

**ACCREDITING ASSOCIATION OF SEVENTH-DAY ADVENTIST SCHOOLS,
COLLEGES AND UNIVERSITIES**

ACCREDITATION GUIDELINES

FOR ESTABLISHING

SCHOOLS OF MEDICINE, DENTISTRY AND PHARMACY

<http://adventistaccreditingassociation.org>

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Overview

New schools of medicine, dentistry, and pharmacy undergo a three-stage accreditation process with the IBE and AAA to ensure that both the basic science and clinical education components can be carried out successfully. This is preceded by a current feasibility study conducted by the institution itself, which includes evaluation by external reviewers. Before the inaugural class may be admitted, the proposal and a site visit must be formally approved by the IBE. After the AAA approves the award of preliminary accreditation, the institution may admit its charter class. The institution must formally request a second site visit two years and no later than a year prior to the midpoint, to obtain provisional accreditation. Full accreditation must be requested early in the final year of the inaugural class.

The Program Proposal Instrument (Appendix A) is the first element of the institutional presentation and the basis for the first site visit which if successful, leads to preliminary accreditation. The institution must update the Proposal and provide written responses to the first site visit report in preparation for the second site visit prior to the midpoint, and for the site visit in the final year. The steps, timeline, and corresponding reports are shown below. The entity that reviews and approves that phase of the process is shown in the final line.

Advisory consultation	site visit	site visit	site visit
-3 years	Year 1	midpoint	Graduation
Prior to inaugural admission			
Feasibility study	Preliminary	Provisional	Full
(pp. 9-11)			
Union/Division	IBE AAA	AAA	AAA

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 which was an outgrowth of classes started at Battle Creek Sanitarium in 1878. The college was chartered in Illinois in 1895. Students received their education in both Battle Creek and Chicago, with Dr. John Harvey Kellogg as president. The college merged with Illinois State University in 1910, and with that move the denomination lost its first medical school¹.

In 1909, with a charter from the State of California, the church began the operation of the College of Medical Evangelists (now Loma Linda University). The charter enabled the College 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. The College of Medical Evangelists 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 the College of Medical Evangelists and hospitals in and around Loma Linda led to the establishment of Loma Linda University, which 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.²

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 third school of medicine. River Plate Adventist University (Argentina) established the next medical school in 1994.

¹ <http://www.llu.edu/info/legacy/index.html>

² The global outreach of Loma Linda University includes: visits of heart surgery teams to many parts of the world; developing medical, nursing 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.

Graduate medical education accredited by the Accreditation Council for Graduate Medical Education is available in several Adventist centers in the United States. They include: Adventist Hinsdale Hospital (Family Medicine), Adventist LaGrange Memorial Hospital (Family Medicine), Glendale Adventist Medical Center (Family Medicine); Florida Hospital (Family Medicine, Geriatric Medicine (FP) Surgery- General, and Emergency Medicine; Kettering Medical Center (Transitional, Internal Medicine, and Cardiology; and the White Memorial Hospital (Family Medicine, Internal Medicine, Obstetrics and Gynecology, and Pediatrics).

Loma Linda University and Medical Center offers the greatest range of residency programs (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, Orthopaedic 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).

In addition, graduate medical education is also available in some centers outside the United States, such as: River Plate Adventist Hospital in Argentina (Cardiology, Surgery, Pathology, Psychiatry, Radiology and Imaging, Gynecology and Obstetrics and Internal Medicine); Ile Ife Adventist Hospital, Nigeria (Family Practice); 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 Loma Linda University. Today it 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. In addition, an international dentist program at Loma Linda University educates dentists who have been trained in other countries. Dental programs are now offered at Montemorelos University, Mexico (cirujano dentista, tecnología dental, especialidad dental en odontología reconstructiva) and the Adventist University of the Philippines (doctor of dental medicine).

PHARMACY. Loma Linda University School of Pharmacy is the first and presently, only pharmacy program to offer the doctor of pharmacy (PharmD) degree within the worldwide Seventh-day Adventist system of colleges and universities. The inaugural class started in 2002, and graduated four years later in 2006. The program is fully accredited by the Accreditation Council for Pharmacy Education through June 2013. Upon completion of the PharmD program, students are eligible to take the North American Pharmacy Licensure Exam (NAPLEX). The School of Pharmacy and the LLU Medical Center combined offer eight pharmacy residencies. Supporting the degree program are the Department of Pharmaceutical Sciences and the Department of Pharmacotherapy and Outcomes Science.

Sahmyook University College of Pharmacy in Seoul, Korea, offers courses promoting the health of mankind through the prevention of disease and therapeutic treatment. 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 as well as publicly recognized English tests and in-depth interviews.

Purposes and Consequences 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 GC Working Policy³. 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 accreditation⁴.

³ See GC Working Policy FE 20.

⁴ See GC Working Policy FE 20 35

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;
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.

The first step will be an appropriate 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. The last step is a site visit that 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 division⁵ 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.

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

⁵ 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.

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
- 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 Division⁶ 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 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, 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 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 full IBE Board. If successful, the institution will

⁶ Or divisions served in the case of GC institutions.

thereafter receive a midpoint (the first clinical) visit and then the second clinical visit in the final clinical year

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, 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 division Education Department, or by the division Department of Education in the case of a division on-site visit. Team members should be professionals with expertise in the discipline under review, as well as in other relevant areas such as 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. 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 Board officers 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/changed programs?
- Has there been sufficient market research to justify the need for the proposed addition and/or changes?
- Will it be likely that the institution will be able to deliver the new or changed 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/changed program realistic?
- What special considerations or government recommendations might impinge on full delivery of the curriculum?

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 Board before leaving the campus. While the report is not official until voted by IBE/AAA, the applicants can consider this a draft report, and start to act on recommendations and conditions immediately. 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. AAA 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

An appeal can be submitted 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.).

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—Site Visit Report. Applying institutions can appeal the overall conclusion of the on-site team by writing a response to the team report within 120 days of receipt of the final

report. This will only be considered by the International Board of Education/AAA if the appeal is to the major recommendation on 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—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

To have a reasonable likelihood of complying with relevant accreditation standards, a new professional school must have accomplished at least the following with regard to the institutional setting of the educational program:

1. Definition of the governance structure of the proposed school, including the composition and terms of membership of any governing board and its relationship to the parent university. The organizational chart must show linkages to clinical practice groups. It must be clear that the governing board duly exercises its governance powers.
2. Development of 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. Chartering 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 professional 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.
7. Description of how specialty training will take place in postgraduate education. All correspondence and contracts/MOUs from participating clinical sites must be attached.
8. Commitment by the university to structure optimal relationships between the school and any university operations that falls within the purview of the school (in particular, clinics or faculty practice groups).

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 the school's aims. The founding dean must be a practicing Seventh-day Adventist and should study and personally observe existing Adventist programs, with deliberate attention given to translating Adventist mission and values 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

Clearly, 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 at least the following for its educational program:

1. Definition of overall student learning outcomes, including those distinctly Adventist for the educational program and designation of language of instruction.
2. Creation of a working plan for the curriculum as a whole, consistent with regional and denominational student learning outcomes.
3. Inclusion of a religion curriculum consisting of the study of the Bible, professional and biblical ethics, personal spiritual formation and spiritual care of patients. This curriculum

must include at least one course per year and be designed collaboratively by university religion faculty and faculty from the professional school.

4. 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).
5. Specification of the types of teaching for both basic and clinical science education and student evaluation methods best suited for the achievement of student learning outcomes.
6. Design of a system for curriculum management and review
7. Design of a system for educational program evaluation, including the designation of outcome measures to indicate the achievement of overall student learning outcomes.
8. Specification of clinical education content must be included in the overall curricular plan, with MOUs/clinical contracts included in the appendix of the Program Proposal Instrument.
9. Policies to protect the human rights and dignity of patients in the course of clinical education, patient care and research.
10. Comparison of curriculum referenced against national and regional standards and models.

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 of the planned institution especially 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, 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. 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 any other appropriate 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 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 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.
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.
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 personal counseling. 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 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.
2. 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 the appendices. It must require the faculty member to describe how they will support the school mission statement.
3. 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.
4. 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.
5. A recruitment plan and timetable for hiring qualified and committed Seventh-day Adventist faculty and other faculty committed to the mission of the institution to deliver the entire educational program
6. The school needs 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.
7. 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 start of the second year.

8. Faculty development plan for basic science and clinical faculty, including development in the areas of pedagogy and principles of Adventist philosophy of education and medical missionary work.
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
2. Classroom space 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
4. Library, computer and information technology services appropriate to the needs of the school for education, research, and patient care.
5. Identification of clinical teaching sites and affiliation agreements for clinical sites

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.

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 Church).

Some tuition income should contribute to general overhead expenses of the university but policies must be set in place.

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. Lengthy replies and supporting documents should be included 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, professional and biblical ethics, personal spiritual formation and spiritual care of patients. The curriculum must include at least one course per year and be designed collaboratively by university religion faculty and faculty from the professional school.
7. 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).
8. Specify the types of teaching for both basic and clinical science education and student evaluation methods best suited for the achievement of educational objectives.
9. Describe the system for curriculum management and review.
10. Describe the system for educational program evaluation, including the designation of outcome measures to indicate the achievement of overall student learning outcomes.
11. Specify the content of clinical education in the overall curricular plan.
12. Attach policies to protect the human rights and dignity of patients in the course of clinical education, patient care and research.
13. 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. 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.
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.
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 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 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, 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 and clinical faculty.
11. Describe the plan to provide for research facilities and release time 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.

G. Facilities.

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.
2. What additional facilities, such as special (1) buildings, (2) additional space, or (3) 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?
6. Classroom space and supporting educational infrastructure (including utilities) for the first year of instruction
7. Plans for providing classroom space and any supporting educational infrastructure for the second year of study
8. Identification of clinical teaching sites, and copies of affiliation agreements for clinical sites and teaching hospitals to secure the educational environment.

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 appropriate to the needs of the school for education, research, and patient care.

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. (Include copies of documents supporting these requirements and the institution's compliance, e.g., correspondence with accrediting bodies.)
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.)

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 (Appendix B). Include an institutional response to the issues raised by each report.

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 of the proposed school, including the composition and terms of membership of any governing board and its relationship to the parent university.
6. Attach the job description for the dean, with approval of the description from appropriate university authorities.
7. Attach CV to show appointment of a qualified Seventh-day Adventist, founding dean with a validated resume.
8. Attach 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.
9. Attach 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.

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.

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.

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 that written feedback was used to revise the proposed curriculum.

2.2 Copy of Board minutes documenting that report of external reviews and the institutional response to it was reviewed by the governing board.

Appendix 3: Copy of national and regional standards for medical/dental/pharmacy education. Attach cover sheet cross-referenced to demonstrate that the proposed degree meets national educational standards.

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

3.2 Additional standards met to meet WHO criteria when national standards would not automatically qualify the institution to be recognized by the WHO.

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

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

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

Appendix 5: Procedure for acceptance and availability of positions for postgraduate education, detailing number of slots by specialty and sponsoring entity

Appendix 6: Evidence that program is distinctly Adventist:

6.1 Course descriptions for required religion courses.

6.2 Evidence of mentoring by Adventist teachers and clinicians.

6.3 Evidence that clinical environment is one in which wholistic healthcare, including spiritual care, can be practiced.

6.4 Relationship to Adventist healthcare and the mission of the Church in the region.

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, both basic science and clinical faculty, and other faculty committed to the mission of the institution to deliver the entire educational program.

7.2 Faculty qualifications.

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 Attach copy of mission statement to which faculty must sign in agreement and to which they must provide a written response.

Appendix 8: Library and Technology Resources.

8.1 Provide evidence of sufficient library and electronic resources for the number of students to be taught.

8.2 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? Please 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 9: Patients and Clinical Teaching

9.1 Identification of source and numbers of patients for the clinical experience of the students.

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

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

9.4 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 10: Institutional organizational chart with relationship of new proposal to decision-making channels.

Appendix 11: Copies of the last three years of audited statements and present year's unaudited financial statement, current to the preceding month of the visit.

Appendix 12: Dentistry and Pharmacy Practice (for new schools of dentistry and pharmacy only).

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

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

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.
- 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 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).