professional programs in the region where possible to enhance the quality of and resources available to the program under development. Such collegial relationships will also enhance the reputation of the new program.

An appropriate committee structure rounds out the organizational framework for operations and decision-making that has proven successful in existing accredited programs. Standing committees must be chartered in school or university bylaws and must have a clearly delineated charge or terms of reference that will facilitate their effective functioning.

Relationships and functions must also be geographically sensitive and appropriate to the prevailing requirements of such an institution in the region/division as it would be a resource in that entire area.

B. Educational Program

The educational program leading to the professional degree lies at the core of the AAA's accreditation process and standards. Prior to admitting its first (charter) class of students, a new school is expected to have accomplished the following:

1. Identification of the name and length of degree, designation of whether it is post-secondary or post-baccalaureate, and designation of language of instruction.
2. Definition of overall student learning outcomes, including those distinctly Adventist.
3. Creation of a working plan for the curriculum as a whole, consistent with regional and denominational student learning outcomes (see Appendix 3).
4. Inclusion of a religion curriculum consisting of formal instruction in the study of the Bible, clinical and biblical ethics, personal spiritual formation and spiritual care of patients (Appendix 6). The objective of the religion curriculum is not only the contextualized transmission of knowledge in the aforementioned academic domains, but ultimately the moral formation of the healthcare practitioner. This curriculum must include at least one religion course per classroom year and be designed collaboratively by university religion faculty and faculty from the relevant professional school. There should also be a capstone religion course in the final year that will describe ethical/religious practices at the workplace.
5. Detailed layout of the first two years of study, including required courses and content, and identification of the resources needed for the delivery of required courses (textbooks, laboratories, IT, pathology specimens, clinical material, library).
6. Specification of the types of teaching for basic and clinical science, as well as religious education, and student evaluation methods best suited for the achievement of student learning outcomes.
7. Design of a system for curriculum management and review.
8. Design of a system for educational program evaluation, including the designation of outcome measures to indicate the achievement of overall student learning outcomes.
9. Specification of clinical education content must be included in the overall curricular plan, with MOUs/clinical contracts included in appendix 10.4 and 14.3 of the Program Proposal Instrument.
10. Policies to protect the human rights and dignity of patients in the course of clinical education, patient care and research.
11. Comparison of curriculum referenced against national and regional standards and models to demonstrate that it meets national/regional standards as well as AAA accreditation standards.
12. Detailed layout (including adequate resources, infrastructure, equipment and staff) for simulation laboratory(ies).
13. Description of how inter-professional education will be conducted.

Learning objectives form the foundation of the educational program. General objectives for the educational program as a whole create a framework for the design and implementation of specific learning expectations at the level of required courses and clerkships, and so need to be specified at the earliest stages of program planning. These expectations and requirements inform and predicate the design, location and capacity with respect to the supply of qualified faculty,

adequate patient volume to provide clinical instruction, and financial plan to ensure sustainability.

The school must be able to elucidate the overall structure of the educational program to maximize opportunities for efficient learning through horizontal and vertical integration of desired content. The first two years of study must be clearly articulated prior to the admission of a charter class. Careful consideration must be given to the sequence of required courses and the workload of students during the first two years of study. Each required course should have a designated director or leader, written objectives, learning outcomes, and clearly defined criteria for evaluating student performance. The kinds of educational experiences needed for each course must be determined by both institutional and course objectives and outcomes. Resources must be allocated for each required course, including instructional staff, teaching space, technological and information needs, and any specific instructional needs (e.g., lab materials and supplies, real or simulated patients). Consideration should also be given to academic and tutorial services that may be required, as well as any training needs for instructional staff.

Careful consideration must be given to teaching and evaluation methods, since these choices will determine many of the resource requirements for the units of study. A well-designed system of curriculum management and review assures continuity and consistency of the educational experience for students. Program evaluation implies the systematic collection and review of student evaluations of courses and instructional staff, as well as other indicators of curriculum effectiveness such as clinical competence of graduates compared to that of graduates of similar institutions in the region. Documentation of the achievement of learning outcomes must include student performance data, where possible, in the framework of national norms and requirements.

The curriculum must show how inter-professional education will be incorporated and assessed. Teamwork and servant leadership skills should be included in the learning outcomes to ensure safe patient care.

Qualifications such as religion faculty commitment to the Lord Jesus Christ and the mission of the Seventh-day Adventist Church are paramount, as is evidence of academic preparation through the earning of a doctoral degree in the field of religion (broadly conceived). What is also vital to the success of teaching religion in a healthcare context, and therefore is an essential characteristic of the potential religion professor, is familiarity with the language and literature of religion and health and how these two worldviews intersect and can be taught effectively to the respective healthcare program. One way to acquire such knowledge is through the practice of team teaching a course, whereby a religion professor pairs up with a professor from one of the respective programs. This results in a mutual exchange of knowledge and skills that is context specific and fosters inter-professional learning. Additionally, an ideal instructor of religion is one who possesses clinical training (e.g., counseling, chaplaincy, etc.), with a minimum of one unit of clinical pastoral education (CPE) from an accredited CPE center. Taken together, these unique qualifications set religion faculty apart as scholar-practitioners who can effectively engage inside and outside the classroom setting. It is expected that religion faculty, in particular, will participate in the spiritual life of the campus and university programs, and will regularly be available to mentor students and fellow faculty, including availability for collaboration with colleagues in clinical settings and mission outreach.

The program must show that the content of clinical education is based on scientific evidence and that students are taught to evaluate the quality and weight of the evidence for clinical intervention. This will be enhanced by development of a culture of research at the institution, with participation by both faculty and students. The institution must give study to the advantage of developing postgraduate programs (PhD) in the basic science disciplines that will support the research objectives of the professional programs.

C. Students

To comply with AAA accreditation standards regarding students, a new school will be expected to have the following elements in place before requesting consideration for candidacy:

1. Clearly defined admissions policies and selection criteria, including a description of how all qualified and committed Seventh-day Adventist students will be preferentially considered. The application process should require a statement of purpose and mission from all applicants so that fit with school mission may be assessed. The school needs to define minimum requirements for admission that specify which prerequisites are required and which are recommended and develop criteria for the selection of its students. Technical standards for the admission of handicapped applicants must be delineated. Enrollment management must include a process that will ensure that no students enroll in a course before completing the course prerequisites.
2. Strategic enrollment plan, showing the countries of the sponsoring division/union(s) from which students will come, stating the number of students to be accepted initially and in the long term. Specifically, recruitment of SDA students must be evident and detailed in Appendix 5.
3. Adequate resources to assure essential student services in the areas of academic counseling, financial aid, health services, and personal counseling for retention.
4. Written standards and procedures for the academic evaluation, advancement, and graduation of students and for disciplinary action, including appeal mechanisms to assure due process.
5. Standards of conduct for the teacher-learner relationship, including written policies for addressing violations of such standards (Appendix 6.4).
6. Expectations for what students will do after graduation. A strategic plan must be proposed to retain graduates in regional and denominational service.
7. The school must have resources in place to provide basic student services in the areas of academic counseling and tutorial services, financial aid services and counseling, preventive and therapeutic health services, spiritual formation, and pastoral care. If the school intends to utilize parent university resources for some of these services, it must assure that mechanisms are developed to address any unique needs of students. The Spiritual Masterplan must articulate with the institutional Spiritual Masterplan to specifically address the wholistic wellbeing of students. The school must also decide

which immunizations it will require and develop protocols for addressing student exposure to infectious and environmental hazards.

Criteria for reviewing student performance, and for making decisions about advancement or dismissal, need to be elaborated before the charter class is admitted. Policies relating to student advancement, graduation, dismissal, and disciplinary action must be written and available to all entering students, including policies specifically addressing academic integrity, professionalism, and biblical ethics, as well as alcohol, tobacco, vaping, and drug abuse.

The school shall develop and publicize to the academic community its system for addressing allegations of student mistreatment. Mechanisms for reporting and acting on incidents of mistreatment must assure that they can be registered and investigated without fear of retaliation.

D. Faculty

New schools must have the following in place regarding faculty when they are reviewed for candidacy:

1. Evidence that faculty are able to apply basic principles of pedagogy and Adventist philosophy of education in the content area; and evidence of an understanding of and commitment to medical missionary work. This may be accomplished by successful completion of in-service training in these areas prior to commencing teaching duties. Written policies and procedures for faculty appointment, promotion, and tenure, defining full and part-time employment status of faculty, including for clinical faculty. The policies must specify the expectations for and assessment that all faculty contribute to the mission and purpose of the Seventh-day Adventist Church. A copy of the document that a faculty member signs, regardless of religious affiliation, must be included in Appendix 7.4. It must require the faculty member to describe how they will support the school mission statement. An orientation programs should be planned for the faculty in the area of integration of a biblical worldview, faith and learning.
2. Evidence that the Board ensures that faculty are hired and retained on a long-term basis and not on short-term (<2 years) Detail of how and from where the school will obtain the faculty, enumerating the number of full-time and part-time faculty needed initially and in the long term.
3. Hiring a sufficient number and majority percentage of committed and qualified Seventh-day Adventist faculty and other qualified faculty committed to the mission of the institution to provide the first two years of instruction for the professional education program, and other Adventist faculty as needed for the implementation of institutional plans regarding student admissions, curriculum planning and management, and achievement of other missions or goals. In addition to clinical experience, faculty must also have experience in health professions education. This is particularly important for religion faculty as the teaching of religion to healthcare students constitutes a unique calling that imbibes a specific set of pedagogical skills.
4. A recruitment plan and timetable for hiring and retaining qualified and committed Seventh-day Adventist faculty and other faculty committed to the mission of the institution to deliver the entire educational program.

5. Evidence that the school will have enough faculty to deliver the first year of instruction and to make any necessary decisions about student admissions, curriculum design and management, student evaluation and promotion policies, and any other activities that are fundamental to the school's ability to accomplish its mission and goals. Such faculty must have appropriate content expertise for the material to be learned and be familiar with the school's expectations for student learning outcomes.
6. While faculty to teach the second year do not need to have been hired before the charter class is admitted, the school must at least have formally documented the numbers and types of faculty needed for the second year so that hiring can begin before or early during the first year of the educational program. Evidence of hiring must be demonstrated prior to the start of the second year.
7. Faculty development plan for basic science, clinical, religion faculty and healthcare chaplains, including development in the areas of pedagogy and principles of Adventist philosophy of education and medical missionary work. An ideal instructor of religion is one who also possesses clinical training with professional supervision. Completion of at least one unit of clinical pastoral education (CPE) from an accredited CPE center is the minimum recommendation for all religion faculty who teach healthcare professionals.
8. All religion faculty must be endorsed by the International Board of Ministerial and Theological Education (IBMTE). Chaplains must be endorsed by the division Adventist Chaplaincy Ministry director and certified by the General Conference Adventist Chaplaincy Institute. If teaching more than 50% percent, they must be endorsed by the IBMTE. An ordination or commissioned ministry credential is expected for those who qualify.
9. A plan to provide for research facilities and release time (quantified in the workload policy) so that qualified faculty can pursue a productive research program. Policies and structures (including an institutional research ethics committee) must be in place to ensure that research with human beings and animals comply with the principles promulgated by the World Medical Association in its Helsinki Declaration and by UNESCO's Division of Ethics of Science and Technology.

E. Educational Resources

The following resource requirements are considered essential prerequisites for a school seeking candidacy:

1. Detailed budgets and sources of supporting financial resources for the first five years of operation, or for the duration of a complete cycle until the charter cohort graduates.
2. Classroom space, laboratories for basic sciences, anatomy, pathology and supporting educational infrastructure (including utilities) for the first year of instruction.
3. Plans for providing classroom space and any supporting educational infrastructure for the second year of study including simulation laboratory(ies), library, computer and information technology services with internet speed sufficient for education, research, and patient care.
4. Identification of clinical teaching sites and affiliation agreements for clinical sites. If such clinical teaching sites require travel of more than one hour a day (going and returning), plans for the creation of appropriate student residences adjacent to the clinical teaching site must be included.

New schools must demonstrate that they have sufficient financial resources to accommodate the development of their educational program and to accomplish any other institutional goals. Operating budgets for the first years must be provided to indicate expected revenue sources and expenditures. The boards of sponsoring division/union(s) must commit to providing resources for faculty, staff and infrastructure for implementing and sustaining the program as documented by a formal Executive Committee or board vote, e.g. for ongoing subsidy.

Adequate physical resources for the first year of the educational program need to be in place, including classroom, laboratory, and office space, study space for students, and support services (e.g., room scheduling, exam grading, security). Planning for second-year resources allows for consideration and identification of potential shared facilities such as classrooms, wet labs, physical examination rooms, etc.

The information needs of students and faculty for teaching, research, and any patient care must be addressed by library and information technology systems as appropriate.

The inpatient and ambulatory sites that will be used for professional student education across the entire curriculum must be identified. Affiliation agreements/MOUs must be negotiated and signed for any clinical facilities used for instruction to spell out expectations by all parties and minimize exposure risk in all forms to the higher organization (i.e. the sponsoring union/division).

Describe personnel and systems to support community experiences and mission outreach by students and faculty.

Some tuition income should contribute to general overhead expenses of the university, but policies must be set to ensure the program has sufficient ongoing financial resources to fund depreciation, recruit and retain qualified Adventist faculty, and modernize equipment and facilities to maintain an adequate level for training health professionals. The amount of tuition income toward indirect and general university overhead should be negotiated on a case-by-case institutional basis and be affirmed by institutional board and division Executive Committee action.

A condition to admit the charter class is that the university administration must put on reserve at the sponsoring division an amount of money equivalent to one year's average budgeted expense for one medical cohort (Appendix 12.2). This reserve will remain in an account under signature authority of the division until the charter class graduates. These reserve funds are for teach-out purposes in case the program should fail. The institution may receive the return of these reserve funds in full, plus any interest in the final year. In addition, the administration must deposit with the division the budgeted depreciation on a monthly basis (Appendix 12.3). At the end of the third year, the university may request from the division a portion of the depreciation funds from the first year for replacement of equipment. For programs longer than five years, a portion of the depreciation funds from the second year may be requested for replacement of equipment in the sixth year. The balance of the reserve is returned to the university after the first cohort graduates and accreditation is achieved.

Appendix A: Program Proposal Instrument for Schools of Medicine, Dentistry and Pharmacy

International Board of Education

Institution Submitting Proposal:

Department Making Proposal:

Date of Proposal:

Name of Degree to be Offered:

Proposed Starting Date:

Date Approved by Institutional Board

Date Approved by the Division

Date Received by GC Education Department

Abstract of Proposal

Provide a brief summary of the application. This must include a clear statement of what the institution wants to offer, why it considers this program important, and the relationship between this program and existing campus programs.

Proposal

The proposal must consist of replies to the questions which follow. Replies must follow the same sequence as the questions. Include lengthy replies and supporting documents in appendices.

A. Objectives of the Program.

1. List specific objectives and student learning outcomes of the program.
2. Describe how this program will help achieve the mission and objectives of your institution in terms of its role and scope within the total system of Seventh-day Adventist higher education in your union or division.
3. Enumerate any indirect benefits which may result from the establishment of the program.
4. Describe the impact of the new program on your institution in terms of institutional size and how it affects existing programs. If the new program will modify existing programs in the institution, please explain these modifications.

B. Course of Study Leading to the Proposed Degree.

1. List the courses (title and term credits) that would constitute the course requirements of the proposed program. Place an (x) next to those courses already given at the institution and a (+) next to proposed new courses which will be offered.
2. In summary form, state the number of courses required for the program, the number of courses already available, and the number of new courses to be added with the amount of term credits for each group.
3. In summary form, please state your strengths in related major fields which would serve as service courses to the new degree program area.
4. Indicate language of instruction.
5. Outline for the curriculum as a whole, consistent with regional and denominational educational objectives and student learning outcomes.
6. Show inclusion of a religion curriculum consistent with the tenets of faith of the Seventh-day Adventist Church, and include study of the Bible, clinical and biblical ethics, personal spiritual formation and spiritual care of patients. The curriculum must include at least one religion course per year and be designed collaboratively by university religion faculty and faculty from the professional school. Pedagogically to foster interprofessional learning, it may even be ideal and mutually beneficial for select religion courses to be team-taught with a religion professor and one from the respective healthcare program.
7. Show how inter-professional education will be incorporated and assessed. Teamwork and servant leadership skills should be included in the learning outcomes to ensure safe patient care.

8. Provide detailed layout of the first two years of study, including required courses and content, and identification of the resources needed for the delivery of required courses (textbooks, laboratories, IT, pathology specimens, clinical material, library and simulation labs).
9. Specify the types of teaching for both basic and clinical science education and student evaluation methods best suited for the achievement of educational objectives.
10. Describe the system for curriculum management and review.
11. Describe the system for educational program evaluation, including the designation of outcome measures to indicate the achievement of overall student learning outcomes.
12. Specify the content of clinical education in the overall curricular plan.
13. Attach policies to protect the human rights and dignity of patients in the course of clinical education, patient care and research.
14. Describe how specialty training will take place in postgraduate education.

C. Justification for the Initiation of the Proposed Program.

1. Detail the needs of your constituent territory, the nation, and the church for people trained in a program such as the one proposed. Commitment by the division/union boards to hiring/placing graduates in their territory will strengthen the proposal. Describe job opportunities. Refer to any national or church studies on need. (Supply data from studies used.)
2. If there is a territorial, national, or church need for more people to be trained in this field, and at the level in the proposed program, describe special reasons why it should be offered at your institution rather than at one of the other institutions in your union or division? Describe any special competence your institution may have for offering this program.
3. Provide evidence of interest on the part of local industry, agencies, institutions, etc. in the proposed program.
4. Provide other justifications for the initiation of this program which may not have been included above.
5. What priority would you place on the need for the initiation of this program at your institution? Provide a brief rationale for the rating. Make comparisons with the importance of several selected existing programs in your institution.
 - High
 - Medium
 - Low

D. Similar Programs Presently Offered in the SDA system.

List degree programs offered in this specialty at other Seventh-day Adventist institutions in your union or division. Explain what study has been done to ensure your program will not undermine the success of these other programs.

E. Students.

1. Attach market study or other evidence of student interest in the proposed program from inside and outside your institution. What is the basis for this projection? Indicate the enrollment you anticipate during the first four years of the program by year.
2. Indicate source of most of the students that you expect to enroll in this program.
3. Attach strategic enrollment plan, showing the countries from which students will come, stating the number of students to be accepted initially and in the long term. Specifically, recruitment of SDA students must be evident and detailed in Appendix 5.
4. Define admissions policies and selection criteria, including a description of how all qualified and committed Seventh-day Adventist students will be preferentially considered. Define its minimum requirements for admission, and indicate criteria for the selection of its students, including assessment of spiritual values and fit with school mission. Delineate technical standards for the admission of handicapped applicants.
5. Show allocation of resources to assure essential student services in the areas of academic counseling, financial aid, health services, and personal counseling for retention.
6. Attach written standards and procedures for the evaluation, advancement, and graduation of students and for disciplinary action, including appeal mechanisms to assure due process.
7. Attach standards of conduct for the teacher-learner relationship, including written policies for addressing violations of such standards (Appendix 6.4).
8. Describe expectations for what students will do after graduation. A strategic plan must be proposed to retain graduates in regional and denominational service.
9. Indicate resources in place to provide basic student services in the areas of academic counseling and tutorial services, financial aid services and counseling, preventive and therapeutic health services, spiritual formation, and personal counseling. If the school intends to utilize parent university resources for some of these services, it must show that mechanisms are developed to address any unique needs of students. The Spiritual Masterplan must articulate with the institutional Spiritual Masterplan to specifically address the wholistic wellbeing of students. Indicate which immunizations are required and attach protocols for addressing student exposure to infectious and environmental hazards.

F. Faculty (Appendix 7).

1. Estimate the number and qualifications of faculty members that would have to be added during the first year if this program were implemented. (Show estimated salary and fringe benefits.) Specify faculty workload policy and show how this proposal complies with them.
2. How many new faculty members, with what qualifications, will be needed for this program for each of the next five years? (Show estimated salary and fringe benefits.)
3. Show additional clerical or support personnel needed during the first five years of the program. (Show estimated salary and fringe benefits.)
4. Attach written policies and procedures for faculty appointment, promotion, and tenure, defining full and part-time employment status of faculty, including for clinical faculty.

The policies must specify the expectations for and assessment that all faculty actively contribute to the mission and purpose of the Seventh-day Adventist Church.

5. Detail how and from where the school will obtain the faculty, enumerating the number of full-time and part-time faculty needed initially and in the long term.
6. Provide projection showing feasibility of hiring and retaining a sufficient number and majority percentage of committed and qualified Seventh-day Adventist faculty and other qualified faculty committed to the mission of the institution to provide the first two years of instruction for the professional education program, and other Adventist faculty as needed for the implementation of institutional plans regarding student admissions, curriculum planning and management, and achievement of other missions or goals.
7. Attach the 6-year recruitment and development plan and 6-year timetable for hiring qualified and committed Seventh-day Adventist faculty, both basic science and clinical faculty, healthcare chaplain and other faculty committed to the mission of the institution to deliver the entire educational program.
8. Provide evidence of enough faculty to deliver the first year of instruction and to make any necessary decisions about student admissions, curriculum design and management, student evaluation and promotion policies, and any other activities that are fundamental to the school's ability to accomplish its mission and goals. Such faculty must have appropriate content expertise for the material to be learned, and be familiar with the school's educational learning outcomes.
9. While faculty to teach the second year do not need to have been hired before the charter class is admitted, formally document the numbers and types of faculty needed for the second year so that hiring can begin before or early during the first year of the educational program.
10. Describe faculty development plan for basic science, clinical and religion faculty. Completion of at least one unit of clinical pastoral education (CPE) from an accredited CPE center is the recommended minimum for all religion faculty who teach healthcare professionals. All religion faculty should be endorsed by the International Board of Ministerial and Theological Education. An ordination or commissioned ministry credential is expected for those who qualify.
11. Describe the plan to provide for research facilities and release time so that qualified faculty can pursue a productive research program. Describe the policies and structures (including an institutional research ethics committee) that are in place to ensure that research with human beings and animals comply with the principles promulgated by the World Medical Association in its Helsinki Declaration and by UNESCO's Division of Ethics of Science and Technology.

G. Facilities (Appendix 8).

1. Please list and include photographs of facilities, such as (1) buildings, (2) space, or (3) equipment, which are currently available at your institution for use in the proposed program in Appendix 8.1.
2. What additional facilities, such as special (1) buildings, (2) additional space, (3) simulation laboratories and (4) equipment, are needed for the proposed program?
3. What is the anticipated cost of these additional facilities prior to the initiation of the program and for each of the next three years?

4. What are the anticipated sources of funds? Include documentation of board-approved on-going denominational subsidy.
5. Classroom space and supporting educational infrastructure (including utilities) for the first year of instruction.
6. Plans for providing classroom space and any supporting educational infrastructure for the second year of study
7. Identification of clinical teaching sites, and copies of affiliation agreements for clinical sites and teaching hospitals to secure the educational environment (Appendix 10.4).

H. Library Resources.

1. What is the anticipated cost of any additional library resources needed to initiate this program and for each of the next three years?
2. What are the anticipated sources of funds?
3. Show evidence of library, computer and information technology services with internet speed sufficient for the needs of the school for education, research, and patient care (Appendix 9.1). Show evidence that electronic resources are available 24/7 at clinical rotations at teaching sites remote from the campus.

I. Other Institutional Needs.

Describe other institutional needs in relation to the program which have not yet been described. List and estimate their initial cost and the annual cost for the following three years.

J. Accreditation.

1. Show that the program meets the requirements of appropriate accrediting associations and/or professional societies including any IBE and AAA requirements. Include copies of documents supporting these requirements and the institution's compliance, e.g., correspondence with accrediting bodies in Appendix 3.4.
2. Name the accrediting agencies and/or professional societies which would be concerned with the proposed program.
3. Identify any external accreditation already procured for the proposed program, or the state of any application. (Include copies of same in Appendix 3.4).

K. Evaluation of Proposed Program.

1. Name and provide dates for the institutional faculty committees or councils that have reviewed and approved the proposed program.
2. List names, current positions and titles of external consultants/assessors. Append a copy of their reports as Appendix B. Include an institutional response to the issues raised by each report.
3. Explain how the institution will use outcome data to regularly self-assess and improve the educational curriculum, faculty, facilities, and other needs.

L. Organization and Administration.

1. How and by whom was the proposed program structured?
2. What is the normal procedure by which curricular change is made?
3. Who is directly responsible for administration of the program?
 - Vice president
 - Dean
 - Curriculum Coordinator
 - Director
 - Division Chairman
 - Department Head
 - Other
4. To whom does this administrator report?
5. Define the governance structure (union(s) or division) of the proposed school, including the composition and terms of membership of any governing board and its relationship to the parent university as Appendix 11.1.
6. Attach the job description for the dean, with approval of the description from appropriate university authorities (Appendix 11.2).
7. Attach CV to show appointment of a qualified Seventh-day Adventist, founding dean with a validated resume (Appendix 11.2).
8. Attach job description and CVs to show appointment of the senior leadership within the dean's staff, particularly in the areas of academic affairs, student affairs, admissions/recruitment, hospital relationships, and administration and finance (Appendix 11.3).
9. Attach job description and CVs to show appointment of administrative leadership (e.g., department chairs or their equivalent) for academic units that will have major responsibilities for student education, especially in those disciplines to be taught during the first two years of the curriculum (Appendix 11.4).
10. Attach terms of reference and composition of the major standing committees of the professional school, particularly those dealing with the curriculum, student advancement, admissions, and faculty promotion and tenure. The manner in which the school is organized, including the responsibilities and privileges of administrative officers, faculty members, standing committees, and students must be established, and the relationship of the professional school to the university must be made clear (Appendix 11.5).

M. Summary of Estimated Costs of Program.

1. Detailed budgets and sources of supporting financial resources for the first five years of operation, or for the duration of a complete cycle. Summarize the estimated costs of the proposed by completing the table on the following page. Include only costs which are additional to those programs currently in operation. The institution's own budget pro-forma may be submitted instead as long as all the elements identified in this budget are clearly shown for the proposed new program. Funds for teach-out and depreciation are to be deposited in an account under supervision of the division (see Appendix 12.2, 12.3).
2. Copy of institutional board and/or division/union(s) Executive Committee action that commits the sponsoring entity to on-going subsidy.

FIVE-YEAR FINANCIAL PROJECTION

	1 st Year Costs-- Additional	2 nd Year Costs-- Additional	3 rd year Costs-- Additional	4 th year Costs-- Additional	5 th year Costs-- Additional
Administration (salaries and fringe benefits)					
Faculty (salaries and fringe benefits)					
Clerical and Support Personnel (Total Costs)					
Phased Capital Development Costs (new construction, major renovation, etc.)					
Plant Services, Maintenance, & Depreciation (additional costs)					
Equipment (including information technology)					
Library Resources IT costs					
Overhead costs, including contribution to university overhead					
Other Major Cost Items (Please List)					

1.					
2.					
3.					
Total Cost					
Percentage of Total Anticipated Cost From Tuition					
Percentage of Total Anticipated Cost from Church Appropriations					
Percentage of Total Anticipated Cost from Government Assistance					
Percentage from Philanthropy					
Source(s) for the Balance					
1.					
2.					

Required Appendices for New Program Proposal Instrument

Appendix 1: Copy of Feasibility Report and Institutional Response

Appendix 2: Copy of External Reviewers Report and Institutional Response

2.1 Report by external reviewers (a panel of regional experts in professional education) and description of how it was used to revise the proposed curriculum.

2.2 Board minutes documenting review of external reviewer report and institutional response.

Appendix 3: Copies of national and regional standards for medical/dental/pharmacy education.

3.1 Matrix of proposed degree cross- referenced against national educational standards.

3.2 Summary of any unique components of the curriculum, including required religion courses.

3.3 Additional standards to meet WHO criteria when national standards would not automatically qualify the institution for recognition.

3.4 Accreditation correspondence.

Appendix 4: Copies of national and regional standards for licensure.

4.1 Matrix/documentation that the degree qualifies the candidate to sit for professional licensure.

4.2 Outline of process for obtaining licensure to practice in the country/region, listing names of organizations responsible for licensure and dates of national examinations.

4.3 Outline of licensure examination and content areas tested, if one is required.

Appendix 5: Enrollment management plan to strengthen Adventist health ministry in the region and division.

The long-term success of preparing medical missionaries for the division requires cooperation by stakeholders to make medical education available to all qualified Seventh-day Adventist students. Appendix 5 requires a comprehensive written strategy, endorsed by the board, to recruit and admit highly-committed, qualified Seventh-day Adventist students and to place them in Adventist healthcare in the region/division for clinical training and eventual employment. The written plan will document engagement by local conferences, unions and Adventist healthcare throughout the country, region and division, and by national immigration and accreditation entities. The plan will describe how Seventh-day Adventist students from the following pools will be enrolled, and be trained and employed in Adventist healthcare:

- (1) Prospects in Adventist education in the division;

- (2) Prospects in public education in the division;
- (3) Prospects who cannot afford private medical school tuition;
- (4) Prospects from countries in the region/division other than where the medical program is located;
- (5) Prospects who are already employed in Adventist healthcare in nursing and allied health fields in the division and;
- (6) Prospects who demonstrate high commitment to medical missionary work but who may benefit from a preparatory course of study in health sciences.

5.1 Enrollment management plan for each of the six prospect pools outlined in Appendix 5

5.2 MOUs between program and Adventist healthcare in the region/division for student recruitment and clinical training.

Appendix 6: Evidence that program is distinctly Adventist

6.1 Course description for required religion courses that prepare the future practitioner for a career of healthcare ministry.

6.2 Evidence of mentoring by Adventist teachers, clinicians and chaplains.

6.3 Evidence that wholistic healthcare and spiritual care can be practiced in the clinical learning environment.

6.4 Standards of conduct for the teacher-learner relationship, including written policies for addressing violations of such standards.

Appendix 7: Faculty.

7.1 Evidence of sufficient number of qualified Adventist faculty.

Provide evidence of sufficient number of qualified Adventist faculty for the first year with a hiring plan for the second year. List names of proposed faculty and any correspondence supporting their joining the faculty. Attach the 6-year recruitment and development plan and 6-year timetable for hiring qualified and committed Seventh-day Adventist faculty, in the basic sciences, clinical, religious faculty, and healthcare chaplains, and other faculty deemed necessary who are committed to the mission of the institution to deliver the entire educational program.

7.2 Qualifications of basic science faculty.

Show that basic science faculty have earned doctorates in the discipline by listing degrees and awarding institution and attaching CVs.

7.3 Qualifications of clinicians.

Show that clinical faculty are licensed to practice medicine/dentistry/pharmacy and if in a specialty, have completed advanced clinical training and are eligible for board certification in a discipline.

7.4 Denominational qualifications of religion faculty: IBMTE and/or ACM endorsement, ACI certification, ordained/commissioned minister credential in addition to academic qualifications.

Attach CVs and copies of certificates of endorsement by IBMTE, the division ACM director, GC ACI, ordination/commissioning credential of religion teachers and chaplains. Chaplains who teach more than 50% percent, must also be endorsed by the IBMTE.

7.5 Mission statement that faculty respond to in writing and sign.

Appendix 8: Facilities

8.1 Photographs of facilities

(1) buildings, (2) space, or (3) equipment, which are currently available at your institution for use in the proposed program.

Appendix 9: Library and Technology Resources.

9.1 Evidence of sufficient library and electronic resources for the number of students to be taught.

9.2 Evidence that program meets minimal technology specifications.

How will the proposed program utilize information technology to support academic processes from recruitment of students, admissions and records, classroom and laboratory activities, assessment of learning, and communication with constituents? Address how health information resources will be available to students on dispersed clinical rotations and be available 24/7. Provide detailed plans of the network connectivity, and the hardware and software that will be used to permit communication among administration, faculty, staff, clinicians, students, alumni and organizations providing assistance and oversight for the program.

Appendix 10: Patients and Clinical Teaching

10.1 Source and numbers of patients for the clinical experience of students.

10.2 Detail of how patients will pay for services they receive.

10.3 Comparison of fees that patients pay at the school/University clinic/medical center with the fees being charged in the community.

10.4 Copies of all correspondence and contracts/MOUs from participating clinical sites to spell out expectations by all parties and minimize exposure risk in all forms to the higher organization (i.e. the Church).

Appendix 11: Organizational chart with relationship of new proposal to decision-making channels

11.1 Governance structure (union(s) or division) of the proposed school, including the composition and terms of membership of any governing board and its relationship to the parent university.

11.2 Job description and CV for the dean, with approval of the description from appropriate university authorities. Attach CV to show appointment of a qualified Seventh-day Adventist, founding dean with a validated resume.

11.3 Job description and CVs of senior leadership within the dean's staff, particularly in the areas of academic affairs, student affairs, admissions/recruitment, hospital relationships, and administration and finance.

11.4 Job description and CVs of administrative leadership (e.g., department chairs or their equivalent) for academic units that will have major responsibilities for student education, especially in those disciplines to be taught during the first two years of the curriculum.

11.5 Terms of reference and composition of the major standing committees of the professional school, particularly those dealing with the curriculum, student advancement, admissions, and faculty promotion and tenure. The manner in which the school is organized, including the responsibilities and privileges of administrative officers, faculty members, standing committees, and students must be established, and the relationship of the professional school to the university must be made clear.

Appendix 12: Evidence of Financial Strength

12.1 Copies of the last three years of audited statements and present year's unaudited financial statement, current to the preceding month of the visit. Show liquidity, accounts receivable and indebtedness.

12.2 Certificate of deposit of reserve funds for budgeted expense of one cohort for one year.

This reserve equivalent to the averaged cost of one cohort for a year will remain in an account under signature authority of the division until the charter class graduates. These reserve funds are for teach-out purposes in case the program should fail. The institution may receive them in full, plus any interest in the final year.

12.3 Certificate of deposit for budgeted depreciation on a monthly basis starting in the first year. (For midpoint site visit report).

(This reserve will also be deposited in an account under signature authority of the division. The university may request from the division a portion of the depreciation funds from the first year for replacement of equipment at the end of the third year. For programs longer than five years, a portion of the depreciation funds from the second year may be requested for replacement of equipment in the sixth year. The balance of the reserve is returned to the university after the first cohort graduates and accreditation is achieved.)

Appendix 13: Postgraduate specialty training.

13.1 Description of how the institution will provide or facilitate transfer to postgraduate education where this type of training is expected for graduates.

13.2 Procedure for acceptance and availability of positions for postgraduate education, detailing number of slots by specialty and sponsoring entity.

Appendix 14: Dentistry and Pharmacy Practice (only for new schools of dentistry and pharmacy).

14.1 Description of the current status of the practice of dentistry/pharmacy in the country and region.

14.2 List of names and addresses of local dentists/pharmacists interviewed about the curriculum and national professional dental/pharmacy associations.

14.3 Copies of MOUs for clinical placement.

Appendix B: Independent Assessor Report

International Board of Education

Name of Institution:

Program being Assessed:

Name of Assessor(s) (Include qualifications and job titles):

Signature of Assessor(s):

Date of Assessment:

Date Assessment Received by Institution:

Date of Institutional Response (attach copy):

Was the assessment off-site or on-site?

ASSESSMENT REPORT

Please provide a brief (3-5 page) assessment of the proposal you have received. In particular, please provide your objective position on as many of the following issues as you feel able:

- Is the proposed program equitable to similar programs in other institutions (either within the region of operation, or the SDA church system)? Please consider curriculum and educational standards.
- Is there evidence that the sponsoring entity (division/union) has committed to on-going support (subsidy) for the proposed program (not just initial support)? What evidence is there that qualified faculty, committed to the mission of the institution will be available to deliver the proposed program?
- Are the facilities sufficient to deliver the proposed program effectively?
- Do the plans provide for the necessary increase in educational equipment, technology and library resources?
- Is the proposed budget for set-up and operation adequately funded?
- Are you convinced that there will be a market for the program?
- How likely is it that graduates from the program will be employable, or able to access graduate education in the country of operation?
- What are the overall strengths of the application?
- Are there any weaknesses, and what are your recommendations on how the institution can alleviate these?

Appendix C: On-Site Team Visit for New Schools of Medicine, Dentistry and Pharmacy

International Board of Education

Name of Institution:

Address of Institution:

Name of Proposed Program:

Date of proposed start of program:

Date of survey visit:

Members of the survey team, including qualifications and present job responsibilities:

Date reported submitted to IBE:

PART I: SUMMARY REPORT

Report of Visit

Identify what materials were evaluated, what individuals/groups were met and what facilities were visited.

Justification for Overall Recommendation

Provide a short (no more than one page) summary of the findings of the team that led them to agree to the overall recommendation.

Recommendation to the International Board of Education/AAA

The following recommendations can be made:

1. Recognition and preliminary accreditation.
AAA will usually take this action when the applying institution has presented a solid proposal and the committee has confidence in their ability to introduce the proposed program/change effectively. Comments or suggestions may be made to the institution, but there would be no formal recommendations. Preliminary candidacy would normally be for a two-year period and the institution would be expected to initiate an application to AAA for provisional accreditation at the end of that two-year period, and no later than one year prior to the midpoint of the new program; and to apply for full accreditation early in the final year.

2. Recognition and preliminary accreditation, with recommendations.
This action will normally be taken by AAA if the Board considers the proposal to be sound but agrees there remain some areas of weakness that must be addressed during the candidacy period. With this vote, AAA will authorize/recognize the new program and give it candidacy status but specific recommendations will also be included in the vote and the institution must ensure it responds to the recommendations before the time of the next AAA visit. Preliminary candidacy would normally be for a two-year period and the institution would be expected to initiate an application to AAA for provisional accreditation at the end of that two-year period, and no later than one year prior to the midpoint of the new program; and to apply for full accreditation early in the final year.
3. Recognition and recommendation of preliminary accreditation, with conditions.
This action will be taken by AAA if in the judgment of the committee there is good reason to support the institutional proposal, but there are still some significant hurdles to its success. These could relate to issues such as finance, availability of qualified and appropriate faculty, or inadequate development of a quality curriculum. With this vote, AAA will expect certain conditions to be met before the new program can move to the next stage. Candidacy and preliminary accreditation will only begin when the conditions are met, and students may only be admitted thereafter. Candidacy will normally be for a two-year period, and institutions must initiate an application to AAA for provisional accreditation at the end of that two-year period, and no later than one year prior to the midpoint of the new program, with application for full accreditation early in the final year. (When conditions are given in the provisional or full stages of accreditation, new students may not be admitted until the conditions have been met.) The General Conference Education Department will act on behalf of AAA to confirm conditions are met and will report the date of completion back to AAA at its next regular meeting.
4. Recommendation for denial of authorization or recognition. AAA will take this action if it concludes that the institutional proposal is not supportable for quality, operational or philosophical reasons. A rationale for the denial will be sent to the relevant institution and its division.

PART II—FULL REPORT

This section of the report will usually be written before the summary report and form a basis for its conclusions. Each section will draw on information given throughout the New Program Proposal Instrument, supported by interviews and observations made by the team. It is recommended that each section be a short narrative commenting on what the team has noted in each area, what strengths they have identified and what outstanding issues need to be resolved. If in the view of the team the proposal in the section under consideration is sound, this will be identified at the end of that section with a comment such as, “The team found adequate reason to support the application in the area of resources.”

Even if a team considers an application sound in one particular section, recommendations may still be added. These should be few, be clearly focused, and will identify who specifically should do the action recommended. Such recommendations will highlight areas for further

work/consideration by the applying organization and IBE/AAA and may lead to an overall recommendation of authorization with recommendations.

If any of these recommendations are so significant that in the view of the team they must be resolved before the application can be supported, the team will add to the recommendation a notation such as, "In the view of the team, this recommendation should be considered a condition of approval of the application." Such recommendations will normally lead to an overall recommendation for the proposal of authorization with conditions.

If the team considers areas of the proposal are completely inadequate so that the program as profiled will compromise the mission of the church, this will also clearly be identified in the relevant areas of the report. This will usually lead to an overall recommendation of no approval (denial).