2021 Review of Accreditation Council for Pharmacy Education (ACPE) Accredited Professional Programs of Colleges and Schools of Pharmacy & Accredited Providers of Continuing Pharmacy Education (CPE)

Background:

Per ORS 689.151(3) The State Board of Pharmacy shall be responsible for the control and regulation of the practice of pharmacy in this state including, but not limited to, the following: The determination and issuance of standards based on nationally recognized standards of practice and accreditation criteria for recognition and approval of schools and colleges of pharmacy whose graduates shall be eligible for licensure in this state, and the specification and enforcement of requirements for practical training, including internship; and

Per ORS 689.285(3)(a) In accordance with applicable provisions of ORS chapter 183, the board shall adopt reasonable rules: Prescribing the procedure and criteria for approval of continuing pharmacy education programs, including the number of hours of courses of study necessary to constitute a continuing pharmacy education unit and the number of continuing pharmacy education units required annually for renewal of a pharmacist license.

During the Board's Annual Business Meeting, the Board reviews and approves a list of the ACPE Accredited Professional Programs of Colleges and Schools of Pharmacy as well as the ACPE Accredited Providers of Continuing Pharmacy Education. This review includes guidelines, policies and procedures.

For the ACPE Accredited Professional Programs of Colleges and Schools of Pharmacy, the following links are provided for your review:

- ➢ ACPE PharmD Program Accreditation
    - o Programs by Status *(accessed 05/26/2021)*
    - o Accreditation Standards for Professional Degree Programs *(v. 02/15/2015)*
    - o ACPE Policies and Procedures for Accreditation of Professional Degree Programs *(v. 01/2021)*

For the ACPE Continuing Education Process, the following links are provided for your review:

- ➢ ACPE Continuing Education Provider Accreditation
    - o Providers by Name *(accessed 05/26/2021)*
    - o Accreditation Standards for Continuing Pharmacy Education *(v.3 07/2017)*
        - ▪ Appendix A (pg. 37-42): Definition of Continuing Education for the Profession of Pharmacy
        - ▪ Appendix B & C (pg. 43-44): Provider Accreditation and Reaccreditation Process visual aids
    - o Policies & Procedures Manual: A Guide for ACPE-accredited Providers *(v. 01/23/2021)*

AC PE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

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Programs By Status

ACPE requires the programs it accredits to meet the expectations of all 25 standards of ACPE's accreditation standards. Any standard the board finds to be partially compliant or non-compliant can be seen by clicking on the Detailed PharmD Accreditation History link for each College or School. The program has two years to bring the standard into compliance as per US Department of Regulation. If no standard is noted, the program is in compliance with all 25 ACPE Accreditation Standards.

▬ Accredited (135)

School Name

Albany College of Pharmacy and Health Sciences	**View**
Appalachian College of Pharmacy	**View**
Auburn University Harrison School of Pharmacy	**View**
Belmont University College of Pharmacy	**View**
Butler University College of Pharmacy and Health Sciences	**View**
California Northstate University College of Pharmacy	**View**

Campbell University College of Pharmacy and Health Sciences	**View**
Cedarville University School of Pharmacy	**View**
Chapman University School of Pharmacy	**View**
Concordia University Wisconsin School of Pharmacy	**View**
Creighton University School of Pharmacy and Health Professions	**View**
Drake University College of Pharmacy and Health Sciences	**View**
Duquesne University School of Pharmacy	**View**
D'Youville College School of Pharmacy	**View**
East Tennessee State University Bill Gatton College of Pharmacy	**View**
Fairleigh Dickinson University School of Pharmacy & Health Sciences	**View**
Ferris State University College of Pharmacy	**View**
Florida Agricultural & Mechanical University College of Pharmacy and Pharmaceutical Sciences	**View**
Harding University College of Pharmacy	**View**
High Point University Fred Wilson School of Pharmacy	**View**
Howard University College of Pharmacy	**View**
Husson University School of Pharmacy	**View**
Idaho State University College of Pharmacy	**View**
Keck Graduate Institute (KGI) School of Pharmacy and Health Sciences	**View**
Lake Erie College of Osteopathic Medicine School of Pharmacy	**View**
Lebanese American University School of Pharmacy	**View**
Lipscomb University College of Pharmacy and Health Sciences	**View**
Loma Linda University School of Pharmacy	**View**
Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences	**View**
Manchester University College of Pharmacy, Natural and Health Sciences	**View**

Marshall B. Ketchum University College of Pharmacy	**View**
Marshall University School of Pharmacy	**View**
MCPHS University School of Pharmacy - Worcester	**View**
MCPHS University School of Pharmacy - Boston	**View**
Medical College of Wisconsin School of Pharmacy	**View**
Medical University of South Carolina College of Pharmacy	**View**
Mercer University College of Pharmacy	**View**
Midwestern University College of Pharmacy	**View**
North Dakota State University College of Health Professions School of Pharmacy	**View**
Northeast Ohio Medical University College of Pharmacy	**View**
Northeastern University Bouvé College of Health Sciences School of Pharmacy	**View**
Notre Dame of Maryland University School of Pharmacy	**View**
Nova Southeastern University College of Pharmacy	**View**
Ohio Northern University Raabe College of Pharmacy	**View**
Ohio State University College of Pharmacy	**View**
Oregon State University College of Pharmacy	**View**
Pacific University School of Pharmacy	**View**
Palm Beach Atlantic University Lloyd L. Gregory School of Pharmacy	**View**
Philadelphia College of Osteopathic Medicine - Georgia School of Pharmacy	**View**
Presbyterian College School of Pharmacy	**View**
Purdue University College of Pharmacy	**View**
Regis University Rueckert-Hartman College for Health Professions School of Pharmacy	**View**
Roosevelt University College of Science, Health and Pharmacy	**View**
Rosalind Franklin University of Medicine and Science College of Pharmacy	**View**
Roseman University of Health Sciences College of Pharmacy	**View**
Rutgers, the State University of New Jersey Ernest Mario	**View**

School of Pharmacy

Samford University McWhorter School of Pharmacy	**View**
Shenandoah University Bernard J. Dunn School of Pharmacy	**View**
South College School of Pharmacy	**View**
South Dakota State University College of Pharmacy and Allied Health Professions	**View**
South University School of Pharmacy	**View**
Southern Illinois University Edwardsville School of Pharmacy	**View**
Southwestern Oklahoma State University College of Pharmacy	**View**
St. John Fisher College Wegmans School of Pharmacy	**View**
St. John's University College of Pharmacy and Health Sciences	**View**
Sullivan University College of Pharmacy & Health Sciences	**View**
Temple University School of Pharmacy	**View**
Texas A & M University Health Science Center Irma Lerma Rangel College of Pharmacy	**View**
Texas Southern University College of Pharmacy and Health Sciences	**View**
Texas Tech University Health Sciences Center Jerry H. Hodge School of Pharmacy	**View**
Thomas Jefferson University Jefferson College of Pharmacy	**View**
Touro New York College of Pharmacy	**View**
Touro University - California College of Pharmacy	**View**
Union University College of Pharmacy	**View**
University at Buffalo The State University of New York School of Pharmacy & Pharmaceutical Sciences	**View**
University of Arizona College of Pharmacy	**View**
University of Arkansas for Medical Sciences College of Pharmacy	**View**
University of California, San Diego Skaggs School of Pharmacy & Pharmaceutical Sciences	**View**

University of California, San Francisco School of Pharmacy **View**

University of Charleston School of Pharmacy **View**

University of Cincinnati James L. Winkle College of Pharmacy **View**

University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Sciences **View**

University of Connecticut School of Pharmacy **View**

University of Findlay College of Pharmacy **View**

University of Florida College of Pharmacy **View**

University of Georgia College of Pharmacy **View**

University of Hawaii at Hilo Daniel K. Inouye College of Pharmacy **View**

University of Health Sciences and Pharmacy in St. Louis St. Louis College of Pharmacy **View**

University of Houston College of Pharmacy **View**

University of Illinois at Chicago College of Pharmacy **View**

University of Iowa College of Pharmacy **View**

University of Kansas School of Pharmacy **View**

University of Kentucky College of Pharmacy **View**

University of Louisiana at Monroe College of Pharmacy **View**

University of Maryland School of Pharmacy **View**

University of Maryland Eastern Shore School of Pharmacy and Health Professions **View**

University of Michigan College of Pharmacy **View**

University of Minnesota College of Pharmacy **View**

University of Mississippi School of Pharmacy **View**

University of Missouri-Kansas City School of Pharmacy **View**

University of Montana College of Health Skaggs School of Pharmacy **View**

University of Nebraska Medical Center College of Pharmacy **View**

University of New England Westbrook College of Health Professions School of Pharmacy **View**

University of New Mexico College of Pharmacy **View**

University of North Carolina Eshelman School of Pharmacy **View**

University of North Texas Health Science Center UNT System College of Pharmacy **View**

University of Oklahoma College of Pharmacy **View**

University of Pittsburgh School of Pharmacy **View**

University of Puerto Rico Medical Sciences Campus School of Pharmacy **View**

University of Rhode Island College of Pharmacy **View**

University of Saint Joseph School of Pharmacy and Physician Assistant Studies **View**

University of South Carolina College of Pharmacy **View**

University of South Florida Health Taneja College of Pharmacy **View**

University of Southern California School of Pharmacy **View**

University of Tennessee Health Science Center College of Pharmacy **View**

University of Texas at Austin College of Pharmacy **View**

University of Texas at Tyler Ben and Maytee Fisch College of Pharmacy **View**

University of the Incarnate Word Feik School of Pharmacy **View**

University of the Pacific Thomas J. Long School of Pharmacy **View**

University of the Sciences Philadelphia College of Pharmacy **View**

University of Toledo College of Pharmacy and Pharmaceutical Sciences **View**

University of Utah College of Pharmacy **View**

University of Washington School of Pharmacy **View**

University of Wisconsin-Madison School of Pharmacy **View**

University of Wyoming School of Pharmacy **View**

Virginia Commonwealth University at the Medical College of Virginia Campus School of Pharmacy **View**

Washington State University College of Pharmacy and Pharmaceutical Sciences **View**

Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences	**View**
West Coast University School of Pharmacy	**View**
West Virginia University School of Pharmacy	**View**
Western New England University College of Pharmacy	**View**
Western University of Health Sciences College of Pharmacy	**View**
Wilkes University Nesbitt School of Pharmacy	**View**
Wingate University School of Pharmacy	**View**
Xavier University of Louisiana College of Pharmacy	**View**

➖ Accredited with Probation (1)

School Name	
Chicago State University College of Pharmacy	**View**

➖ Candidate Status (4)

School Name	
Binghamton University State University of New York School of Pharmacy and Pharmaceutical Sciences	**View**
Larkin University College of Pharmacy	**View**
University of Texas at El Paso School of Pharmacy	**View**
William Carey University School of Pharmacy	**View**

➕ Discontinued/Merged (3)

➖ Precandidate Status (2)

School Name	
American University of Health Sciences School of Pharmacy	**View**
University of California, Irvine School of Pharmacy & Pharmaceutical Sciences	**View**

➕ Withdrawn (2)
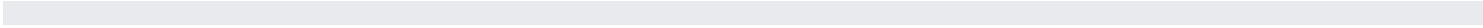
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ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

**ACCREDITATION STANDARDS AND KEY ELEMENTS FOR THE
PROFESSIONAL PROGRAM IN PHARMACY LEADING TO
THE DOCTOR OF PHARMACY DEGREE**

("STANDARDS 2016")

APPROVED January 25, 2015

RELEASED February 2, 2015

**Accreditation Council for Pharmacy Education
Chicago, Illinois
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ACCREDITATION COUNCIL FOR
PHARMACY EDUCATION

STANDARDS 2016

PREAMBLE

Accreditation Council for Pharmacy Education (ACPE)

The Accreditation Council for Pharmacy Education (ACPE) is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE (until 2003 known as the American Council on Pharmaceutical Education) was established in 1932 for the accreditation of professional degree programs in pharmacy, and in 1975 its scope was broadened to include accreditation of providers of continuing pharmacy education (www.acpe-accredit.org). ACPE expanded its activities to include evaluation and certification of professional degree programs internationally in 2011 and entered into a collaboration with the American Society of Health-System Pharmacists (ASHP) to accredit pharmacy technician education and training programs beginning in 2014. The mission of ACPE is to assure and advance quality in pharmacy education. ACPE is an autonomous and independent agency whose Board of Directors is appointed by the American Association of Colleges of Pharmacy (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP) (three appointments each), and the American Council on Education (ACE) (one appointment). Since the inception of its accreditation agency recognition program in 1952, the U.S. Department of Education (USDE) has continuously recognized ACPE. ACPE also gained recognition by the Council for Higher Education Accreditation (CHEA) in April 2004. State boards of pharmacy require that licensure applicants from the United States have graduated from an accredited pharmacy degree program to be eligible to sit for the North American Pharmacist Licensure Examination™ (NAPLEX®).

Importance of Standards

To achieve and maintain ACPE accreditation, professional Doctor of Pharmacy (PharmD) degree programs (hereafter described as 'programs') must meet the standards contained in this document. ACPE standards are minimum requirements, and it is expected that programs will exceed these required standards through initiatives designed to ensure continuous quality improvement. These standards describe the various elements needed for quality-assured professional education and are based on evidence and experience. They articulate expectations that ACPE (as well as pharmacy practice and the pharmacy academy) has of academic institutions offering the PharmD degree. ACPE standards also reflect the expectations that the U.S. Department of Education and state boards of pharmacy have of the colleges and schools, and of ACPE, regarding the quality of professional degree programs.

These standards have been developed with input from a broad range of constituents interested in and affected by pharmacy education. They focus on the educational outcomes required of PharmD programs and the assessment of those outcomes. They also address the structural and process-related elements within pharmacy education necessary to implement evidence-based outcome measures that document achievement of the standards. In addition, these standards describe areas where programs can experiment and innovate within the didactic and experiential components of their curricula to meet the required Educational Outcomes (Standards 1–4). Establishing a commitment to continuing professional development (CPD) by

students and graduates is also addressed, as are contemporary educational concepts such student readiness to:

- Enter advanced pharmacy practice experiences (APPE-ready)
- Provide direct patient care in a variety of healthcare settings (Practice-ready)
- Contribute as a member of an interprofessional collaborative patient care team (Team-ready)

Revision of Standards: Background
All accrediting bodies, including ACPE, periodically review and revise their standards. A number of environmental factors prompted ACPE to conduct a careful reassessment of the standards. These factors included:

- The experience gained by ACPE in its accreditation reviews since the adoption of the Doctor of Pharmacy standards in 2007

- Feedback from ACPE stakeholders regarding quality improvement of the standards

- The reports of the Institute of Medicine (IOM) (www.iom.edu) noting needed changes in our healthcare system to improve medication safety and patient outcomes, including the five competencies that all healthcare professionals should attain during their education:

  - Provide patient-centered care
  - Work in interprofessional teams
  - Employ evidence-based practice
  - Apply quality improvement
  - Utilize informatics

- Expansion of the scope of pharmacy practice in state laws and regulations to include collaborative practice with prescribers

- The revision of the AACP's Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes in 2013, which are intended to be the target toward which the evolving pharmacy curriculum should be aimed
http://www.aacp.org/resources/education/cape/Pages/default.aspx

- The Joint Commission of Pharmacy Practitioners' (JCPP) *Vision of Pharmacy Practice*, accepted by the governing boards of 10 pharmacy organizations, including ACPE, and released in 2013
http://www.amcp.org/Tertiary.aspx?id=8463

- The document *Pharmacists' Patient Care Process*, developed by a work group from 11 national pharmacy organizations to promote a consistent approach to the process of care. This document was endorsed by the Joint Commission of Pharmacy Practitioners in 2014.
http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf

- Health Professionals for a New Century: Transforming education to strengthen health systems in an interdependent world
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61854-5/fulltext

- Core Competencies for Interprofessional Collaborative Practice
  http://www.aacn.nche.edu/education-resources/ipecreport.pdf

- Revised NAPLEX Competency Statements
  http://www.nabp.net/programs/examination/naplex/naplex-blueprint

Revision of Standards: Process Employed

In January 2012, ACPE announced to its stakeholders (including pharmacy colleges and schools, professional pharmacy organizations, student pharmacist organizations, and other accrediting bodies) its intent to revise the Doctor of Pharmacy degree standards. Written comments were solicited from stakeholders, and many were received. In addition, a Web-based survey that allowed anonymous completion was distributed to all the college or school of pharmacy deans. ACPE also held a multi-stakeholder invitational conference in fall, 2012[1] to discuss issues facing pharmacy practice and education. The results of the conference influenced the direction and content of these revised standards. The first draft of the revised standards was approved by the ACPE Board of Directors in January 2014 and distributed to ACPE stakeholders in February 2014. Subsequently, a series of open hearings was conducted at national pharmacy meetings. Another Web-based survey that allowed anonymous completion by stakeholders was conducted during 2014, and an extensive review of the draft standards was completed by an advisory group from various sections of the academic and practice communities. The ACPE Board of Directors approved the revised standards on **January 21–25, 2015** with an effective date of **July 1, 2016**. The new standards will be referred to as "Standards 2016." Colleges and schools being evaluated by ACPE beginning in the fall of 2016 must comply with the new standards.

Revision of Standards: What's Different?

- *Format* – The standards revision process yielded two distinct documents: ***Standards*** and ***Guidance.*** The *Standards* document includes the 25 standards, required (key) elements, assessment elements, and required documentation for each individual standard. The *Guidance* document was developed to support colleges' and schools' efforts to enhance the quality of their PharmD programs and includes suggested strategies, additional examples of compliance evidence, and other important information to facilitate meeting standards. ACPE expects programs to be in compliance with all elements outlined in the *Standards* document and to use the information within the *Guidance* document to improve the quality of their programs. In other words, the *Standards* document contains required elements that all accredited Doctor of Pharmacy programs must meet, while the *Guidance* document contains clarifying statements and suggested strategies for improvement.

- *Philosophy and Emphasis* – Based on stakeholder feedback, the Standards have been refined to ensure that graduating students are "practice-ready" and "team-ready," that is, prepared to directly contribute to patient care working in collaboration with other healthcare providers. The revision has also placed greater emphasis on critical educational outcomes identified by CAPE and the assessment of the level of student

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[1] Zellmer WA, Vlasses PH, Beardsley RS. Summary of the ACPE Consensus Conference on Advancing Quality in Pharmacy Education. Am J Pharm Educ. 2013; 77, 3, Article 44.

achievement of these outcomes. The Standards focus on the (1) development of students' professional knowledge, skills, abilities, behaviors, and attitudes, including scientific foundation, knowledge application, and practice competencies, (2) the manner in which programs assess students' acquisition of knowledge and application of knowledge to practice, (3) mastery of skills and achievement of competencies, and (4) the importance of both curricular and co-curricular experiences in advancing the professional development of students. Throughout the revision process, ACPE has focused on addressing the environmental factors noted above in *Revision of Standards: Background.*

- *Importance of Assessment* – Based on feedback from the academy and other stakeholders, the new Standards emphasize assessment as a means of improving the quality of pharmacy education. Having valid and reliable assessment mechanisms in place will provide additional insights to programs regarding their strengths and deficiencies. Throughout the Standards, terms such as "adequate," "sufficient," and "appropriate" appear in several areas. Programs are expected to utilize assessment outcome data to determine if the available resources are adequate, sufficient, etc. to allow for compliance with the Standards.

- *Organization of Standards* – Although, at a minimum, the Standards address the same critical areas as in previous versions, they have been restructured, simplified, and clarified. The Standards are organized into three major sections (Educational Outcomes; Structure and Process to Promote Achievement of Educational Outcomes; and Assessment). The Structure and Process section is further organized into four subsections: (1) Planning and Organization, (2) Educational Program for the Doctor of Pharmacy Degree, (3) Students, and (4) Resources. In the third section, Standards 24 and 25 list the assessment elements for Educational Outcomes and Structure and Process, respectively. Standards and Key Elements are phrased as declarative statements describing the various attributes of an accredited Doctor of Pharmacy program. Programs not meeting the expectations and requirements outlined within these statements will be out of compliance with the Standards. Standards annotated with an asterisk (*) are appropriate for new program initiatives and alternate pathways to degree completion, such as an accelerated curriculum, geographically dispersed campuses, online or distance-learning-based programs, and other educational innovations. Three appendices are included within the Standards. Appendix 1 is a revision of the former Appendix B in Standards 2007 and describes the required elements of the didactic component of the PharmD curriculum. Appendix 2 (formerly Appendix C in Standards 2007) describes the expectations of the experiential learning component of the curriculum. Appendix 3 outlines the documentation needed for the Standards and Key Elements.

- *Organization of Guidance* – Materials are provided in this document to help colleges and schools of pharmacy: (1) understand the breadth and scope of issues underlying the achievement of each standard and (2) achieve academic program enhancement. Suggested strategies for quality improvement are based on evidence gleaned from the literature and/or the evaluation of successful programs.

- *Innovation* – Colleges or schools may choose avenues other than those suggested in the guidance document to achieve compliance with the Standards. In all cases, however, ACPE requires evidence that standards are being met.

- *Style* – The Chicago Manual of Style, 15th Edition, Chicago: The University of Chicago Press, 2003, was used in the preparation of the standards and guidelines.

Summary

ACPE looks forward to working with colleges and schools of pharmacy during the transition to the revised professional degree program Standards. Through its strategic plan, ACPE will also be investigating opportunities for better and more standardized ways to evaluate the achievement of the Standards, including the identification of valid outcome measures to be monitored across all accredited programs. In addition, ACPE will be improving its policies and procedures to allow for greater standardization, consistency, efficiency, and effectiveness in its accreditation activities and evaluations. Feedback from ACPE stakeholders is always invited and valued.

ACPE Board of Directors and Staff
January 25, 2015

STANDARDS AND KEY ELEMENTS

SECTION I: EDUCATIONAL OUTCOMES

The educational outcomes[2] described herein have been deemed essential to the contemporary practice of pharmacy in a healthcare environment that demands interprofessional collaboration and professional accountability for holistic patient well-being.

Standard 1: Foundational Knowledge

The professional program leading to the Doctor of Pharmacy degree (hereinafter "the program") develops in the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care.

> **Key Element:**
>
> **1.1. Foundational knowledge** – The graduate is able to develop, integrate, and apply knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care.

Standard 2: Essentials for Practice and Care

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care.

> **Key Elements:**
>
> **2.1. Patient-centered care** – The graduate is able to provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).
>
> **2.2. Medication use systems management** – The graduate is able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.
>
> **2.3. Health and wellness** – The graduate is able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.
>
> **2.4. Population-based care** – The graduate is able to describe how population-based care influences patient-centered care and the development of practice guidelines and evidence-based best practices.

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[2] Adapted from the American Association of Colleges of Pharmacy's Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes, 2013.

<u>Standard 3</u>: Approach to Practice and Care

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.

Key Elements:

3.1. Problem solving – The graduate is able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.

3.2. Education – The graduate is able to educate all audiences by determining the most effective and enduring ways to impart information and assess learning.

3.3. Patient advocacy – The graduate is able to represent the patient's best interests.

3.4. Interprofessional collaboration – The graduate is able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

3.5. Cultural sensitivity – The graduate is able to recognize social determinants of health to diminish disparities and inequities in access to quality care.

3.6. Communication – The graduate is able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations.

<u>Standard 4</u>: Personal and Professional Development

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation and entrepreneurship, and professionalism.

Key Elements:

4.1. Self-awareness – The graduate is able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.2. Leadership – The graduate is able to demonstrate responsibility for creating and achieving shared goals, regardless of position.

4.3. Innovation and entrepreneurship – The graduate is able to engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.

4.4. Professionalism – The graduate is able to exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES

The Educational Outcomes articulated in Section I can only be fully achieved in an academic culture purposely designed to nurture learners and to support the administrators, faculty, preceptors, and staff who mentor them. The standards in Section II describe essential structures and processes that provide the organizational stability and potential for advancement critical to continuous quality improvement in pharmacy education.

Subsection IIA: Planning and Organization

Standard 5: Eligibility and Reporting Requirements

The program meets all stated degree-granting eligibility and reporting requirements.

Key Elements:

5.1. Autonomy – The academic unit offering the Doctor of Pharmacy program is an autonomous unit organized as a college or school of pharmacy (within a university or as an independent entity). This includes autonomy to manage the professional program within stated policies and procedures, as well as applicable state and federal regulations.

5.2. Legal empowerment – The college or school is legally empowered to offer and award the Doctor of Pharmacy degree.

5.3. Dean's leadership – The college or school is led by a dean, who serves as the chief administrative and academic officer of the college or school and is responsible for ensuring that all accreditation requirements of ACPE are met.

5.4. Regional/institutional accreditation – The institution housing the college or school, or the independent college or school, has (or, in the case of new programs, is seeking) full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education.

5.5. Regional/institutional accreditation actions – The college or school reports to ACPE within 30 days any issue identified in regional/institutional accreditation actions that may have a negative impact on the quality of the professional degree program and compliance with ACPE standards.

5.6. Substantive change – The dean promptly reports substantive changes in organizational structure and/or processes (including financial factors) to ACPE for the purpose of evaluation of their impact on programmatic quality.

Standard 6: College or School Vision, Mission, and Goals

The college or school publishes statements of its vision, mission, and goals.

Key Elements:

6.1. College or school vision and mission – These statements are compatible with the vision and mission of the university in which the college or school operates.

6.2. Commitment to educational outcomes – The mission statement is consistent with a commitment to the achievement of the Educational Outcomes (Standards 1–4).

6.3. Education, scholarship, service, and practice – The statements address the college or school's commitment to professional education, research and scholarship, professional and community service, pharmacy practice, and continuing professional development.

6.4. Consistency of initiatives – All program initiatives are consistent with the college or school's vision, mission, and goals.

6.5. Subunit goals and objectives alignment – If the college or school organizes its faculty into subunits, the subunit goals are aligned with those of the college or school.

Standard 7: Strategic Plan

The college or school develops, utilizes, assesses, and revises on an ongoing basis a strategic plan that includes tactics to advance its vision, mission, and goals.

Key Elements:

7.1. Inclusive process – The strategic plan is developed through an inclusive process, including faculty, staff, students, preceptors, practitioners, and other relevant constituents, and is disseminated in summary form to key stakeholders.

7.2. Appropriate resources – Elements within the strategic plan are appropriately resourced and have the support of the university administration as needed for implementation.

7.3. Substantive change planning – Substantive programmatic changes contemplated by the college or school are linked to its ongoing strategic planning process.

Standard 8: Organization and Governance

The college or school is organized and staffed to advance its vision and facilitate the accomplishment of its mission and goals.

Key Elements:

8.1. Leadership collaboration – University leadership and the college or school dean collaborate to advance the program's vision and mission and to meet ACPE accreditation standards. The dean has direct access to the university administrator(s) with ultimate responsibility for the program.

8.2. Qualified dean – The dean is qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service.

8.3. Qualified administrative team – The dean and other college or school administrative leaders have credentials and experience that have prepared them for their respective roles and collectively have the needed backgrounds to effectively manage the educational program.

8.4. Dean's other substantial administrative responsibilities – If the dean is assigned other substantial administrative responsibilities, the university ensures adequate resources to support the effective administration of the affairs of the college or school.

8.5. Authority, collegiality, and resources – The college or school administration has defined lines of authority and responsibility, fosters organizational unit collegiality and effectiveness, and allocates resources appropriately.

8.6. College or school participation in university governance – College or school administrators and faculty are effectively represented in the governance of the university, in accordance with its policies and procedures.

8.7. Faculty participation in college or school governance – The college or school uses updated, published documents, such as bylaws, policies, and procedures, to ensure faculty participation in the governance of the college or school.

8.8. Systems failures – The college or school has comprehensive policies and procedures that address potential systems failures, including technical, administrative, and curricular failures.

8.9. Alternate pathway equitability* – The college or school ensures that any alternative pathways to the Doctor of Pharmacy degree are equitably resourced and integrated into the college or school's regular administrative structures, policies, and procedures, including planning, oversight, and evaluation.

Standard 9: Organizational Culture

The college or school provides an environment and culture that promotes self-directed lifelong learning, professional behavior, leadership, collegial relationships, and collaboration within and across academic units, disciplines, and professions.

Key Elements:

9.1. Leadership and professionalism – The college or school demonstrates a commitment to developing professionalism and to fostering leadership in administrators, faculty, preceptors, staff, and students. Faculty and preceptors serve as mentors and positive role models for students.

9.2. Behaviors – The college or school has policies that define expected behaviors for administrators, faculty, preceptors, staff, and students, along with consequences for deviation from those behaviors.

9.3. Culture of collaboration – The college or school develops and fosters a culture of collaboration within subunits of the college or school, as well as within and outside the university, to advance its vision, mission, and goals, and to support the profession.

Subsection IIB: Educational Program for the Doctor of Pharmacy Degree

Standard 10: Curriculum Design, Delivery, and Oversight

The curriculum is designed, delivered, and monitored by faculty to ensure breadth and depth of requisite knowledge and skills, the maturation of professional attitudes and behaviors, and the

opportunity to explore professional areas of interest. The curriculum also emphasizes active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making.

Key Elements:

10.1. Program duration – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.

10.2. Curricular oversight – Curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, (3) effectively communicate and coordinate efforts with body/bodies responsible for curricular assessment, and (4) are adequately resourced to ensure and continually advance curricular quality.

10.3. Knowledge application – Curricular expectations build on a pre-professional foundation of scientific and liberal studies. The professional curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base that culminates in the demonstrated ability of learners to apply knowledge to practice.

10.4. Skill development – The curriculum is rigorous, contemporary, and intentionally sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the Educational Outcomes articulated in Section I.

10.5. Professional attitudes and behaviors development – The curriculum inculcates professional attitudes and behaviors leading to personal and professional maturity consistent with the Oath of the Pharmacist.

10.6. Faculty and preceptor credentials/expertise – All courses in the curriculum are taught by individuals with academic credentials and expertise that are explicitly linked to their teaching responsibilities.

10.7. Content breadth and depth – Programs document, through mapping or other comparable methods, the breadth and depth of exposure to curricular content areas deemed essential to pharmacy education at the doctoral level (Appendices 1 and 2).

10.8. Pharmacists' Patient Care Process – The curriculum prepares students to provide patient-centered collaborative care as described in the *Pharmacists' Patient Care Process* model endorsed by the Joint Commission of Pharmacy Practitioners.

10.9. Electives – Time is reserved within the core curriculum for elective didactic and experiential education courses that permit exploration of and/or advanced study in areas of professional interest.

10.10. Feedback – The curriculum allows for timely, formative performance feedback to students in both didactic and experiential education courses. Students are also provided the opportunity to give formative and/or summative feedback to faculty, including preceptors, on their perceptions of teaching/learning effectiveness.

10.11. Curriculum review and quality assurance – Curriculum design, delivery, and sequencing are regularly reviewed and, when appropriate, revised by program faculty to ensure optimal achievement of educational outcomes with reasonable student workload expectations.

10.12. Teaching and learning methods – The didactic curriculum is delivered via teaching/learning methods that: (1) facilitate achievement of learning outcomes, (2) actively engage learners, (3) promote student responsibility for self-directed learning, (4) foster collaborative learning, and (5) are appropriate for the student population (i.e., campus-based vs. distance-based).

10.13. Diverse learners – The didactic curriculum incorporates teaching techniques and strategies that address the diverse learning needs of students.

10.14. Course syllabi – Syllabi for didactic and experiential education courses, developed and updated through a faculty-approved process, contain information that supports curricular quality assurance assessment.

10.15. Experiential quality assurance – A quality assurance procedure for all pharmacy practice experiences is established and implemented to: (1) facilitate achievement of stated course expectations, (2) standardize key components of experiences across all sites offering the same experiential course, and (3) promote consistent assessment of student performance.

10.16. Remuneration/employment – Students do not receive payment for participating in curricular pharmacy practice experiences, nor are they placed in the specific practice area within a pharmacy practice site where they are currently employed.[3]

10.17. Academic integrity* – To ensure the credibility of the degree awarded, the validity of individual student assessments, and the integrity of student work, the college or school ensures that assignments and examinations take place under circumstances that minimize opportunities for academic misconduct. The college or school ensures the correct identity of all students (including distance students) completing proctored assessments.

Standard 11: Interprofessional Education (IPE)

The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.

Key Elements:

11.1. Interprofessional team dynamics – All students demonstrate competence in interprofessional team dynamics, including articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities. Interprofessional team dynamics are

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[3] A professional degree program in an institution that meets the definition of and has an institution-wide commitment to "cooperative education" (Cooperative Education and Internship Association; http://www.ceiainc.org) may apply to ACPE for a waiver of this requirement.

introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings.

11.2. Interprofessional team education – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations.

11.3. Interprofessional team practice – All students competently participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. They participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, including face-to-face interactions that are designed to advance interprofessional team effectiveness

Standard 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum

The Pre-APPE curriculum provides a rigorous foundation in the biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences, incorporates Introductory Pharmacy Practice Experience (IPPE), and inculcates habits of self-directed lifelong learning to prepare students for Advanced Pharmacy Practice Experience (APPE).

Key Elements:

12.1. Didactic curriculum – The didactic portion of the Pre-APPE curriculum includes rigorous instruction in all sciences that define the profession (see Appendix 1). Appropriate breadth and depth of instruction in these sciences is documented regardless of curricular model employed (e.g., blocked, integrated, traditional 'stand-alone' course structure, etc.).

12.2. Development and maturation – The Pre-APPE curriculum allows for the development and maturation of the knowledge, skills, abilities, attitudes, and behaviors that underpin the Educational Outcomes articulated in Standards 1–4 and within Appendices 1 and 2.

12.3. Affective domain elements – Curricular and, if needed, co-curricular activities and experiences are purposely developed and implemented to ensure an array of opportunities for students to document competency in the affective domain-related expectations of Standards 3 and 4. Co-curricular activities complement and advance the learning that occurs within the formal didactic and experiential curriculum.

12.4. Care across the lifespan – The Pre-APPE curriculum provides foundational knowledge and skills that allow for care across the patient's lifespan.

12.5. IPPE expectations – IPPEs expose students to common contemporary U.S. practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviors, and direct patient care activities. IPPEs are structured and sequenced to intentionally develop in students a

clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning APPE.

12.6. IPPE duration – IPPE totals no less than 300 clock hours of experience and is purposely integrated into the didactic curriculum. A minimum of 150 hours of IPPE are balanced between community and institutional health-system settings.

12.7. Simulation for IPPE – Simulated practice experiences (a maximum of 60 clock hours of the total 300 hours) may be used to mimic actual or realistic pharmacist-delivered patient care situations. However, simulation hours do not substitute for the 150 clock hours of required IPPE time in community and institutional health-system settings. Didactic instruction associated with the implementation of simulated practice experiences is not counted toward any portion of the 300 clock hour IPPE requirement.

<u>Standard 13</u>: Advanced Pharmacy Practice Experience (APPE) Curriculum

A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice-ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum and in co-curricular activities.

Key Elements:

13.1. Patient care emphasis – Collectively, APPEs emphasize continuity of care and incorporate acute, chronic, and wellness-promoting patient-care services in outpatient (community/ambulatory care) and inpatient (hospital/health system) settings.

13.2. Diverse populations – In the aggregate, APPEs expose students to diverse patient populations as related to age, gender, race/ethnicity, socioeconomic factors (e.g., rural/urban, poverty/affluence), and disease states)

13.3. Interprofessional experiences – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.

13.4. APPE duration – The curriculum includes no less than 36 weeks (1440 hours) of APPE. All students are exposed to a minimum of 160 hours in each required APPE area. The majority of APPE is focused on direct patient care.

13.5. Timing – APPEs follow successful completion of all IPPE and required didactic curricular content. Required capstone courses or activities that provide opportunity for additional professional growth and insight are allowed during or after completion of APPEs. These activities do not compromise the quality of the APPEs, nor count toward the required 1440 hours of APPE.

13.6. Required APPE – Required APPEs occur in four practice settings: (1) community pharmacy; (2) ambulatory patient care; (3) hospital/health system pharmacy; and (4) inpatient general medicine patient care.

13.7. Elective APPE – Elective APPEs are structured to give students the opportunity to: (1) mature professionally, (2) secure the breadth and depth of experiences needed to

achieve the Educational Outcomes articulated in Standards 1–4, and (3) explore various sectors of practice.

13.8. Geographic restrictions – Required APPEs are completed in the United States or its territories or possessions. All quality assurance expectations for U.S.-based experiential education courses apply to elective APPEs offered outside of the U.S.

Subsection IIC: Students

Standard 14: Student Services

The college or school has an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and well-being.

Key Elements:

14.1. FERPA – The college or school has an ordered, accurate, and secure system of student records in compliance with the Family Educational Rights and Privacy Act (FERPA). Student services personnel and faculty are knowledgeable regarding FERPA law and its practices.

14.2. Financial aid – The college or school provides students with financial aid information and guidance by appropriately trained personnel.

14.3. Healthcare – The college or school offers students access to adequate health and counseling services. Appropriate immunization standards are established, along with the means to ensure that such standards are satisfied.

14.4. Advising – The college or school provides academic advising, curricular and career-pathway counseling, and information on post-graduate education and training opportunities adequate to meet the needs of its students.

14.5. Nondiscrimination – The college or school establishes and implements student service policies that ensure nondiscrimination as defined by state and federal laws and regulations.

14.6. Disability accommodation – The college or school provides accommodations to students with documented disabilities that are determined by the university Disability Office (or equivalent) to be reasonable, and provides support to faculty in accommodating disabled students.

14.7. Student services access* – The college or school offering multiple professional degree programs (e.g., PharmD/MPH) or pathways (campus and distance pathways) ensures that all students have equitable access to a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling, etc.).

Standard 15: Academic Environment

The college or school develops, implements, and assesses its policies and procedures that promote student success and well-being.

Key elements:

15.1. Student information – The college or school produces and makes available to enrolled and prospective students updated information of importance, such as governance documents, policies and procedures, handbooks, and catalogs.

15.2. Complaints policy – The college or school develops, implements, and makes available to students a complaints policy that includes procedures for how students may file complaints within the college or school and also directly to ACPE regarding their college or school's adherence to ACPE standards. The college or school maintains a chronological record of such student complaints, including how each complaint was resolved.

15.3. Student misconduct – The college or school develops and implements policies regarding academic and non-academic misconduct of students that clearly outline the rights and responsibilities of, and ensures due process for, all parties involved.

15.4. Student representation – The college or school considers student perspectives and includes student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities.

15.5. Distance learning policies* – For colleges and schools offering distance learning opportunities, admissions information clearly explains the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance.

Standard 16: Admissions

The college or school develops, implements, and assesses its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program.

Key elements:

16.1. Enrollment management – Student enrollment is managed by college or school administration. Enrollments are in alignment with available physical, educational, financial, faculty, staff, practice site, preceptor, and administrative resources.

16.2. Admission procedures – A duly constituted committee of the college or school has the responsibility and authority for the selection of students to be offered admission. Admission criteria, policies, and procedures are not compromised regardless of the size or quality of the applicant pool.

16.3. Program description and quality indicators – The college or school produces and makes available to the public, including prospective students: (1) a complete and accurate description of the professional degree program; (2) the program's current accreditation status; and (3) ACPE-required program performance information including on-time graduation rates and most recent NAPLEX first-attempt pass rates.

16.4. Admission criteria – The college or school sets performance expectations for admission tests, evaluations, and interviews used in selecting students who have the potential for success in the professional degree program and the profession. Applicant

performance on admission criteria is documented; and the related records are maintained by the college or school as per program/university requirements.

16.5. Admission materials – The college or school produces and makes available to prospective students the criteria, policies, and procedures for admission to the professional degree program. Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional and technical standards for graduation.

16.6. Written and oral communication assessment – Written and oral communication skills are assessed in a standardized manner as part of the admission process.

16.7. Candidate interviews – Standardized interviews (in-person, telephonic, and/or computer-facilitated) of applicants are conducted as a part of the admission process to assess affective domain characteristics (i.e., the Personal and Professional Development domain articulated in Standard 4).

16.8. Transfer and waiver policies – A college or school offering multiple professional degree programs, or accepting transfer students from other schools or colleges of pharmacy, establishes and implements policies and procedures for students who request to transfer credits between programs. Such policies and procedures are based on defensible assessments of course equivalency. A college or school offering multiple pathways to a single degree has policies and procedures for students who wish to change from one pathway to another.

Standard 17: Progression

The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program.

Key elements:

17.1. Progression policies – The college or school creates, makes available to students and prospective students, and abides by criteria, policies, and procedures related to:

- Academic progression
- Remediation
- Missed course work or credit
- Academic probation
- Academic dismissal
- Dismissal for reasons of misconduct
- Readmission
- Leaves of absence
- Rights to due process
- Appeal mechanisms (including grade appeals)

17.2. Early intervention – The college or school's system of monitoring student performance provides for early detection of academic and behavioral issues. The college or school develops and implements appropriate interventions that have the potential for successful resolution of the identified issues.

Subsection IID: Resources

Standard 18: Faculty and Staff—Quantitative Factors

The college or school has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program.

Key Elements:

18.1. Sufficient faculty – The college or school has a sufficient number of faculty members to effectively address the following programmatic needs:

- Teaching (didactic, simulation, and experiential)
- Professional development
- Research and other scholarly activities
- Assessment activities
- College/school and/or university service
- Intraprofessional and interprofessional collaboration
- Student advising and career counseling
- Faculty mentoring
- Professional service
- Community service
- Pharmacy practice
- Responsibilities in other academic programs (if applicable)
- Support of distance students and campus(es) (if applicable)*

18.2. Sufficient staff – The college or school has a sufficient number of staff to effectively address the following programmatic needs:

- Student and academic affairs-related services, including recruitment and admission
- Experiential education
- Assessment activities
- Research administration
- Laboratory maintenance
- Information technology infrastructure
- Pedagogical and educational technology support
- Teaching assistance
- General faculty and administration clerical support
- Support of distance students and campus(es) (if applicable)*

Standard 19: Faculty and Staff—Qualitative Factors

Faculty and staff have academic and professional credentials and expertise commensurate with their responsibilities to the professional program and their academic rank.

Key Elements:

19.1. Educational effectiveness – Faculty members have the capability and demonstrate a continuous commitment to be effective educators and are able to effectively use contemporary educational techniques to promote student learning in all offered pathways.

19.2. Scholarly productivity – The college or school creates an environment that both requires and promotes scholarship and also develops mechanisms to assess both the quantity and quality of faculty scholarly productivity.

19.3. Service commitment – In the aggregate, faculty engage in professional, institutional, and community service that advances the program and the profession of pharmacy.

19.4. Practice understanding – Faculty members, regardless of their discipline, have a conceptual understanding of and commitment to advancing current and proposed future pharmacy practice.

19.5. Faculty/staff development – The college or school provides opportunities for career and professional development of its faculty and staff, individually and collectively, to enhance their role-related skills, scholarly productivity, and leadership.

19.6. Policy application – The college or school ensures that policies and procedures for faculty and staff recruitment, performance review, promotion, tenure (if applicable), and retention are applied in a consistent manner.

Standards 20: Preceptors

The college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.

Key Elements:

20.1. Preceptor criteria – The college or school makes available and applies quality criteria for preceptor recruitment, orientation, performance, and evaluation. The majority of preceptors for any given student are U.S. licensed pharmacists.

20.2. Student-to-preceptor ratio – Student to precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners.

20.3. Preceptor education and development – Preceptors are oriented to the program's mission, the specific learning expectations for the experience outlined in the syllabus, and effective performance evaluation techniques before accepting students. The college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program.

20.4. Preceptor engagement – The college or school solicits the active involvement of preceptors in the continuous quality improvement of the educational program, especially the experiential component.

20.5. Experiential education administration – The experiential education component of the curriculum is led by a pharmacy professional with knowledge and experience in experiential learning. The experiential education program is supported by an appropriate number of qualified faculty and staff.

<u>Standard 21</u>: Physical Facilities and Educational Resources

The college or school has adequate and appropriately equipped physical and educational facilities to achieve its mission and goals.

Key Elements:

21.1. Physical facilities – The college or school's physical facilities (or the access to other facilities) meet legal and safety standards, utilize current educational technology, and are clean and well maintained.

21.2. Physical facilities' attributes – The college or school's physical facilities also include adequate:

- Faculty office space with sufficient privacy to permit accomplishment of responsibilities
- Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators
- Classrooms that comfortably accommodate the student body and that are equipped to allow for the use of required technology
- Laboratories suitable for skills practice, demonstration, and competency evaluation
- Access to educational simulation capabilities
- Faculty research laboratories with well-maintained equipment including research support services within the college or school and the university
- Animal facilities that meet care regulations (if applicable)
- Individual and group student study space and student meeting facilities

21.3. Educational resource access – The college or school makes available technological access to current scientific literature and other academic and educational resources by students, faculty, and preceptors.

21.4 Librarian expertise access – The college or school has access to librarian resources with the expertise needed to work with students, faculty, and preceptors on effective literature and database search and retrieval strategies.

<u>Standard 22</u>: Practice Facilities

The college or school has the appropriate number and mix of facilities in which required and elective practice experiences are conducted to accommodate all students. Practice sites are appropriately licensed and selected based on quality criteria to ensure the effective and timely delivery of the experiential component of the curriculum.

Key Elements:

22.1. Quality criteria – The college or school employs quality criteria for practice facility recruitment and selection, as well as setting forth expectations and evaluation based on student opportunity to achieve the required Educational Outcomes as articulated in Standards 1–4.

22.2. Affiliation agreements – The college or school secures and maintains signed affiliation agreements with the practice facilities it utilizes for the experiential component of the curriculum. At a minimum, each affiliation agreement ensures that all experiences are conducted in accordance with state and federal laws.

22.3. Evaluation – Practice sites are regularly evaluated. Quality enhancement initiatives and processes are established, as needed, to improve student learning outcomes.

Standard 23: Financial Resources

The college or school has current and anticipated financial resources to support the stability of the educational program and accomplish its mission, goals, and strategic plan.

Key Elements:

23.1. Enrollment support – The college or school ensures that student enrollment is commensurate with resources.

23.2. Budgetary input – The college or school provides input into the development and operation of a budget that is planned, executed, and managed in accordance with sound and accepted business practices.

23.3. Revenue allocation – Tuition and fees for pharmacy students are not increased to support other educational programs if it compromises the quality of the professional program.

23.4. Equitable allocation – The college or school ensures that funds are sufficient to maintain equitable facilities (commensurate with services and activities) across all program pathways.

SECTION III: ASSESSMENT OF STANDARDS AND KEY ELEMENTS

In the spirit of continuous quality improvement and transparency, colleges and schools evaluate and report to constituents the extent to which they meet their programmatic goals. Insights gained from the valid and reliable assessment of outcomes related to mission, strategic planning, educational programs, and other key institutional initiatives are channeled into constructive change to enhance programmatic quality.

Standard 24: Assessment Elements for Section I: Educational Outcomes

The college or school develops, resources, and implements a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice.

> **Key Elements:**
>
> **24.1. Formative and summative assessment** – The assessment plan incorporates systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments.
>
> **24.2. Standardized and comparative assessments** – The assessment plan includes standardized assessments as required by ACPE (see Appendix 3) that allow for national comparisons and college- or school-determined peer comparisons.
>
> **24.3. Student achievement and readiness** – The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the Educational Outcomes in aggregate and at the individual student level. In addition to college/school desired assessments, the plan includes an assessment of student readiness to:
>
> - Enter advanced pharmacy practice experiences
> - Provide direct patient care in a variety of healthcare settings
> - Contribute as a member of an interprofessional collaborative patient care team
>
> **24.4. Continuous improvement** – The college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the Educational Outcomes.

Standard 25: Assessment Elements for Section II: Structure and Process

The college or school develops, resources, and implements a plan to assess attainment of the Key Elements within Standards 5–23.

> **Specific Key Elements**:
>
> **25.1. Assessment of organizational effectiveness** – The college or school's assessment plan is designed to provide insight into the effectiveness of the organizational structure in engaging and uniting constituents and positioning the college or school for success through purposeful planning.

25.2. Program evaluation by stakeholders – The assessment plan includes the use of data from AACP standardized surveys of graduating students, faculty, preceptors, and alumni.

25.3. Curriculum assessment and improvement – The college or school systematically assesses its curricular structure, content, organization, and outcomes. The college or school documents the use of assessment data for continuous improvement of the curriculum and its delivery.

25.4. Faculty productivity assessment – The college or school systematically assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service.

25.5. Pathway comparability* – The assessment plan includes a variety of assessments that will allow comparison and establishment of educational parity of alternative program pathways to degree completion, including geographically dispersed campuses and online or distance learning-based programs.

25.6. Interprofessional preparedness – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.

25.7. Clinical reasoning skills – Evidence-based clinical reasoning skills, the ability to apply these skills across the patient's lifespan, and the retention of knowledge that underpins these skills, are regularly assessed throughout the curriculum.

25.8. APPE preparedness – The Pre-APPE curriculum leads to a defined level of competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program. Competence in these areas is assessed prior to the first APPE.

25.9. Admission criteria – The college or school regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body, members of which have the potential for academic success and the ability to practice in team-centered and culturally diverse environments.

Appendix 1
Required Elements of the Didactic
Doctor of Pharmacy Curriculum[4]

The following didactic content areas and associated learning expectations are viewed as central to a contemporary, high-quality pharmacy education and are incorporated at an appropriate breadth and depth in the required didactic Doctor of Pharmacy curriculum. Where noted, content areas may be addressed in the pre-professional curriculum (i.e., as requirements for admission). Required content areas may be delivered within individual or integrated courses, and may involve multiple disciplines.

This appendix was purposely written at the level of broad learning outcomes. It was constructed to provide statements of concepts and understandings essential for pharmacists to master, rather than a list of required topics to cover in the didactic curriculum. The goal is to ensure that critical areas of learning are included in the curricula of all programs without dictating how the lessons are structured, organized, or delivered.

The clear expectation embedded within Appendix 1 is that students will develop the comprehensive knowledge base required to be 'practice ready' and that they will be able to retain, recall, build upon, and apply that knowledge to deliver quality patient care in a variety of entry-level practice settings.

NOTE: The topics under each Science category are organized in alphabetical order.

Biomedical Sciences (may be addressed in the pre-professional curriculum)

Biochemistry
- Structure, properties, biological functions, applicable kinetics, and metabolic fate of macromolecules essential to life (proteins, lipids, carbohydrates, and nucleic acids). Application of these concepts to identify endogenous targets for drug therapy and rational drug design strategies.

Biostatistics
- Appropriate use of commonly employed statistical tests, management of data sets, and the evaluation of the validity of conclusions generated based on the application of those tests to the data sets.

Human Anatomy
- Structure of major human body systems at the cellular, tissue, organ, and system level.

Human Physiology
- Homeostatic function and normal response reactions across the lifespan of non-diseased human cells, organs, and systems.

Immunology
- Human immune system components, innate and adaptive immune responses to infection, injury and disease, and augmentation of the human immune system to prevent disease.

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[4] Revised Appendix B from Standards 2007.

Medical Microbiology
- Structure, function, and properties of microorganisms (bacteria, viruses, parasites, and fungi) responsible for human disease, and rational approaches to their containment or eradication.

Pathology/Pathophysiology
- Basic principles, mechanisms, functional changes and metabolic sequelae of human disease impacting cells, organs, and systems.

Pharmaceutical Sciences

Clinical Chemistry
- Application of clinical laboratory data to disease state management, including screening, diagnosis, progression, and treatment evaluation.

Extemporaneous Compounding
- Preparation of sterile and non-sterile prescriptions which are pharmaceutically accurate regarding drug product and dose, free from contamination, and appropriately formulated for safe and effective patient use. Analysis of the scientific principles and quality standards upon which these compounding requirements are based.

Medicinal Chemistry
- Chemical basis of drug action and behavior in vivo and in vitro, with an emphasis on pharmacophore recognition and the application of physicochemical properties, structure-activity relationships, intermolecular drug-receptor interactions and metabolism to therapeutic decision-making.

Pharmaceutical Calculations
- Mastery of mathematical skills required to accurately prepare prescriptions (including extemporaneously compounded dosage forms) that are therapeutically sound and safe for patient use. Calculation of patient-specific nutritional and drug dosing/delivery requirements.

Pharmaceutics/Biopharmaceutics
- Physicochemical properties of drugs, excipients, and dosage forms important to the rational design and manufacture of sterile and non-sterile products. Application of physical chemistry and dosage form science to drug stability, delivery, release, disposition, pharmacokinetics, therapeutic effectiveness, and the development of quality standards for drug products.

Pharmacogenomics/genetics
- Genetic basis for disease and individual differences in metabolizing enzymes, transporters, and other biochemicals impacting drug disposition and action that underpin the practice of personalized medicine.

Pharmacokinetics
- Mathematical determination of the rate of drug movement from one therapeutic or physiologic compartment to another. Application of physicochemical and kinetic principles and parameters to therapeutically important issues, such as drug delivery, disposition, therapeutic effectiveness, and beneficial or adverse interactions in general and specific populations.

Pharmacology
- Pharmacodynamics, mechanisms of therapeutic and adverse drug actions and interactions, lifespan-dependent variations in physiology or biochemistry that impact drug action and effectiveness, and application of these principles to therapeutic decision-making.

Toxicology
- Pharmacodynamics, mechanisms, prevention, and treatment of the toxic effects of drugs and poisons, including poisons associated with bioterrorism.

Social/Administrative/Behavioral Sciences

Cultural Awareness
- Exploration of the potential impact of cultural values, beliefs, and practices on patient care outcomes.

Ethics
- Exploration of approaches for resolving ethical dilemmas in patient care, with an emphasis on moral responsibility and the ability to critically evaluate viable options against the needs of patients and other key stakeholders.

Healthcare Systems
- Examination of U.S. health systems and contemporary reimbursement models in which patient-centered and/or population-based care is provided and paid for, and how social, political, economic, organizational, and cultural factors influence providers' ability to ensure patient safety and deliver coordinated interprofessional care services.

History of Pharmacy
- Exploration of the evolution of pharmacy as a distinct profession, the transition from a focus on the drug to a focus on the patient and the drug (including pharmacist-provided patient care), and major milestones and contributors in the evolution of pharmacy.

Pharmacoeconomics
- Application of economic principles and theories to the provision of cost-effective pharmacy products and services that optimize patient-care outcomes, particularly in situations where healthcare resources are limited.

Pharmacoepidemiology
- Cause-and-effect patterns of health and disease in large populations that advance safe and effective drug use and positive care outcomes within those populations.

Pharmacy Law and Regulatory Affairs
- Federal and appropriate state-specific statutes, regulations, policies, executive orders, and court decisions that regulate the practice of pharmacy, including the mitigation of prescription drug abuse and diversion.

Practice Management
- Application of sound management principles (including operations, information, resource, fiscal, and personnel) and quality metrics to advance patient care and service delivery within and between various practice settings.

Professional Communication
- Analysis and practice of verbal, non-verbal, and written communication strategies that promote effective interpersonal dialog and understanding to advance specific patient care, education, advocacy, and/or interprofessional collaboration goals. Exploration of technology-based communication tools and their impact on healthcare delivery, healthcare information, and patient empowerment.

Professional Development/Social and Behavioral Aspects of Practice
- Development of professional self-awareness, capabilities, responsibilities, and leadership. Analysis of contemporary practice roles and innovative opportunities, and inculcation of professional attitudes, behaviors, and dispositions.

Research Design
- Evaluation of research methods and protocol design required to conduct valid and reliable studies to test hypotheses or answer research questions, and to appropriately evaluate the validity and reliability of the conclusions of published research studies.

Clinical Sciences

Clinical Pharmacokinetics
- Application of basic pharmacokinetic principles and mathematical models to calculate safe and effective doses of drugs for individual patients, and adjust therapy as appropriate through the monitoring of drug concentration in biological fluids.

Health Informatics
- Effective and secure design and use of electronic and other technology-based systems, including electronic health records, to capture, store, retrieve, and analyze data for use in patient care, and confidentially/legally share health information in accordance with federal policies.

Health Information Retrieval and Evaluation
- Critical analysis and application of relevant health sciences literature and other information resources to answer specific patient-care and/or drug-related questions and provide evidence-based therapeutic recommendations to healthcare providers or, when appropriate, the public.

Medication Dispensing, Distribution and Administration
- Preparation, dispensing and administration of prescriptions, identification and prevention of medication errors and interactions, maintaining and using patient profile systems and

prescription processing technology and/or equipment, and ensuring patient safety. Educating about appropriate medication use and administration.

Natural Products and Alternative and Complementary Therapies

- Evidence-based evaluation of the therapeutic value, safety, and regulation of pharmacologically active natural products and dietary supplements. Cultural practices commonly selected by practitioners and/or patients for use in the promotion of health and wellness, and their potential impact on pharmacotherapy.

Patient Assessment
- Evaluation of patient function and dysfunction through the performance of tests and assessments leading to objective (e.g., physical assessment, health screening, and lab data interpretation) and subjective (patient interview) data important to the provision of care.

Patient Safety
- Analysis of the systems- and human-associated causes of medication errors, exploration of strategies designed to reduce/eliminate them, and evaluation of available and evolving error-reporting mechanisms.

Pharmacotherapy
- Evidence-based clinical decision making, therapeutic treatment planning, and medication therapy management strategy development for patients with specific diseases and conditions that complicate care and/or put patients at high risk for adverse events. Emphasis on patient safety, clinical efficacy, pharmacogenomic and pharmacoeconomic considerations, and treatment of patients across the lifespan.

Public Health
- Exploration of population health management strategies, national and community-based public health programs, and implementation of activities that advance public health and wellness, as well as provide an avenue through which students earn certificates in immunization delivery and other public health-focused skills.

Self-Care Pharmacotherapy
- Therapeutic needs assessment, including the need for triage to other health professionals, drug product recommendation/selection, and counseling of patients on non-prescription drug products, non-pharmacologic treatments and health/wellness strategies.

Appendix 2
Expectations within the
APPE Curriculum

Builds on IPPE. APPE follows IPPE, which is designed to progressively develop the professional insights and skills necessary to advance into responsibilities in APPE. Colleges and schools use a variety of IPPE delivery mechanisms to ensure students are ready to meet the expectations of APPE. IPPE involves interaction with practitioners and patients to advance patient welfare in authentic practice settings, and provides exposure to both medication distribution systems and high-quality, interprofessional, team-based patient care.

APPE curriculum. APPE ensures that students have multiple opportunities to perform patient-centered care and other activities in a variety of settings. Experiences are in-depth, structured, and comprehensive in the aggregate, and carefully coordinated with other components of the PharmD curriculum. Collectively, APPE hones the practice skills, professional judgment, behaviors, attitudes and values, confidence, and sense of personal and professional responsibility required for each student to practice independently and collaboratively in an interprofessional, team-based care environment.

Learning outcomes. General and experience-specific learning outcomes are established for all APPEs. Learning outcomes identify the competencies to be achieved, expected patient populations (if applicable), level of student responsibility, and the setting needed for the outcomes to be met. Learning outcomes for each experience are mapped to the professional practice competencies outlined in the Standards, as well as to any additional competencies developed by the school or college.

Assessment. Colleges and schools assess student achievement of APPE competencies within their assessment plans using reliable, validated assessments. Formative feedback related to specific performance criteria is provided to students throughout the experience. At a minimum, performance competence is documented midway through the experience and at its completion.

Learning activities. The APPE curriculum, in the aggregate, includes but is not limited to: (1) direct patient care, (2) interprofessional interaction and practice, (3) medication dispensing, distribution, administration, and systems management, and (4) professional development. Examples of possible activities within these broad areas are listed in the Guidance document.

Interprofessional interaction. The need for interprofessional interaction is paramount to successful treatment of patients. Colleges and schools provide pharmacy students the opportunity to gain interprofessional skills using a variety of mechanisms including face-to-face interactions in clinical settings or in real-time telephonic or video-linked interactions. Regardless of the methods used, students demonstrate those interprofessional skills articulated in Standard 11.

Direct patient care focus. The majority of student time in APPE is focused on the provision of direct patient care to both inpatients and outpatients. APPE is of sufficient length to permit continuity of care of individual patients and documentation of achievement of competencies associated with the APPE curriculum.

Practice settings. Students demonstrate competence within four main practice types: community, ambulatory care, general medicine, and health system pharmacy. Colleges and

schools draft competency statements for each type of setting along with appropriate assessment plans.

Ambulatory care.   Ambulatory care pharmacy practice is the provision of integrated, accessible health care services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community.[5] The ambulatory care setting involves interprofessional communication and collaboration to provide acute and chronic patient care that can be accomplished outside the inpatient setting.

Blended environments. The literature documents that the demarcations between various types of pharmacy practice are blurring. A specific APPE may involve skill-development activities in more than one of the four required practice settings (i.e., the 'blending' of two or more of the four required practice types within one APPE). In addition, 'longitudinal' experiences may exist where students participate in more than one of the four required APPEs within the same institution (i.e., taking a general medicine APPE, an ambulatory care APPE, and a health system pharmacy APPE in the same hospital). The key is that a college or school documents how its APPE program is balanced between the four required practice areas and how all program outcomes, student performance competencies, and ACPE standards are met.

Elective APPE. Elective rotations allow students to explore areas of professional interest and/or expand their understanding of professional opportunities. Elective APPE may include a maximum of two experiences without a patient care focus.

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[5] *www.bpsweb.org/specialties/AmbulatoryCarePharmacy.cfm*

Appendix 3
Required Documentation for
Standards and Key Elements 2016

To provide evidence of achievement of the standards and key elements, colleges and schools provide, at a minimum, the following outcomes data and documentation. Many of these documents are embedded within the *Assessment and Accreditation Management System* (AAMS) system (co-developed and managed by the American Association of Colleges of Pharmacy and ACPE), while others are created by individual colleges and schools to be shared with ACPE at appropriate times during the quality improvement process (e.g., within self-study submissions or during site visits). As noted below, an individual document may be used for multiple standards. Colleges and schools are encouraged to develop additional documentation processes to meet their mission-specific quality assurance needs.

Standard 1 – Foundational Knowledge
- Student academic performance throughout the program (e.g., progression rates, academic probation rates, attrition rates)
- Annual performance of students nearing completion of the didactic curriculum on the Pharmacy Curriculum Outcomes Assessment (PCOA) - an assessment of knowledge of the essential content areas identified in Appendix 1
- Performance of graduates (passing rate) on NAPLEX
- Performance of graduates in the various NAPLEX competency areas
- Performance of graduates on Multistate Pharmacy Jurisprudence Examination (MPJE) and/or other state required law examination

Standard 2 – Essentials for Practice and Care
- Outcome data from assessments summarizing overall student achievement of relevant didactic, IPPE, and APPE learning objectives

Standard 3 – Approach to Practice and Care
- Examples of student participation in Interprofessional Education activities (didactic, simulation, experiential)
- Outcome data from assessments summarizing overall student achievement of relevant didactic, IPPE, and APPE learning objectives
- Outcome data from assessments summarizing overall student participation in Interprofessional Education activities
- Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standard 3
- Outcome data from assessments of student achievement of problem-solving and critical thinking capabilities
- Outcome data from assessments of students' ability to communicate professionally, advocate for patients, and educate others
- Outcome data from assessments of students' demonstration of cultural awareness and sensitivity.

Standard 4 – Personal and Professional Development
- Outcome data from assessments summarizing students' overall achievement of relevant didactic, IPPE, and APPE learning objectives
- Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standard 4

- Outcome data from assessments summarizing students' overall achievement of professionalism, leadership, self-awareness, and creative thinking expectations
- Description of tools utilized to capture students' reflections on personal/professional growth and development
- Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning

Standard 5 – Eligibility and Reporting Requirements
- Legal authority to offer/award the Doctor of Pharmacy degree
- Documents verifying institutional accreditation
- Accreditation reports identifying deficiencies (if applicable)
- University organizational chart
- Description of level of autonomy of the college or school

Standard 6 – College or School Vision, Mission, and Goals
- Vision, mission, and goal statements (college, school, parent institution, department/division)
- Outcome data from assessments summarizing the extent to which the college or school is achieving its vision, mission, and goals

Standard 7 – Strategic Plan
- Strategic planning documents, including a description of the process through which the strategic plan was developed.
- Outcome data from assessments summarizing the implementation of the strategic plan

Standard 8 - Organization and Governance
- Curriculum vitae of the dean and others on the administrative leadership team
- Organization chart of the college or school
- Responsibilities of dean and other administrative leadership team members
- Faculty governance documents (by-laws, policies, procedures, etc.)
- List of committees and designated charges
- Evidence of faculty participation in university governance
- Policies and procedures related to system failures, data security and backup, and contingency planning
- Outcome data from assessments (e.g., AACP faculty, preceptor, graduating student and alumni surveys) summarizing the effectiveness of the organizational structure and governance

Standard 9 – Organizational Culture
- Policies describing expectations of faculty, administrators, students, and staff behaviors
- Examples of intra/interprofessional and intra/interdisciplinary collaboration
- Affiliation agreements for purposes of research, teaching, or service (if applicable)
- Outcome data from AACP faculty and graduating student surveys related to collaboration, morale, professionalism, etc.

Standard 10 - Curriculum Design, Delivery, and Oversight
- Description of curricular and degree requirements, including elective didactic and experiential expectations
- All required and elective didactic and experiential course syllabi
- Mapping of required curricular content and experiential education expectations to individual courses
- Curriculum vitae of faculty teaching within the curriculum
- A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments

- List of Curriculum Committee (or equivalent) members with position/affiliation within college/school
- List of charges, assignments, and accomplishments of Curriculum Committee over the last 1–3 years
- Examples of tools (e.g., portfolios) used by students to document self-assessment of, and reflection on, learning needs, plans and achievements, and professional growth and development
- Sample documents used by faculty, preceptors, and students to evaluate learning experiences and provide formative and/or summative feedback
- Policies related to academic integrity
- Policies related to experiential learning that ensures compliance with Key Element 10.15
- Examples of instructional methods used by faculty and the extent of their employment to:
  - Actively engage learners
  - Integrate and reinforce content across the curriculum
  - Provide opportunity for mastery of skills
  - Instruct within the experiential learning program
  - Stimulate higher-order thinking, problem-solving, and clinical-reasoning skills
  - Foster self-directed lifelong learning skills and attitudes
  - Address/accommodate diverse learning styles
  - Incorporate meaningful interprofessional learning opportunities

Standard 11 - Interprofessional Education (IPE)
- Vision, mission, and goal statements related to IPE
- Statements addressing IPE and practice contained within student handbooks and/or catalogs
- Relevant syllabi for required and elective didactic and experiential education courses that incorporate elements of IPE to document that concepts are reinforced throughout the curriculum and that IPE-related skills are practiced at appropriate times during pre-APPE
- Student IPPE and APPE evaluation data documenting extent of exposure to interprofessional, team-based patient care
- Outcome data from assessments summarizing students' overall achievement of expected interprofessional educational outcomes in the pre-APPE and APPE curriculum

Standard 12 - Pre-APPE Curriculum
- Description of curricular and degree requirements, including elective didactic and experiential expectations
- A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments
- Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, preprofessional) curriculum
- Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standards 3 and 4
- Outcome data from assessments of student preparedness to progress to APPE (e.g., comprehensive assessments of knowledge, skills, and competencies)
- Description of the IPPE learning program and its goals, objectives, and time requirements
- List of simulation activities and hours counted within the IPPE 300 hour requirement
- IPPE course syllabi including general and rotation-specific learning objectives and extent of IPE exposure

- IPPE student and preceptor manuals
- IPPE student and preceptor assessment tools
- IPPE preceptor recruitment and training manuals and/or programs
- List of active preceptors with credentials and practice site
- Outcome data from assessments summarizing overall student achievement of Pre-APPE educational outcomes

Standard 13 – APPE Curriculum
- Overview of APPE curriculum (duration, types of required and elective rotations, etc.)
- APPE course syllabi including general and experience-specific learning objectives
- APPE student and preceptor manuals
- APPE student and preceptor assessment tools
- Preceptor recruitment and training manuals and/or programs
- List of active preceptors with credentials and practice site
- Student APPE evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care
- Outcome data from assessments summarizing students' overall achievement of APPE educational outcomes

Standard 14 - Student Services
- Organizational chart depicting Student Services unit and responsible administrators
- Synopsis of curriculum vitae of Students Services administrative officer(s) and staff
- Student Handbook and/or Catalog (college, school or university), and copies of additional information distributed to students regarding student service elements (financial aid, health insurance, etc.)
- Copies of policies that ensure nondiscrimination and access to allowed disability accommodations
- Results from AACP graduating student survey
- Student feedback on the college/school's self-study

Standard 15 - Academic Environment
- Student Handbook and/or Catalog (college, school, or university), and copies of additional information distributed to students regarding the academic environment
- URL or link to program information on college or school's website
- Copy of student complaint policy related to college or school adherence to ACPE standards
- Number and nature of student complaints related to college or school adherence to ACPE standards (inspection of the file by evaluation teams during site visits)
- List of committees involving students with names and professional years of current student members
- College or school's code of conduct (or equivalent) addressing professional behavior

Standard 16 – Admissions
- Organizational chart depicting Admissions unit and responsible administrator(s)
- Enrollment data for the past five years by year; and by branch campus or pathway (if applicable)
- Enrollment projections for the next five years
- Pharmacy College Aptitude Test (PCAT) scores (mean, maximum, and minimum), if required, for the past three admitted classes
- GPA scores (mean, maximum, and minimum) for preprofessional coursework for the past three admitted classes
- GPA scores (mean, maximum, and minimum) for preprofessional science courses for the past three admitted classes

- Comparisons of PCAT scores and preprofessional GPAs with peer schools for last admitted three admitted classes
- List of admission committee members with name and affiliation
- Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies
- Professional and technical standards for school, college, and/or university (if applicable)
- List of preprofessional requirements for admission into the professional program
- Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication
- Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions
- Link to websites (or documentation of other mechanisms) that provide to the public information on required indicators of quality

Standard 17 – Progression
- Policies and procedures regarding student progression, early intervention, academic probation, remediation, missed course work or credit, leaves of absence, dismissal, readmission, due process, and appeals
- Section of Student Handbook and/or Catalog (college, school, or university) regarding student progression
- Student progression and academic dismissal data for the last three admitted classes
- Correlation analysis of admission variables and academic performance

Standard 18 – Faculty and Staff – Quantitative Factors
- Organizational chart depicting all full-time faculty by department/division
- List of full-time staff in each department/division and areas of responsibility
- ACPE documents (e.g., resource report) related to number of full-time and part-time faculty
- List of faculty turnover for the past five years by department/division with reasons for departure
- Description of coursework mapped to full-time and part-time faculty teaching in each course
- Results from AACP faculty survey regarding adequacy of quantitative strength of faculty and staff

Standard 19 – Faculty and Staff – Qualitative Factors
- Curriculum vitae of faculty and professional staff
- List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years.
- Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty
- Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention
- Faculty Handbook
- Data from AACP faculty survey regarding qualitative faculty factors

Standard 20 - Preceptors
- List of active preceptors with credentials and practice site
- Number, percentage of required APPE precepted by non-pharmacists categorized by type of experience.
- Description of practice sites (location, type of practice, student/preceptor ratios)
- Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention

- Examples of instruments used by preceptors to assess student performance
- Curriculum vitae of administrator(s) responsible for overseeing the experiential education component of the curriculum
- Description of the structure, organization and administrative support of the Experiential Education office (or equivalent)
- Results from AACP preceptor surveys

Standard 21 – Physical Facilities and Educational Resources
- Floor plans for college or school's facilities and descriptions of the use(s) of available space
- Description of shared space and how such space promotes interprofessional interaction
- Analysis of the quantity and quality of space available to the program and plans to address identified inadequacies.
- Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable
- Results from AACP faculty, alumni, and graduating student surveys related to facilities
- Description of educational resources available to faculty, preceptors, and students (library, internet access, etc.)

Standard 22 – Practice Facilities
- Description of practice sites (location, type of practice, student:preceptor ratios) and involvement in IPPE, APPE, or both
- Policies and procedures related to site selection, recruitment, and assessment
- Examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment
- Examples of affiliation agreements between college/school and practice sites (all agreements will be reviewed during site visits)
- ACPE IPPE and APPE Capacity Charts

Standard 23 – Financial Resources
- Detailed budget plan as defined by AACP (previous, current, and subsequent years)
- Description of college or school's budgetary processes
- In-state and out-of-state tuition compared to peer schools
- Results from AACP faculty survey regarding adequacy of financial resources

Standard 24 – Assessment Elements for Section I
- College or school's curriculum assessment plan(s)
- Description of formative and summative assessments of student learning and professional development used by college or school
- Description of standardized and comparative assessments of student learning and professional development used by college or school
- Description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program

Standard 25 – Assessment Elements for Section II
- College or school's program assessment plan(s)
- Description of how the college or school uses information generated by assessments related to its organizational effectiveness, mission and goals, didactic curriculum, experiential learning program, co-curriculum activities, and interprofessional education to advance overall programmatic quality

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

**POLICIES AND PROCEDURES FOR
ACPE ACCREDITATION OF PROFESSIONAL DEGREE PROGRAMS**

January 2021

Table of Contents

Definitions

The definitions provided below define each term as it is used in the ACPE Policies and Procedures and as it applies to ACPE business.

Accredited: the accreditation status granted to a Doctor of Pharmacy program that has successfully achieved both preaccreditation statuses, produced at least one class of graduates, and that has demonstrated continued compliance with all accreditation standards.

Accredited with Contingency: the accreditation status granted to a Doctor of Pharmacy program that has been identified by the Board as having standard(s) still in need of development but expected to be addressed within one (1) year.

Accredited with Probation: the accreditation status granted to a Doctor of Pharmacy program that has been identified by the Board as being partially or non-compliant with one or more accreditation standard and that has not made adequate progress towards bringing the standard(s) into compliance.

Accreditation: the status of public recognition that ACPE grants to a Doctor of Pharmacy program that meets ACPE's requirements for such recognition; includes Precandidate, Candidate, and Accredited, and Accredited with Probation.

ACPE: the acronym for the Accreditation Council for Pharmacy Education; refers to the organization as a whole.

Administrative warning: action taken for failure to meet administrative requirements set forth by ACPE (see paragraph 6.4).

Adverse accreditation action: accredited with probation status, or denial or withdrawal of a program's accreditation by ACPE.

A&R: Action and Recommendations; report sent to a college or school of pharmacy detailing the final accreditation actions taken by the ACPE Board of Directors.

Board: refers to the ACPE Board of Directors.

Candidate: the second of two preaccreditation statuses; granted by ACPE to a new Doctor of Pharmacy program previously awarded Precandidate status and that has students enrolled but that has not yet had a graduating class.

CHEA: the acronym for the Council for Higher Education Accreditation.

College or School: the academic unit housing the Doctor of Pharmacy program.

Compliance/Compliant: no factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.

Compliant with Monitoring: no factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance; OR factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.

ETR: Evaluation Team Report; the written report generated by the on-site evaluation team that assesses compliance with each of the accreditation standards as observed during the on-site evaluation. The ETR does not represent a final accreditation action but rather is an evaluative step in the review process.

Guidelines: guidance accompanying each of the accreditation standards to illustrate ways and means of complying with the standard.

Institution: the regularly incorporated and legally empowered postsecondary educational institution within which a college or school of pharmacy operates.

Non-compliant/non-compliance: factors exist that compromise current compliance; and appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated; OR adequate information was not provided to assess compliance.

On-time graduation: students are considered graduating "on-time" if they are able to complete the program with their matriculating cohort or prior to the start of the next academic year.

Partially compliant/partial compliance: factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.

Preaccreditation: the status of public recognition that ACPE grants to a new Doctor of Pharmacy program for a limited period of time that signifies that the program is progressing towards accreditation and is likely to attain accreditation before the expiration of that limited time period. The time period allowed preaccreditation (Precandidate and Candidate Status combined) by ACPE is five years.

Precandidate: the first of two preaccreditation Statuses; granted to a new Doctor of Pharmacy program that meets all eligibility criteria but that has no students enrolled or has students enrolled but has not advanced to Candidate Status.

Program: a postsecondary educational program offered by an institution of higher education that leads to the awarding of the Doctor of Pharmacy degree.

Secretary: refers to the Secretary of the United States Department of Education.

Staff: refers to the ACPE staff.

Standards: refers to the ACPE Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree.

Substantive Change: see paragraph 12

Teach-out plan: A written plan developed by a program to provide equitable treatment of all students if the program should cease to operate, plans to cease operations, or the program's accreditation is withdrawn before all enrolled students have completed their course of study.

Teach-out agreement: a written agreement between colleges or schools of pharmacy that provides for the equitable treatment of students and a reasonable opportunity for students to complete the Doctor of Pharmacy program if an institution, a college or school of pharmacy, or a college or school location that provides one hundred percent of the Doctor of Pharmacy program ceases to operate before all students have completed the program.

USDE: the acronym for the United States Department of Education

1. **Scope of Accreditation**

   The Accreditation Council for Pharmacy Education (ACPE) accredits the professional degree program leading to the Doctor of Pharmacy degree in the United States and in other countries. Evaluation and accreditation of the professional degree program (hereinafter "program(s)") is in accord with Standards and Guidelines for the Professional Degree Program Leading to the Doctor of Pharmacy (PharmD) Degree (hereinafter "the Standards"). Information concerning specific programs may be obtained by corresponding directly with the programs listed in the ACPE Directory of Preaccredited and Accredited Professional Degree Programs of Colleges and Schools of Pharmacy, available at www.acpe-accredit.org.

2. **External Recognition of ACPE**

   ACPE is recognized for the accreditation and preaccreditation of professional degree programs by the Secretary of Education, United States Department of Education (USDE). ACPE recognition by the USDE is based upon compliance with USDE criteria and is subject to periodic review for continued compliance. ACPE accreditation serves to establish eligibility for participation in a variety of federally funded programs, not including eligibility for Title IV Programs, Higher Education Act, 1965, as amended. ACPE is also recognized by the Council for Higher Education Accreditation (CHEA) for meeting its recognition criteria.

3. **Accreditation Standards and Guidelines**

   ACPE accreditation standards reflect professional and educational qualities identified by ACPE through profession-wide dialogue and feedback as essential to the program leading to the Doctor of Pharmacy degree (PharmD). Based upon the several evaluative steps in the accreditation process, the ACPE Board of Directors (hereinafter "the Board") determines compliance with the standards, likelihood of continued compliance with such standards, and the eligibility of the program to be accredited. Guidelines are a derivative of a particular standard and are provided for guidance and/or interpretation of the standard's intent and purpose. Guidelines are also presented to illustrate ways and means of complying with the standards. Moreover, guidelines assist the program in demonstrating compliance with the standards and assist evaluation teams in the application of the standards to such programs. The guidelines also assist the Board in determining compliance with the standards (see "Addendum #1 Clarification of Current Standards").

4. **Review, Revision, and Establishment of Standards**

The first ACPE accreditation standards were published in 1937 and have been revised periodically, approximately every six to eight years, in keeping with changes in pharmacy education and pharmacy practice.

ACPE maintains a systematic program of review that assures that its standards are appropriate to the educational preparedness of the students and graduates and are adequate to evaluate the quality of professional education provided by the program. The systematic program of review is comprehensive and involves the community of interest, allows for input by all relevant stakeholders, and includes examination of each standard and guideline, as well as the standards as a whole. The review and revision process for guidelines may be separate from that of the standards. The standards will likely be reviewed approximately every eight to ten years, while the guidelines can be refined and improved as needed based on stakeholder feedback and experience. If at any point it is determined by ACPE that a change needs to be made to a standard(s) action for change is initiated within 12 months. Completion of the revision process, so initiated, will occur within a reasonable period of time and as soon as feasible, based upon the magnitude of the change necessitated.

Action for establishing or revising a standard(s) requires that advance public notice of the revisions proposed by ACPE be provided to all relevant stakeholders. A draft of the proposed revisions is posted on the ACPE web site (www.acpe-accredit.org) and is made available to the general public and to relevant stakeholders with an invitation to comment. Relevant stakeholders include: the deans, institutional administrative and executive officers, faculties, and students of the programs; state boards of pharmacy; educational and professional organizations and societies affected by the accreditation process in pharmacy; the leaders of national pharmacy student organizations; and the chief executive officers of institutional (regional) and other programmatic accrediting agencies. The proposed revisions are also provided to USDE. Comments on the proposed revisions received within the published timeframe for the comment period are taken into account and considered in the revision process. Subsequently, revisions are finalized and adopted by the Board. The revised standards become effective on a date designated by ACPE based upon the magnitude of the change necessitated.

5. **Eligibility for ACPE Preaccreditation and Accreditation**

In order to be eligible for preaccreditation or accreditation, the Doctor of Pharmacy program must be part of an independent college or school of pharmacy or a college or school of pharmacy within a university that is regularly incorporated and is a legally empowered postsecondary educational institution. ACPE accreditation standards require

a college or school to be an autonomous organizational unit, and the administrative structure of the college or school must provide for a dean, who serves as the chief administrative and academic officer. Evaluation for purposes of initial or renewed preaccreditation or accreditation by ACPE requires an invitation by the chief executive officer or designate of the institution. ACPE is prohibited from granting initial or renewed preaccreditation or accreditation to any program offered by an institution subject to the following: (1) a pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the state; (2) a decision by a recognized regional or national accrediting agency to deny the institution accreditation or preaccreditation; (3) a pending or final action brought by a recognized regional or national accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or (4) probation or an equivalent status imposed by a recognized agency. The agency may grant accreditation or preaccreditation to an institution or program described in the paragraph above in this section only if it provides to the Secretary, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude the agency's grant of accreditation or preaccreditation.

6. <u>**Types of Accreditation Status and Notification of Accrediting Decisions**</u>

6.1 Preaccreditation: A newly instituted Doctor of Pharmacy program must be granted each of the two Preaccreditation statuses at the appropriate stage of its development. The standards are the same as those employed for accredited status; however, Preaccreditation involves planning in accord with the standards and provision of reasonable assurances for a quality outcome. A new program must achieve Precandidate Status prior to beginning instruction of students.

6.1.1 Precandidate: A newly instituted program that has no students enrolled but that meets the eligibility criteria (see "Eligibility for ACPE Accreditation or Preaccreditation") for accreditation may be granted Precandidate Status. The granting of Precandidate Status indicates that a program's planning for the Doctor of Pharmacy program has taken into account the standards and guidelines and suggests reasonable assurances of moving to the next step, that of Candidate Status. Granting of Precandidate Status brings no rights or privileges of Accredited Status. Public disclosure by the program of the terms and conditions of Precandidate status is required (see paragraph 7, "Reference to Accreditation").

6.1.2 Candidate: Once students have enrolled in a new program that is currently recognized by ACPE with Precandidate Status, such program may be granted Candidate Status by ACPE. The granting of Candidate Status denotes a developmental program that is expected to mature in accordance with stated plans

by the time the first class has graduated. Granting of Candidate Status brings rights and privileges of Accredited status. Public disclosure by the program of the terms and conditions of Candidate Status is required (see paragraph 7, "Reference to Accreditation").

6.2   Accredited: Initial, Continued, or with Contingency: A program is granted initial or continued accreditation if it has been demonstrated to the satisfaction of Board that the program complies with the standards, and there is reasonable assurance of the continued compliance with standards. A program is granted Accreditation with Contingency if a program in Candidate status has not demonstrated to the satisfaction of the Board that the program complies with all the standards, but there is reasonable assurance the program will be in compliance with standards within one (1) year. Graduates of a program with a status of Accredited with Contingency will be deemed to have graduated from an Accredited program. Accredited programs have the ongoing obligation to continually demonstrate compliance with the standards. Public disclosure by the program of accreditation is required (see "Reference to Accreditation").

6.3   Accredited with Probation: A program that has been determined by the Board to be partially or non-compliant with a standard or standards may be given the accreditation status of Accredited with Probation at any time during the period of a program's partial or non-compliance. Graduates of a program with a status of Accredited with Probation will be deemed to have graduated from an accredited program. Probation is an adverse accreditation action. Public disclosure by the program of Accredited with Probation, along with the standard or standards found to be partially or non-compliant, is required (see paragraph 7, "Reference to Accreditation").

6.4   Administrative Warning: Administrative Warning is an accreditation status assigned administratively when a program does not comply with administrative requirements for maintaining preaccreditation or accreditation. These requirements may include: (1) failure to pay ACPE any invoiced fees within the time limitation indicated on the invoice; (2) failure to submit interim reporting or annual monitoring requirements by the established deadline; (3) failure to submit the self-study no later than six weeks prior to a scheduled visit; (4) failure to schedule an on-site evaluation at or near the time established by ACPE; (5) failure to submit timely notification of a substantive change (see paragraph 12, "Substantive Change"); and (6) inappropriate use of the ACPE logo.

If staff determines that a program has failed to meet its administrative obligations as listed above, the program will be notified in writing of each delinquency and given ten (10) days to fulfill all outstanding requirements, after which continued failure to comply will result in the imposition of Administrative Warning. Administrative Warning will be removed once all administrative requirements have been met. Failure to cure any such delinquency within the designated time period will result in a review for Board action at the next regularly

scheduled Board meeting and may result in the program being placed on probation (see paragraph 6.3, "Accredited: Probation") or subjected to an adverse action (see paragraph 13, "Adverse Accreditation Actions: Denial or Withdrawal of Accreditation").

Administrative Warning is an administrative classification and is not subject to reconsideration or appeal. During a period of Administrative Warning, a program continues to be recognized as being preaccredited or accredited according to the last status decision and is maintained in the Directory listing of preaccredited and accredited programs. In addition, the program will be listed as being on Administrative Warning in all published documents that specify accreditation status.

7. Reference to Accreditation

The preaccreditation or accreditation status of a program and other information as specified below must be prominently disclosed by the program in its promotional and descriptive materials, such as its web site, catalog, or bulletin. References must accurately reflect the designation indicated in the current Directory of Preaccredited and Accredited Doctor of Pharmacy Programs of Colleges and Schools of Pharmacy, specifically Precandidate, Candidate, or Accredited, as the case may be. References to preaccreditation and accreditation are regularly monitored by ACPE to ensure accuracy; any inaccurate or misleading statements concerning the preaccreditation or accreditation status of a program must be corrected immediately. Any time a program's preaccreditation or accreditation status changes, written notification of such actions shall be made to the U.S. Secretary of Education, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and the public within 30 days. Public notification includes presentation on the ACPE web site.

7.1   Application: References to the effect that a program has applied or is in the process of applying to ACPE for accreditation may only be made by the program once an application has been formally submitted, fees paid, and the receipt thereof has been acknowledged in writing by ACPE. Applicant programs must state only the following in reference to the program's accreditation status: "Name of Institution's Doctor of Pharmacy program has applied for accreditation status by the Accreditation Council for Pharmacy Education, 190 South LaSalle Street, Suite 2850, Chicago, IL 60603, 312/644-3575; FAX 866/228-2631, web site www.acpe-accredit.org. For an explanation of the ACPE accreditation process, consult the Office of the Dean or ACPE (www.acpe-accredit.org)."

7.2   Authorization of on-site evaluation for consideration of Precandidate Status: Authorization of an on-site evaluation for consideration of Precandidate Status does not carry with it nor imply an accreditation status. The on-site evaluation is authorized solely for purposes of gathering additional information to assist the Board in evaluating and

assessing the applicant program's compliance with the standards.

Once an on-site evaluation has been authorized by the Board, reference to that effect may be made by the program. Any such reference must state only the following: "Name of Institution's Doctor of Pharmacy program has been authorized by the Board of Directors for an on-site evaluation to be scheduled during spring/fall YEAR for consideration of Precandidate Status. Authorization of an on-site evaluation for consideration of Precandidate Status does not carry with it nor imply an accreditation status. The on-site evaluation is authorized solely for purposes of gathering additional information in furtherance of an accreditation decision. Following the on-site evaluation, the Board will consider Precandidate Status at the next regularly scheduled meeting, which occur in January and June of each year unless extenuating circumstances exist. For an explanation of the ACPE accreditation process, consult the Office of the Dean or the Accreditation Council for Pharmacy Education, 190 South LaSalle Street, Suite 2850, Chicago, IL 60603, 312-644-3575; FAX 312-664-4652; website www.acpe-accredit.org."

7.3   Preaccreditation: References to a program that has been granted a preaccreditation status (Precandidate or Candidate) must state the only following in reference to the program's accreditation status: "Name of Institution's Doctor of Pharmacy program has been granted Precandidate/Candidate Status by the Accreditation Council for Pharmacy Education, 190 South LaSalle Street, Suite 2850, Chicago, IL 60603, 312/644-3575; FAX 866/228-2631, website www.acpe-accredit.org." An explanation of the respective preaccreditation status, which will be provided by ACPE, must also be provided

7.4   Accredited: References to a program that is accredited must state only the following: "Name of Institution's Doctor of Pharmacy program is accredited by the Accreditation Council for Pharmacy Education, 190 South LaSalle Street, Suite 2850, Chicago, IL 60603, 312/664-3575; FAX 866/228-2631, website www.acpe-accredit.org."

7.5   Accredited with Probation: References to a program that has been the status of Accredited with Probation must state the following: "Name of Institution's Doctor of Pharmacy program has given the status of Accredited with Probation by the Accreditation Council for Pharmacy Education, 190 South LaSalle Street, Suite 2850, Chicago, IL 60603, 312/664-3575; FAX, 866/228-2631, website www.acpe-accredit.org, for partial or non-compliance with Standard(s): PROVIDE STANDARDS. For an explanation of the program's Accredited with Probation status, consult the Office of the Dean or ACPE."

7.6   Denial or Withdrawal of Accreditation: References to a program that has had its accreditation denied or withdrawn must state the following: "Name of Institution's Doctor of Pharmacy program has been denied accreditation OR has had accreditation withdrawn by the Accreditation Council for Pharmacy Education, 190 South LaSalle Street, Suite 2850, Chicago, IL 60603, 312/664-3575; FAX 866/228-2631, website www.acpe-

accredit.org, for partial or non- compliance with Standard(s): PROVIDE STANDARDS. For an explanation of the denial/withdrawal of the program's accreditation status, consult the Office of the Dean or ACPE."

8. **Disclosure of Program Information**

8.1   Directory of Preaccredited and Accredited Professional Programs: ACPE publishes the Directory of Preaccredited and Accredited Doctor of Pharmacy Programs of Colleges and Schools of Pharmacy ("Directory") on its web site. The current preaccreditation or accreditation status and accreditation history are indicated for each program. In addition, the standards found to be partially or non-compliant during the most recent programmatic review by the ACPE board is presented. The Directory presents the name, address (mail and web site), telephone, and fax numbers of the dean of the college or school offering the professional program.

8.2   Report of the Proceedings: Within thirty (30) days following each meeting of the Board, ACPE will publish on its web site (www.acpe-accredit.org) the Report of the Proceedings, which will provide information regarding actions taken by the Board as well as a list of programs with upcoming scheduled reviews. Programs advancing from Candidate to Accredited or Accredited with Contingency status will be published within five (5) days of the close of the Board meeting. The report will state the accredited actions taken and the accreditation term awarded to each program considered at the meeting and any standard(s) found to be partially compliant or non-compliant by standard number and standard title. The Report will also be provided to the Secretary and to other relevant stakeholders. Coincident with the release of the Report of the Proceedings, ACPE will update the USDE database of accredited postsecondary institutions and programs to match the Report content.

8.3   Sharing of Information with Other Agencies: ACPE shares information through public documents, special notices, or upon request regarding the preaccreditation or accreditation status of the programs it accredits, including information regarding any adverse actions or the voluntary withdrawal of a program's preaccreditation or accreditation, with institutional and other appropriate recognized accrediting and state agencies in conformance with applicable laws and ACPE policies.

8.4   Policy on Program Disclosure of Specific Information: A program accredited by ACPE is required to post on its website the following information:
- The on-time graduation rate for the most recent graduating class in the single degree pathway, i.e., the percentage of a class cohort completing the curriculum in the specified timeframe (3 calendar or 4 academic years);
- The most recent year's NAPLEX® results for first-time takers as found on the NAPB Website; and

- A measure of student achievement for the most recent graduating class as determined by the institution or its pharmacy program. Examples include, but certainly are not limited to: the number of students in a class cohort passing a required "end-of-didactic" high-stakes examination before advancing to the Advanced Pharmacy Practice Experiences if such is required by the program; the number of graduates in a class cohort entering residencies or graduate school; or the number of graduates in a class cohort employed in the profession of pharmacy within the state during the first year after graduation.

9. Procedures for Achievement and Maintenance of Accreditation

9.1 Preaccreditation:
A college or school seeking accreditation for a Doctor of Pharmacy program must submit a written application to ACPE. Written instructions regarding format, length, content, and timeline shall be made available by ACPE.

9.1.1 Precandidate: A college or school that satisfies eligibility requirements (see paragraph 5, "Eligibility for ACPE Accreditation or Preaccreditation") may apply for Precandidate Status for the Doctor of Pharmacy program by submitting an application supplied by ACPE and a self-study of the proposed program. The application should be organized by standard and present plans by which compliance with the standards will be assured. An invitation to evaluate the program for purposes of granting Precandidate Status is required from the chief executive officer of the institution. Upon submission of the application/self-study, ACPE staff will provide an initial review for purposes of eligibility for accreditation and may provide comments for the consideration of the college or school. If the Board review of the applicant's application/self-study and other materials finds that they are incomplete or do not otherwise provide sufficient evidence that suggests that planning has taken into account standards and guidelines, the program will be advised to defer its application and to resubmit an appropriately revised application. If Board review of the application/self-study and other materials submitted suggests that planning has adequately taken the standards and guidelines into account and there appears a likelihood of success in obtaining accreditation, an on-site evaluation will be authorized and scheduled in accord with standard evaluation and operational procedures. The team report from the on-site evaluation, the original application and self-study, and any updated information provided by the program will be considered by the Board, and Precandidate Status will be granted or denied. New programs denied Precandidate Status will have one opportunity for reevaluation of the program's readiness for Precandidate Status within the next two consecutive Board meetings at which accreditation actions are

taken(e.g., within one year of the Board's first review of the application). Reevaluation shall include at a minimum an updated application, a comprehensive on-site evaluation, and the payment of all applicable evaluation fees. Failure to attain Precandidate Status within this period will require reapplication in its entirety, including payment of the application fee and any subsequent evaluation fees.

9.1.2   Candidate: A program currently maintaining Precandidate Status and that has enrolled its first class may be considered for Candidate Status. An on-site evaluation will be authorized and scheduled in accord with ACPE standard evaluation and operational procedures. The program will be evaluated taking into account that portion of the program in operation, as well as plans for the remainder of the program. The Board may grant or deny Candidate Status based on the degree of the programs development towards compliance with the standards and guidelines. Initial Candidate Status may be awarded for up to a two-year term. However, the Board reserves the right to award Candidate Status on a term less than a two-year term.

9.1.3   Terms for Preaccreditation: Preaccreditation Status is awarded in accord with specified terms and conditions, involving monitoring provisions that include on-site evaluations. The Preaccreditation Status (the combination of Precandidate and Candidate Status) of a program shall be limited to an aggregate of no more than five years.

9.2   Initial and Continued Accreditation

9.2.1   Initial Accreditation: After graduation of its first class, a Doctor of Pharmacy program currently maintaining a Preaccreditation Status shall be considered for initial Accredited or Accredited with Contingency Status in accord with terms set forth in the documents detailing the Preaccreditation action taken by the Board.

9.2.2   Continued Accreditation: The procedures for evaluation for purposes of continuing Accredited Status are determined by the Board. ACPE will inform the chief executive officer of the institution and the dean of the program of the approach of a period during which re-evaluation would normally be conducted, as determined during the previous evaluation of the program, presented in the last Accreditation Action and Recommendation report, and published on the ACPE web site. The customary on-site review cycle is eight years. The exact dates of the on-site evaluation are established in consultation with the dean. Instructions concerning the details of the evaluation, the materials required (e.g., self-study), and the evaluative procedures employed will be made available by ACPE.

ACPE reserves the right to review programs for purposes of accreditation in a cycle of less than eight years. Shorter review cycles are designed to monitor progress on specified issues; however, the program retains Accredited Status. Such reviews may be based upon a written report of progress from the program, an on-site evaluation, or other method of review as deemed appropriate. An on- site evaluation requires a self-study in accord with standard evaluation and operational procedures. Modifications to the review cycle may be made for ACPE administrative reasons, and ACPE will also consider requests from a program for an alteration in the review cycle; however, the review cycle will not extend beyond eight years without due cause.

Failure of a program to cooperate in any part of the accreditation review process after due notice of the scheduled review has been given may constitute grounds for an adverse accreditation action by the Board.

9.2.3   Continued Accreditation with Partial or Noncompliance: In the event that the Board determines a program is in partial or non-compliance with a standard or standards without cause for Accredited with Probation status, the program will be notified in writing of the standard(s) found to be in partial or non-compliance. Pursuant to USDE regulations with which ACPE must comply, the program will be provided with a reasonable, written timeline for bringing the standard or standards into compliance as determined by the Board based on the nature of the finding, and the program's stated mission and educational objectives. The timeline may include intermediate checkpoints and may not exceed four (4) years unless extended for good cause, at the sole discretion of the Board.

Failure of a program to cooperate in any part of the accreditation review process after due notice of the scheduled review has been given may constitute grounds for an adverse accreditation action, such as Accredited with Probation status or Withdrawal of Accreditation status, by the Board.

9.3   **Accredited with Probation**: In the event that the Board determines a program is in partial or non-compliance with a standard or standards, the program will be notified in writing of its partial or non-compliance and may be given the accreditation status of Accredited with Probation. Pursuant to USDE regulations with which ACPE must comply, the program will be provided with a reasonable, written timeline for bringing the standard or standards into compliance as determined by the Board based on the nature of the finding, and the program's stated mission and educational objectives. The timeline may include intermediate checkpoints and may not exceed four (4) years unless extended for good cause, at the sole discretion of the Board. The Board may take immediate adverse action should the Board feel such action is warranted.

In the event that a program is placed on probation, such probationary status and the accreditation standards found to be partially or non-compliant will be published in the Directory on the web site. Any response of the program to the accreditation action should be presented in advance of the next meeting at which the program is scheduled for consideration. The chief executive officer of the institution or a designate, and the dean of the program are invited to personally attend this subsequent Board meeting and present comments.

Written notification of probationary action shall be made to the Secretary, the appropriate state licensing or authorizing agency, appropriate regional and/or other accrediting agencies, and the public at the same time the program is notified of the probationary action, but no later than thirty (30) days after the decision is made. Public notification includes presentation on the ACPE web site.

Any program with the status of Accredited with Probation will, in addition to any other interim reports or on-site evaluations, be required to submit to ACPE a Teach-Out Plan that can be implemented in a subsequent withdrawal of accreditation. Such a plan must address the needs of the program's currently enrolled students through their graduation (see paragraph 16.1 Teach-Out Plans)

9.3.1 Notification of Probationary Status: Notification of a decision by the Board to place a program on probation shall be delivered electronically to the chief executive officer of the institution and to the dean of the program affected with a request for written confirmation of receipt. Such notification shall provide a statement of the reasons for the decision and a request for the program to make comment on the probation that will be made available to USDE, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public within 60 days as detailed in the following paragraph of this section.

Within thirty (30) days of a decision to place a program on probation and at the same time the program is notified of the action, written notification shall be made to the institution, to the USDE, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public as required by USDE. Public notification includes presentation on the ACPE web site (http://www.acpe-accredit.org) within one (1) business day of its notice to the program. A brief statement summarizing the reasons for placing a program on probation, and any comments from the affected institution/program shall be made available to the USDE, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public via presentation on the ACPE web site (http://www.acpe-accredit.org) not later than 60 days after such final action.

9.4 **Alterations to the Established Accreditation Review Procedures:** Under circumstances as determined by ACPE that prohibit ACPE from conducting a scheduled on-site evaluation of a program for purposes of accreditation, ACPE, in cooperation with the program, shall identify and agree to an alternative venue or format for conducting the evaluation in a timely manner. Should the circumstances change after an alternative evaluation has occurred, ACPE will conduct a comprehensive on-site evaluation as soon as possible. A program for which ACPE has been prevented from conducting a comprehensive on-site evaluation within a sixteen-year period (i.e., that span of two customary eight-year accreditation cycles) will have its accreditation withdrawn, regardless of extenuating circumstances. Should accreditation be withdrawn as per the terms of this policy, ACPE and the program will work together to identify appropriate opportunities for enrolled students to complete their course of study and allows their graduation from an ACPE- accredited Doctor of Pharmacy program.

The chief executive officer of the institution may withdraw from preaccreditation or accreditation status at any time through the withdrawal procedures outlined in paragraph 13 of this manual.

10. <u>Conflict of Interest Policy</u>

Due to the sensitivity of its activities, ACPE employs a conflict of interest policy, applicable to ACPE Board members, evaluation team members, professional staff, consultants, and other representatives participating in or observing the program accreditation process. Conflict of Interest statements are signed yearly by Board members and staff, as well as prior to each visit or meeting by evaluation team members, consultants, and other representatives participating in or observing the program accreditation process. Copies of the signed conflict of interest statements are available on request. A copy of the conflict of interest template is found in Addendum 8: Conflict of Interest Template.

When Board members are making any presentation in their individual capacity on a subject directly or indirectly related to ACPE activities, the following statement should be incorporated into materials and oral comments:

Disclaimer:

This presentation represents my personal views and opinions with regard to the subject matter at hand. I am not making this presentation in my capacity as a member of the Board of Directors of the Accreditation Council for Pharmacy Education (ACPE). The information contained herein has not been reviewed by, nor is it endorsed by, ACPE.

For further information regarding ACPE, please refer to the web site located at www.acpe-accredit.org.

11. <u>Evaluation and Operational Procedures</u>

11.1 **Self-Study:** For purposes of accreditation, submission of a program self-study and completion of prescribed administrative summaries are required. The self- study process should be in-depth and broadly based, involving a representative portion of the program's administrative leaders, faculty, professional staff, students, alumni, practitioners, governing body, and other appropriate stakeholders. The self-study should include: (i) required documentation and data as specified by ACPE, (ii) a qualitative and quantitative assessment of the strengths and limitations of the program, (iii) qualitative and quantitative information on both faculty and student achievements, and (iv) provide evidence of outcomes that demonstrate the program's successes in attaining its mission and goals, including success in student learning. The self-study should (i) provide program description and analysis, (ii) present findings and conclusions, (iii) appraise strengths and weaknesses, and where deficiencies exist, (iv) outline plans for improvement, with appropriate implementation strategies and timelines, and (v) provide the program's self-assessment of compliance with the standards. As an integral component of its accreditation review, ACPE conducts its own analyses and evaluations of the self-study and other documentation provided. The self-study should serve as a point of reference for the institution's future planning.

To ensure adequate evaluation of educational quality and to effectively present efforts to improve quality, ACPE requires programs to submit either a paper self-study directly to ACPE using the Self-Assessment Instrument for the Professional Degree Program of Colleges and Schools of Pharmacy (the "Rubric") as a guide or to submit an electronic self-study through the AACP Assessment and Accreditation Management System (AAMS). The Rubric is used by evaluation teams during on-site visits to determine the team's evaluation of the program's compliance with the standards. The final determination of a program's level of compliance with standards will be made by the Board.

All programs being evaluated by ACPE are required to submit data (raw data and the analysis thereof) within each section of their self-study reports obtained through the administration of the surveys developed by the American Association of College of Pharmacy (AACP) with the support of ACPE for students, faculty, preceptors, and alumni.

Members of the ACPE staff conduct workshops for representatives of those programs scheduled for an accreditation review. The purpose of the workshop is to orient and assist the programs in the process of the self-study, as well as to other aspects of the evaluation procedure, such as use of the Rubric as the basis for evaluation. Alternatively, a program may request assistance from the ACPE

staff by scheduling a conference at the ACPE office (no fee), or ACPE staff may meet with the self-study committee at the college or school (with a consultative fee). The staff consultation provides opportunity to assist with the self-study organization and to offer clarifying and other information needed by the program.

11.2 **Written Third Party Comments**: Prior to the on-site evaluation, third parties will be provided with an opportunity to comment concerning qualifications for accreditation. Such notification of a comment period shall be posted on the ACPE web site, and it is incumbent on interested parties to monitor the web site in order to comply with the comment period.

11.3 **On-Site Evaluation**: Prior to the on-site evaluation, the self-study and other pertinent materials are distributed by ACPE staff to members of an ACPE evaluation team for their independent analysis. Evaluation teams include both educators (one of whom is a dean of an ACPE-accredited program) and practitioners and may include a member of the Board, a member of the ACPE staff, and two or more other selected individuals, qualified by experience and training. Prior to their participation in an on-site evaluation, all evaluation team members, including Board and staff members, must complete training on the standards, policies and procedures, evaluation techniques, and their role in the on-site evaluation. This training will include the application of the Standards and Guidelines and Policies and Procedures in the assessment of distance education programs. In order to be trained as an evaluator, an individual must have held an academic appointment in a college or school of pharmacy or be employed as a pharmacy practitioner for a minimum of five years. Practitioners include individuals who are (1) employed as a practicing pharmacist with no part of their employment funded by a college or school of pharmacy; (2) serve as an experiential director at an accredited college or school of pharmacy; or (3) employed by a national or state pharmacy organization such as a State Board of Pharmacy. To remain eligible to serve as an evaluation team member, trained individuals must complete periodic web-based modules designed to provide training on any changes to the Standards and Guidelines, ACPE's Policies and Procedures, the evaluation process, or any other information relevant to ACPE's evaluation procedures. The dean of the program to be visited is given opportunity to review the proposed team for potential or real conflicts of interest. A member of the board of pharmacy of the state, district or territory, in which the program is located, is invited to accompany the evaluation team as an observer, thereby facilitating a better understanding of and engendering confidence in the accreditation process among licensing bodies. A member of the appropriate regional accrediting agency may be invited by the program to observe the work of the team. The size of the evaluation team, the specific dates of the on-site evaluation, and the number of days necessary for

completion of the evaluation are established in consultation with the dean of the program (see "Addendum #4 ACPE Travel Guidelines").

Ordinarily, the on-site evaluation involves two to three days and includes interviews with the dean and other administrative leaders, faculty, students, alumni, preceptors, and university administrators. A survey is made of physical facilities, the library and educational resources. Team members will be provided a standard-by-standard evaluation form (Rubric) to aid in their review. At the conclusion of the on-site evaluation, the evaluation team presents findings orally to the dean of the college or school and to the chief executive officer of the institution, generally the president or a designate. These findings serve as the framework for the written Evaluation Team Report (ETR), which is furnished first to the evaluation team for review and comment, then to the dean for correction of any factual errors, and subsequently officially to the institution and to the Board for action.

The program is expected to demonstrate that it systematically obtains outcome information, and that it applies this information to foster programmatic improvements and to enhance student learning and achievement of the required competencies. Other activities of the program may markedly influence the instruction given in professional programs. Accordingly, the evaluation for purposes of accreditation will include a review of other activities that may be sponsored by the college or school, such as non-practice undergraduate degree programs in pharmacy-related disciplines; graduate offerings including master and doctor of philosophy degree programs in pharmacy-related disciplines; continuing education activities; certificate or other non-degree programs; research and scholarly activities; and professional and public service programs.

ACPE may rely upon the assessments made by a regional accrediting agency concerning the basic science and general education components of the professional programs. Additionally, the evaluations of the regional accrediting agency concerning general institutional policies and central administrative support may be used in the evaluation/assessment process. However, ACPE is not obligated to consider the evaluations of any other agency.

11.4 **Evaluation Team Report:** As a result of the on-site evaluation, a written evaluation team report (ETR) that assesses compliance with each of the standards and assesses performance with respect to student learning is furnished to the chief executive officer of the institution and the dean of the college or school at a reasonable time after the site team visit. The ETR also comments on the program's areas of strength and areas needing improvement; mentions specific areas, if any, where the program is partially or non-compliant with the standards; and may offer suggestions concerning means of improvement for the program to consider. The

chief executive officer of the institution and the dean of the program are given opportunity to correct factual errors and to comment on the draft ETR prior to finalization and distribution of the ETR to the Board. The chief executive officer of the institution and the dean of the program may also provide supplemental materials related to the facts and conclusions presented in the ETR prior to the time the ETR is reviewed by the Board for action. Any such materials must be received by ACPE no later than twenty-one (21) days prior to the start of the Board meeting at which action on the ETR will be taken. The ETR is not an accreditation action but is an evaluative step in the accreditation process. The evaluation team validates the program's self-study, providing the perspective of an independent external peer review.

11.5 **Accreditation Actions**: Based upon the ETR, the self-study, communications received from the institution, and, upon invitation, a presentation by the chief executive officer of the institution or a designate and/or the dean of the college or school, the Board determines the program's compliance with the standards, takes an accreditation action (type of accreditation status and terms and conditions associated with the accreditation status), and presents comments and recommendations. A copy of the Accreditation Action and Recommendations ("A&R") indicating the accreditation status granted by the Board, along with stated terms and conditions, comments, and the timeframe within which ACPE will conduct its next on-site evaluation of the program is sent to the chief executive officer of the institution and the dean of the program. ACPE staff will schedule on-site evaluations within the designated timeframe as specified in the A&R. In the unlikely event that an on-site evaluation cannot be scheduled during the timeframe specified in an A&R, ACPE in conjunction with the accredited program shall determine when such an on-site evaluation can be scheduled for a date falling outside the timeframe specified in the A&R.

The ETR and the A&R are confidential documents and are considered to be the property of the institution. Except in the instance of exercise of the appeal procedure as provided in these Policies and Procedures, arbitration, litigation, or as otherwise indicated in this paragraph, these documents will not be released by ACPE to third parties without the authorization of the chief executive officer of the institution. Without such authorization, the sole information available to the public consists of that information contained in the Directory and in the Report of Proceedings from the meeting at which the accreditation action was taken. If the institution releases any portion of the ETR or the A&R, or releases any statement concerning such documents, that ACPE determines requires public clarification or presents a misleading impression, ACPE may publish an appropriate response or require the release of such documents in their entirety.

Except where circumstances require immediate action, accreditation actions shall be made by the Board only during a regularly scheduled meeting of the Board. Meetings of the Board are currently scheduled for January and June of each calendar year, unless extenuating circumstances exist.

11.5.1 Findings of Partial or Non-Compliance: In the event that the Board determines a program is in partial or non-compliance with a standard or standards, the A&R will include notification of the finding of partial or non-compliance and outline the requirements for bringing the standard(s) into compliance. Pursuant to USDE regulations with which ACPE must comply, a program in partial or non-compliance with any ACPE standard or standards is given a period not to exceed four (4) years to bring all standards into compliance. Failure to bring any standard found to be partially compliant or non-compliant into compliance in a timely manner could result in Probationary Status and may result in an adverse accreditation action.

11.6   Annual and Other Reporting during the Accreditation Term: Program monitoring between on-site evaluations is achieved by means of annual reviews, correspondence, written interim reports, and focused evaluation visits as may be requested by the Board. Programs are monitored annually through statistical analysis of program information (including enrollment trends) and review of graduates' performance on standardized licensure examinations. Wherever appropriate, the status that will require follow-up action by ACPE will be a value greater or less (as applicable) than two standard deviations beyond the national mean for the criterion in question; percentages used in 11.6.3. reflect historical values for this benchmark.

11.6.1 Changes and Trends in NAPLEX® Outcomes: At least once per year, the Board will review annualized data provided by the National Association of Boards of Pharmacy (NABP) for the performance of graduates of accredited programs on the North American Pharmacist Licensure Examination TM (NAPLEX®) for the purpose of identifying changes or trends in outcomes that reflect student learning and curricular effectiveness. For each graduating class, programs that have multiple branches, campuses, or pathways to degree completion are required to provide to NABP a list of student names and the respective branch, campus or pathway designation. As applicable, the data provided to ACPE by NABP will include an analysis of the performance of graduates segregated by campus, branch, or pathway to facilitate a comparison of the respective outcomes. As described below, ACPE will confer with applicable programs via written correspondence requesting that they identify the cause of the

change or trend and provide an action plan for correcting any negative changes or trends.

11.6.1.a. A letter will be sent to a program whose graduates obtain a percentage pass rate on the NAPLEX® lower than that represented by at least two standard deviations below the average obtained by all candidates taking that examination. This shall apply only to first-time examination candidates from ACPE-accredited programs. Both calendar year and academic year data are used in this analysis.

11.6.1.b. A letter may be sent to a program based on any other analysis indicating a negative trend in NAPLEX® outcomes. (e.g., branch campus analysis)

11.6.2 Changes and Trends in Enrollment: At least once per year, the Board will review data provided by the American Association of Colleges of Pharmacy (AACP) relating to enrollment of students in the program for the purpose of identifying changes and trends in enrollment that may impact the ability of a program to remain in compliance with the standards. Under conditions described below, ACPE will follow-up with applicable programs via written correspondence requesting that they identify the cause of the change or trend and provide an action plan for correcting any negative changes or trends.

11.6.2.a. A letter will be sent to a program having a newly identified change in the first professional year enrollment larger than 20 percent over a five-year period or less. Situations in which a program is deemed to be in a period of transition between professional programs will be taken into account in a review of a program's ability to remain in compliance with the standards, particularly those addressing curricular effectiveness,

11.6.2.b. A letter will be sent to a program based on any other analysis indicating a substantial trend affecting a program's ability to remain in compliance with the standards, particularly those standards addressing curricular effectiveness.

11.6.2.c. An increase in headcount enrollment of 50 percent or more within one institutional fiscal year will be reported to the Secretary within 30 days of ACPE's receipt of notification of such an increase, in accord with expectations established by the USDE.

11.6.3 On-Time Graduation Rate Monitoring: ACPE also requests annual reporting of the following information regarding the most recent graduating class from accredited programs and at least once per year, the Board will review the data provided by the American Association of Colleges of Pharmacy (AACP):

- Matriculating class size for the first professional year of graduating class (e.g., for 2009-2010 graduates, entry class size in 2006-2007 for an academic four-year curriculum)
- Number of graduates of the class completing the curriculum in the specified timeframe (i.e., 3 or 4 years).
- Number of academic dismissals
- Number of student withdrawals

A letter will be sent to a program requesting that they identify the cause of and provide an action plan for correcting any negative changes or trends if:

a. The number of academic dismissals is greater than or equal to six percent of the matriculating class size

b. The number of students withdrawing from the program is greater than or equal to six percent of the matriculating class size

c. The number of students with a delayed graduation is greater than or equal to fifteen percent of the matriculating class size

d. The total attrition related to on-time graduation is greater than or equal to twenty-four percent of the matriculating class size. For this purpose, attrition is the total number of students who did not graduate on time for any reason, including delayed graduation, academic dismissal, or withdrawal from the program.

Such a letter may not be required if the ACPE Board has received prior information provided by the program that adequately addresses the matter.

11.6.4 Financial Resources: At least once per year, the Board will review data provided by the program relating to the financial resources available to the program for the purpose of identifying changes and trends in its fiscal viability that may impact the ability of a program to remain in compliance with the standards.

Under conditions described below, ACPE will follow-up with applicable programs via written correspondence requesting that they identify the cause of the change and provide an action plan for correcting any negative changes.

11.6.4.a A letter will be sent to a program having a 10% decrease in its annual fiscal year total revenue.

11.6.4.b A letter will be sent to a program experiencing a net reduction for two consecutive years.

11.6.5 Job Placement/Gainful Employment: In July of each year, ACPE will request from the college or school summary statistics of job placement/gainful employment for the cohort graduating the previous year. This summary shall be reported as percent of graduates whose primary pursuit is: 1) employment within the profession of pharmacy; 2) employment outside the profession of pharmacy; 3) post-graduate education or residency training; or 4) other/lost to follow-up. A full accounting across these four categories (i.e., 100%) of the graduating class is expected. How and when the data are captured to prepare this summary report is at the discretion of the college or school; a brief description of the methodology used to capture the data should be included with the report.

11.6.6 Other Monitoring: The Board may review data relating to other programmatic outcomes, such as, the performance of graduates on other standardized examinations including the Multistate Pharmacy Jurisprudence Examination® (MPJE®), to monitor changes and trends at colleges and schools. ACPE will follow-up with applicable programs via written correspondence requesting that they identify the cause of the change or trend and provide an action plan for correcting any negative changes or trends.

11.6.7 Non Compliance with Requirements for Annual Monitoring: ACPE reserves the right to reasonably request annual monitoring data and/or other relevant information that allows ACPE to evaluate ongoing compliance with the standards from any accredited program. Any program that does not provide data and/or information in accordance with the above policies and procedures and within the timelines specified in communications from ACPE will be deemed to be in non-compliance with the appropriate standard(s). Where circumstances dictate, accreditation action may be taken against such delinquency of a program other than at a regularly scheduled meeting of the Board.

11.6.8 Repeated Annual Monitoring Concerns: Accredited programs that repeatedly raise the concerns of the Board in one or more of ACPE's annual monitoring areas will be subject to further action by the Board. If a program has met any of the criteria for annual monitoring follow up in three or more years within any five-year period, and has not previously appeared before the Board to discuss previous annual monitoring concerns, the Board may, at its discretion, invite representatives of the program to meet with the Board.

12. <u>Substantive Change</u>

ACPE is responsible for reviewing all substantive changes that occur between regularly scheduled comprehensive on-site evaluations to determine whether or not the change has

affected the quality of the total program and to ensure the public that all aspects of the professional program in pharmacy continue to meet defined standards. While the decision to implement a substantive change is a programmatic prerogative and responsibility, ACPE is obligated to determine the effect of any substantive change on the program's ability to meet the accreditation standards.

It is the responsibility of the dean of an accredited program that is in operation and proposes to implement a substantive change to provide written notification of the proposed changes to ACPE in advance of the implementation of any changes. If a program is unclear as to whether a change is substantive in nature, the dean should contact ACPE staff for consultation.

ACPE's definition of substantive change includes, but is not limited to:

- Any change in the established mission or goals of the institution or college/school;
- Curricular change that represent a significant departure in either content or method of delivery, from those that were offered during the program's previous accreditation cycle including:
- Development of a non-traditional doctor of pharmacy program
- Development of a joint delivery of program agreement
- Use of distance learning technologies or other unique methodologies to deliver a substantial portion of the curriculum (e.g., 25% or higher);
- A substantial change in enrollment in the professional program (defined as 20% or more in one year or cumulatively over two consecutive years);
- A substantial change in the number of clock or credit hours required for successful completion of the program;
- A significant change in the length of the program;
- The establishment of an additional geographic location at which substantial portions of the program are offered;
- A substantial change in faculty composition or size;
- Change in the legal status, governance, or ownership of the program;
- Changes in financial resources that could affect the quality of the program;
- Changes in leadership;
- Changes in organizational structure;
- Change in status with other accrediting agency; and
- Any other changes that the Dean feels require notification of ACPE

Documentation that the program will continue to comply with the standards must be provided. The notification must allow sufficient time for evaluation of continued compliance with the standards by ACPE. ACPE reserves the right to review and reconsider the terms of accreditation in accord with standard evaluation and operational procedures or

appropriate monitoring, such as an on-site review (see Addendum #5 Guidelines to Substantive Change Policies and Procedures for additional information regarding substantive change reporting procedures). Substantive change notifications are evaluated at the next regularly scheduled Board meeting. A communication is returned to the School following the Board's review of the change and will outline any additional monitoring required, any change in a standard's rating of compliance, and notification of an on-site evaluation, if warranted by the Board.

If a program fails to follow this substantive change policy and its procedures, the accreditation of the program may be placed in jeopardy.

13. Adverse Accreditation Actions: Accredited with Probation, Denial of Accreditation, or Withdrawal of Accreditation

13.1   Accredited with Probation Status: Accredited with Probation status occurs when there is documented evidence that an accredited program exhibits deficiencies in achieving or maintaining compliance with a standard(s) and that the deficiencies are sufficiently serious to warrant probationary status. Accredited with Probation status is viewed as an adverse action, subject to the appeal and notification parameters described herein.

13.2   Denial of Accreditation: Denial of accreditation will occur when there is documented evidence that the plan for development is inadequate and exhibits substantial deficiencies that are expected to prevent compliance with the standards within the five-year developmental period mandated by the USDE.

13.3   Withdrawal of Accreditation: Withdrawal of accreditation will occur when there is documented evidence that a program with any preaccreditation or accreditation status (Precandidate, Candidate, Accredited, or Accredited with Probation) exhibits deficiencies in achieving or maintaining compliance with a standard(s) and that the deficiencies are sufficiently serious to raise concern as to whether or not graduates of the program are competent to enter the next stage of their training.

13.3.1 Withdrawal of Preaccreditation Status: For a program with a preaccreditation status (i.e. Precandidate or Candidate status), withdrawal of preaccreditation will occur if the Board finds the program to be making inadequate progress in implementing its plan to achieve full compliance with one or more standards within the required five-year developmental time period allowed by the USDE and after written notification to the program of the specific issues of inadequate progress, the program fails to remedy all issues cited within the time frame indicated in the notification.

13.3.2 Withdrawal of Accredited Status: For a program with Accredited status, withdrawal of accreditation will ordinarily occur after the Board has found the program to be partially or non-compliant with one or more of the standards, has given the program written notification of the finding(s) of partial or non-compliance, and the program fails to achieve compliance with the cited standard(s) within a timeframe designated by the Board (not to exceed four years). The four-year maximum time period to remedy all issues of partial or non- compliance is required by USDE.

13.3.3 Consideration of Financial Information: Prior to a final adverse action based solely upon a failure to meet a standard or guideline pertaining to finances, a program may, on one occasion, seek review of significant financial information that was unavailable to the institution or program prior to the determination of the adverse action and that bears materially on the financial deficiencies identified by Board. Any action taken with respect to the new financial information shall not be separately appealable by the institution or program.

13.3.4 Immediate Withdrawal of Preaccreditation or Accreditation Status: Regardless of the accreditation status of a program, rapid and precipitous deterioration of the quality of the program may be sufficient grounds for the immediate withdrawal of preaccreditation or accreditation, whether or not a probationary period or other opportunity to remedy issues of partial or non-compliance with the standards has been provided.

13.3.5 Voluntary Withdrawal of Preaccreditation or Accreditation: The chief executive officer of the institution may withdraw from preaccreditation or accreditation status at any time. In the event of a voluntary withdrawal of a program's preaccreditation or accreditation status, ACPE will send a letter to notify the Secretary, institutional and other appropriate recognized accrediting and state agencies, and the public within 10 days of receiving notification from the institution or program that it is voluntarily withdrawing from preaccreditation or accreditation. Additionally, should an institution or program let its accreditation or preaccreditation lapse, ACPE will notify the Secretary, institutional and other appropriate recognized accrediting and state agencies, and the public within 10 days of the date on which preaccreditation or accreditation lapses.

13.4   Notification of Adverse Action: Notification of an adverse accreditation (accredited with probation, denial or withdrawal of preaccreditation or accreditation) action by the Board shall be delivered electronically to the chief executive officer of the institution and to the dean of the program affected with a request for written confirmation of receipt. Such notification shall provide a statement of the reasons for the adverse accreditation action, along with notice of the right to appeal and the time constraints for initiating such

an appeal as detailed under Section 14 of these Policies and Procedures.

Within thirty (30) days of a final decision (after appeal or expiration of the opportunity to appeal) of an adverse accreditation action and at the same time the program is notified of the action, written notification shall be made to the institution, to the USDE, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public as required by USDE. Public notification includes presentation on the ACPE web site (http://www.acpe-accredit.org/) within one (1) business day of its notice to the program. The program subject to a final adverse action must disclose such an action within seven (7) business days of receipt to all current and prospective students. A brief statement summarizing the reasons for denying or withdrawing accreditation status, and any comments from the affected institution shall be made available to the USDE, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public via presentation on the ACPE web site (http://www.acpe-accredit.org/) not later than 60 days after such final action.

13.5   Reapplication for Accreditation Status: Any time after the effective date of denial or withdrawal of accreditation, the chief executive officer of the institution may reapply for accreditation. The application shall follow the application procedure in its entirety as detailed under policy 9 of these Policies and Procedures.

14. Appeal Procedure for an Adverse Accreditation Action

14.1   Right to Appeal and Retention of Accreditation Status: After receipt of notice of an adverse accreditation action, the chief executive officer of the institution involved may appeal the decision of the Board to an Appellate Commission on the grounds that the decision of the Board was arbitrary, prejudiced, biased, capricious, or based upon incorrect facts or incorrect interpretation of facts. The accreditation status of the program existing prior to the entry of the adverse accreditation action shall continue, pending the disposition of the appeal, and such status shall continue to be reflected in the Directory until the appeal procedure is finalized. Notice of appeal by the institution shall be in writing and delivered personally; by certified mail, postage prepaid, with return receipt requested; by email; or by facsimile to the offices of ACPE within 30 days after receipt of notification of the adverse accreditation action of ACPE. The appealing institution shall affirm its responsibility to undertake the costs of the appeal and enclose a check for the amount equal to the current cost of a comprehensive on-site evaluation as a deposit to be applied against expenses, as set forth in paragraph 14.3.1. Such notice of appeal shall summarize the facts supporting the grounds on which the appeal is based. ACPE shall promptly notify the appealing institution of the date the notice of appeal was received.

**ANY NOTICE OF APPEAL NOT FILED WITHIN THE 30 DAY PERIOD
SHALL RESULT IN A DISMISSAL OF THE APPEAL.**

Both parties of the appeal have the right to representation by counsel throughout the appeals procedure.

14.2 Members of the Appellate Commission

14.2.1 The Appellate Commission shall consist of the current chief elected officer of the American Association of College of Pharmacy; the American Pharmacists Association; the National Association of Boards of Pharmacy; and two (2) members selected by ACPE from former members of the ACPE Board of Directors. The appeals panel must include an administrator (such as a dean of an ACPE accredited program), pharmacy educators, pharmacy practitioners, and a public member (such as a former member of the Public Interest Panel or a former ACE appointee to the ACPE Board), and additional members will be added to the panel if the individuals appointed to the panel under the guidelines outlined above do not provide such representation. Prior to sitting as a member of the Appellate Commission, each member shall have been trained on ACPE's policies and procedures, including those related to distance education, in accordance with the training provisions of Section 11, paragraph 11.3. In order to ensure currency, a special training session will be held for all Appellate Commission members prior to the convening of the Commission.

14.2.2 In the event that any chief elected officer shall be ineligible, refuse, or be unable to serve on the Commission for any reason at any time, the executive committee (or such other appropriate committee or board) of the organization he or she is representing shall designate an alternate member. Any chief elected officer or alternate member who shall be designated as a participant on the Commission shall remain a member of the Commission until the Commission is discharged, even if his or her successor in the elective office of the respective association is installed in the interim and even if such individual is no longer affiliated with the respective association.

14.2.3 No former ACPE Board of Directors member shall be appointed to the Appellate Commission by ACPE who participated in any manner while a Board member of ACPE with respect to the adverse action taken by the Board against the appealing party or who, under the policies of ACPE, has an apparent or real conflict of interest with the appealing party.

14.2.4 No member of the Appellate Commission shall be a member of the Board or Staff of the Accreditation Council for Pharmacy Education, nor shall any member have an affiliation with the institution involved that would create an apparent or real

conflict of interest (e.g., alumnus, present or former faculty member).

14.2.5 Each Commission member will execute an agreement attesting to the fact that he or she has no conflict of interest with the appealing institution or the pharmacy program of that institution and agrees to hold confidential all matters pertaining to the appeal procedure, including but not limited to, all documents, all information and testimony received prior to and at the hearing, and the Commission's deliberations, unless a release of all or any part of such information is mutually agreed to by the parties.

14.3 Convening of the Appellate Commission

14.3.1 Promptly after receipt of the notice of appeal, ACPE shall appoint the two former Board members to the Appellate Commission, and, after consulting with officers of the associations set forth in Section 14.2, shall notify the additional three individuals of their appointment to the Appellate Commission. ACPE shall notify the institution that initiated the appeal that the Appellate Commission has been created and inform it of the names of the members of the Appellate Commission. The Appellate Commission can be convened only on notice of appeal as described above. All reasonable expenses incurred by the Appellate Commission, including, but not limited to, travel expenses (e.g., transportation, accommodations, and meals), shall be paid by the institution that initiated the appeal. Notice of appeal shall be accompanied by a fee equal to the current cost of a comprehensive on-site evaluation to be used against expenses. Any necessary additional expenses shall be promptly paid by the institution that initiated the appeal, and any surplus of the deposit shall be promptly returned to the institution. The institution shall be provided with an itemized list of the expenses of the Appellate Commission.

14.3.2 ACPE shall advise the members of the Appellate Commission of their responsibilities promptly upon identification of the members. Once convened, the Commission shall designate a chairperson who shall conduct the meetings of the Commission and shall act as the presiding officer at any hearings.

14.4 Appeals Procedure: Within thirty days of the receipt by ACPE of the notice of the appeal, the institution and ACPE shall present written statements of their respective positions to the Commission. The parties will each advise the Commission of the witnesses it will call at the hearing and will also submit copies of the documents it intends to introduce into evidence. A hearing shall be held at a date mutually agreed upon by the parties and the Commission but not more than ninety (90) days after receipt of the notice of appeal by ACPE, at which time evidence may be presented first by the appealing institution, followed by ACPE. Evidence presented at the hearing shall be restricted to a review of documents

and testimony relevant to the standard(s) on which the adverse accreditation action was based, or a review of the process and procedure used to arrive at an adverse action, as appropriate. Witness testimony shall be in person. No telephonic (or other electronic means of transmission) testimony shall be permitted. All documentation and testimony must be relevant to the conditions existing at the program during the dates on which the site visit was made and on which the adverse action was taken. Improvement in conditions and corrections of deficiencies made subsequent to the adverse action shall not be considered. The hearing shall be recorded. Either party may, at its expense, request such recording be transcribed.

14.4.1 The appealing institution shall have fifteen (15) days following the completion of the hearing to file a brief, and ACPE shall have 15 days thereafter to file a response brief, each supporting the arguments presented by the respective parties. Within an additional thirty days, the Commission shall render a decision. The Commission may (i) affirm, (ii) remand, or (iii) amend the adverse action taken by the Board. In a decision to remand the adverse action to the Board for further consideration, the Commission must identify specific issues that the Board must address by providing an explanation and basis for a decision that differs from the Board's action. The Appellate Commission shall provide a written report of the Commission's findings, which shall be submitted to the Board, the Executive Director of ACPE, the chief executive officer of the institution, and the Dean of the program concerned.

14.4.2 Where the adverse accreditation action being appealed is based upon financial deficiencies, under the standards, the program affected may submit to ACPE within ten (10) days from the date of receipt of the adverse action, any significant material financial information unavailable to the program at the time of its last report (oral or in writing) to ACPE and request review of the adverse action. The right to submit such additional financial information is limited to one time only. The ACPE Executive Committee will determine whether the new financial information warrants review of the adverse accreditation action by the Board and will notify the affected party in writing of its decision. If the Executive Committee determines the new financial information does not warrant reconsideration by the Board, the thirty (30) day appeal period set forth in this Section 14 for appealing adverse accreditation actions shall commence upon receipt of the rejection of the program's request for review.

14.5   Final Action by ACPE

14.5.1 The decision of the Appellate Commission shall be considered by the ACPE Board of Directors at its next special or regular meeting of the Board. The Board

shall take final action consistent with the decision and/or instructions of the Appellate Commission. A report of the final decision shall be forwarded to the chief executive officer of the appealing institution, the Dean of the college or school of pharmacy, and members of the Appellate Commission.

14.5.2 The Appellate Commission shall be discharged by the Board at the adjournment of the regular or special Board meeting following the final action by the Board.

15. <u>Forum for Litigation</u>

15.1 **Court:** Any litigation instituted by (i) any school or college of pharmacy against ACPE concerning any action taken by ACPE involving the accreditation process or (ii) any litigation instituted by ACPE against any school or college involving the accreditation process shall be brought in Cook County, Illinois, in the Circuit Court of Cook County or in the Federal District Court for the Northern District of Illinois.

15.2 **Personal Jurisdiction, Right of Removal, and Applicable Law:** Each such school or college and ACPE consent to personal jurisdiction by these courts. Nothing herein shall restrict the right of a college or school of pharmacy or ACPE to remove such litigation from state court to federal court where permitted by law. Illinois law shall be applicable.

15.3 **Prerequisite to Litigation:** No litigation shall be instituted by a school or college of pharmacy involving an adverse action taken by ACPE until after the appeal procedure shall be instituted by such school or college and concluded in accordance with Section 14 of these Policies and Procedures.

16. <u>Teach-out Plans and Teach-Out Agreements</u>

16.1 **Teach-Out Plans:** In accordance with the Accreditation Council for Pharmacy Education (ACPE) Policy 16.1, ACPE requires submission and subsequent ACPE approval of the Programmatic Teach-Out Plan and required attachments from any program with a status of Accredited With Probation (as detailed in Section 6.3 of these Policies and Procedures) or when a program or its sponsoring institution voluntarily withdraws its accreditation. Such a plan must detail how the sponsor institution will ensure the fair and equitable treatment of the remaining enrolled students. Failure to submit a Teach-Out Plan form within 90 days of notice of the Accreditation with Probation Status will result in notification of the institutional administration and its accreditor of ACPE's intent to withdraw accreditation immediately.

ACPE requires a program to complete a Teach-Out Plan upon the occurrence of any of the following events:

- When a program is in the preaccreditation (e.g., Precandidate, candidate status) phase of accreditation;
- When a program or program option is placed on probation, requests inactive status, voluntarily or involuntarily withdraws;
- When the institution receives notice that its license or legal authorization to operate will be or has been revoked;
- When the institution receives notice from the institutional accreditor that an action has been initiated to suspend, revoke, or terminate an institution's accreditation status;
- When the institution receives notice from the U.S. Department of Education that an action has been initiated to limit, suspend, or terminate a sponsor institution's participation in any Title IV program under the Higher Education Act and that a Teach-Out Plan is required pursuant to federal regulations;
- When the institution receives notice from the U.S. Department of Education that an emergency action has been initiated; or
- When ACPE otherwise determines that the submission of a Teach-Out Plan is warranted.

Should the program's accreditation status be withdrawn, then the institution must execute its stated Teach-Out Plan into a Teach-Out Agreement (see policy 16.2) and provide ACPE a copy of the agreement. If the institution chooses not to execute its own Teach-Out Plan, it must enter into an agreement with an ACPE accredited program to permit students to complete their education (Teach-Out Agreement). The plan or the agreement must give careful attention to fair and equitable treatment of students and provide notification of any additional charges the remaining students will incur. Students remaining in the withdrawn program will have the same privileges as the accreditation status prior to withdrawal of accreditation throughout the Teach-Out Plan. The program must provide a separate Teach-Out Agreement for each ACPE-accredited program that will participate in the relevant agreement. The Programmatic Teach-Out Plan form can be found in Addendum 7.

16.2 **Teach-Out Agreements**: In the event of withdrawal of accreditation, subsequent to a final decision (after appeal or expiration of the opportunity to appeal) of an adverse accreditation action, the institution must implement its Teach-out Plan and execute a Teach-Out Agreement as detailed in such plan within thirty (30) days. The institution entering into the Teach-Out Agreement as the teach-out institution:

(i) must have the necessary experience, resources, and support services to provide the Doctor of Pharmacy program that is of acceptable quality and reasonably similar in content , structure, and scheduling to that provided by the institution that is no longer able to offer the Doctor of Pharmacy program; (ii) must remain stable, carry out its mission, and meet all obligation of its existing students; (iii) demonstrate that it can provide students access to the Doctor of Pharmacy program without requiring them to move or travel substantial distances; and (iv) provide students with information about additional charges that may be incurred. The program at the teach-out institution must be accredited by ACPE.

17. Record Keeping Procedure for Preaccredited and Accredited Degree Programs:

ACPE will maintain complete and accurate records for each program involved with ACPE in the preaccreditation or accreditation process. Complete records will include ETRs, reports of periodic or special reviews conducted during the accreditation period, all A&Rs (including all adverse actions, e.g., accredited with probation status, withdrawal or denial), a copy of the most recent application/self-study, and any and all correspondence regarding the ETR or ACPE decisions. Complete and accurate records will be maintained of all accreditation decisions made throughout a program's affiliation with ACPE regarding accreditation and any substantive changes, including all correspondence that is significantly related to those decisions.

18. Fees

Fees for evaluation by ACPE for purpose of accreditation are set at a level intended to assist in the support and continued improvement of accreditation services and to defray actual travel and other costs involved in the evaluation of professional programs. In addition, an annual sustaining fee is charged. ACPE reserves the right to adjust the fees and set effective dates for such adjustments at any regular or special meeting of the Board. Information regarding the current fee and assessment policy is available upon request and is published on the ACPE web site (www.acpe-accredit.org). Failure to pay fees in within the time limit indicated on the invoice may result in the assessment of late fees.

19. Assistance in Accreditation Matters

ACPE staff provides guidance, upon request, on matters pertaining to pharmacy education, especially as related to the accreditation process. Staff guidance is available through various formats, including discussions at the ACPE office and at the site of the institution. The Board and staff also provide assistance in the advancement and

improvement of pharmacy education through active cooperation with professional organizations and societies in support of sound educational policies and procedures. ACPE reserves the right to charge a fee and its reasonable expenses for services rendered under this paragraph.

20. **Complaint Regarding a Preaccredited or Accredited Program**

20.1 ACPE has an obligation to assure that any program that seeks or holds an accreditation status remains compliant with the standards and conducts its affairs with impartiality, non-discrimination, honesty, and frankness.

Any complaints from institutions, students, faculty, or the public against an accredited pharmacy program or institution housing an accredited pharmacy program must be based upon the fact that such program or institution is not in compliance with a standard or standards as established, from time to time, by ACPE.

20.2 Any complaint must be submitted to ACPE within one hundred and eighty (180) days from the date the complainant knew or should have known of the occurrence of facts on which the complaint arose. Any complaint not filed with ACPE within the time limitations set forth above shall not be considered by ACPE, except when: 1) the Executive Director determines the matter's seriousness warrants investigation to ensure continued compliance with one or more accreditation standards; or 2) any complaint held in abeyance by ACPE by reason of threatened or existing legal challenge before a court of law or governmental agency as provided in paragraph 20.8 may be reinstituted by the complainant by written notice to ACPE within thirty (30) days after the latter of (a) a final judgment by the court of law or governmental agency or (b) finalization of any appeal of such judgment. The Executive Director may proceed with the investigation of the complaint held in abeyance without notice by the complainant if the Executive Director determines, in his or her discretion, that such is warranted due to the severity of the complaint and potential impact on the quality of the program and the effect on students.

20.3 ACPE will consider formal complaints about Doctor of Pharmacy programs (PharmD) that allege a program is either (a) not in compliance with one or more of ACPE's Standards and Key Elements, or (b) has violated any of ACPE's expectations related to academic integrity. The complaint must specify which Standard(s) or Key Element(s) are implicated or how the program violated expectations of integrity.

Complaints fall into one of two categories: (1) those that involve situations subject to formal institution/program due process policies and procedures and (2) those that involve situations not subject to formal due process procedures:

1) If the complainant is involved with an institution/program grievance subject to formal due process and procedure, ACPE requires that the process be completed prior to initiating ACPE's formal complaint process, unless the complaint includes an allegation that the institution/program process has not been handled in a timely manner as defined in the institution/program policy. In such cases, ACPE will consider the complaint prior to completion of the grievance process. Evidence of completion of the institutional process or of the untimely handling of such must be included in the complaint materials.

2) If the complaint is related to situations that fall outside of formal due process policies and procedures, the complaint may be filed at any time.

ACPE does not:

- consider complaints that fall outside its jurisdiction/authority as expressed in the Standards and Key Elements and the academic integrity statements. When appropriate, complainants will be referred to other organizations to pursue their concern(s).
- intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, retention, appointment, promotion, course grading, or dismissal unless such practices or conditions indicate that the program may not be in compliance with the Standards and Key Elements.
- promise that it will force programs into specific resolutions requested by the complainant, but may instead require the program to comply with Standards and Key Elements. Such is in the sole discretion of ACPE.

All complaints must be filled using the link found here: ACPE Complaint Form

20.4 Complaints that are submitted anonymously will not be considered by ACPE. Depending on the circumstances and severity of the complaint, it may or may not be forwarded to the program for information purposes only. The decision to forward a complaint is made by the ACPE Director of Program Accreditation or the ACPE Executive Director. During the eight-year cycle between each program's self-studies, a record of anonymous complaints received for the program will be maintained by ACPE.

20.5 ACPE will proceed expeditiously in the investigation and resolution of complaints in a manner that is fair and equitable to all parties. The ACPE Executive Director, or his/her designate, shall have the authority to: (i) review the complaint in order to

determine relevance to the standards, policies, or procedures; (ii) dismiss a complaint if it is determined that such complaint has no merit or is outside the scope of ACPE accreditation activities; (iii) forward relevant complaints to the dean of the program for a response to ACPE; and (iv) conduct any further investigation deemed necessary to promptly determine the facts surrounding the issue and the validity of the complaint. ACPE shall diligently investigate and resolve complaints in a timely manner, taking into consideration all parties involved the severity and complexity of the allegations, and pursuant to any legal obligations.

20.6 If, on the basis of such investigation, after notice to the program and opportunity for response from the program, the Executive Director finds a complaint to be extremely serious in nature, charging egregious conduct that may warrant adverse action by ACPE, or involve an interpretation that the Executive Director believes should be made by the Board, the complaint will be submitted to the Board for consideration at the next regular meeting. Where the Board finds that a program has violated the standards, engaged in unethical conduct, or that its integrity has been seriously undermined, the Board will either:

(A) request that the program show cause, within a stated time period, as to why adverse action should not be taken; or

(B) in extreme cases, immediately discontinue its relationship with the program by denying or withdrawing the offending program's accreditation status.

20.7 A record of complaints regarding a specific college or school is maintained in perpetuity at the ACPE office for future consideration. The complaint file will be reviewed as a component of the on-site evaluation process. Site team leaders will review all complaints received against a program since the time of the program's last comprehensive on-site evaluation with all members of the team. Information provided to the evaluation team will include the following for any complaint: (1) the nature of each complaint; (2) the process used to review the complaint; and (3) the status of the complaint. The evaluation team's review of complaints will be documented in the Evaluation Team Report. Any complaints received since the prior on-site evaluation and the related investigative materials will be provided to the ACPE Board of Directors as a component of the review process. The Board will also conduct a general review of all open complaints at each meeting, including those against a program not being considered for initial or continued preaccreditation or accreditation at a given meeting.

20.8 Where a complainant has threatened or filed legal action in a court of law or before a governmental agency against a program or institution housing said program, ACPE reserves the right to hold such complaint in abeyance until after a final

judgment by a court of law or governmental agency or finalization of any appeal of such judgment.

21. Complaint Regarding ACPE

ACPE has an obligation to respond to any written complaints that may be lodged against ACPE by any party regarding the application of the standards, policies, and procedures where the complaining party is directly affected thereby. However, this complaint procedure shall not be available to any program concerning accreditation decisions entered in regard to such program. The ACPE Executive Director shall promptly determine the facts surrounding the issues and shall attempt to resolve the matter in consultation with the Public Interest Panel, established pursuant to Article V of the ACPE Bylaws. Complaints that cannot be resolved by the ACPE Executive Director shall be considered at the next meeting of the Board.

22. Decisions of Other Accrediting and State Agencies and Relationship to ACPE Accreditation

Prior to making a decision to grant initial or continued accreditation or preaccreditation to a Doctor of Pharmacy program, the Board will consider the accreditation status of sponsoring institutions, during a period in which the sponsoring institution is the subject of: (i) a pending or final action brought by a state agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the state; (ii) a pending or final decision by a recognized agency to deny accreditation or preaccreditation; (iii) a pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; (iv) probation or an equivalent status imposed by a recognized agency; and (v) a pending or final decision to deny, suspend, revoke, or withdraw the accreditation or preaccreditation or placement on probation any individual program offered by an institution also offering an accredited Doctor of Pharmacy program. Upon discovery of any decision referenced above by another accrediting agency, ACPE will within 30 days, initiate a written request for information regarding the action of the other accrediting or state agency and the effect of the cited issues on the ability of the Doctor of Pharmacy program to maintain compliance with the standards. The program will be given thirty (30) days to respond to such a request. The program's response and all relevant information will be provided to the Board for review to determine whether the circumstances leading to the other agency's decision impact the Doctor of Pharmacy program's ability to maintain compliance with the accreditation standards and consideration as to whether action, including a possible adverse action, related to ACPE preaccreditation or accreditation is

warranted.

If upon review of the program, the Board grants or continues preaccreditation or accreditation notwithstanding the actions and context of the circumstances set forth above, a report shall be provided to the U.S. Secretary of Education within thirty days of the action, thoroughly explaining why the previous action by a recognized institutional accrediting agency or the State against the parent institution does not preclude the granting or continuation ACPE preaccreditation or accreditation for the Doctor of Pharmacy program.

23. <u>Reporting to the U.S. Department of Education</u>

In addition to information relating to accreditation actions, documents are routinely submitted to the USDE including, but not limited to: a list, updated annually, of its accredited and preaccredited programs; a summary of accrediting activities during the previous year; and proposed changes in policies, procedures, and standards that may relate to scope of recognition or compliance with recognition requirements. Notification of the name of any program accredited by ACPE, or of its parent institution, will be provided to the USDE if there is reason to believe that the institution or program is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the reason for the concern. Moreover, upon request of the USDE, information will be provided regarding an accredited or preaccredited institution's compliance with its Title IV, HEA program responsibilities, including its eligibility to participate in Title IV, HEA programs, for the purpose of assisting the USDE in resolving problems with the institution's or program's participation in these programs. In any circumstance where the identity of a complainant or other individual communicating with ACPE about an accredited program is expected to be confidential, ACPE will make every effort to maintain such confidentiality. Additionally, ACPE will comply with any USDE request to maintain confidentiality of certain records where circumstances warrant.

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ADDENDUM #1

CLARIFICATION OF STANDARDS

1.1   Use of Non-Pharmacist Preceptors in Enhancement of Interprofessional Practice-Based
        Educational Experiences

1.2   Simulations for Introductory Pharmacy Practice Experiences

1.3   Enrollment in Non-Traditional (Post-Bac) Doctor of Pharmacy Programs

1.1 USE OF NON-PHARMACIST PRECEPTORS IN ENHANCEMENT OF INTERPROFESSIONAL PRACTICE-BASED EDUCATIONAL EXPERIENCES

In the spirit of fostering innovation and encouraging more interprofessional education that meets the ACPE standards and guidelines, the ACPE Board offers the following guidance:

- Ideally, interprofessional practice-based educational experiences for pharmacy students should occur with a pharmacist preceptor as a member of the team.
- On occasion, high-quality interprofessional practice-based educational experiences may be available to pharmacy students that would need to be precepted by a non-pharmacist member of the health care team. Examples include but are not limited to a volunteer, indigent care, inner-city clinic IPPE or an APPE at an Area Health Education Center in an underserved, rural setting where, in each case, students from a number of health professions are all precepted by a primary care physician or nurse practitioner. In such cases:
  - o Pharmacy faculty must be involved in defining, evaluating, and monitoring the quality of the educational experiences for the pharmacy students;
  - o The non-pharmacist preceptor(s) must receive proper orientation to the pharmacy curriculum and the competency and outcome expectations of students, especially those involving preparation to serve on an interprofessional team.
  - o Non-pharmacist precepted interprofessional practice-based educational experiences should be offered only as a small percentage of IPPE elective time and for no more than one elective APPE rotation. That is, such rotations must not supplant the required community and hospital IPPE experiences or the four core APPE rotations (community, hospital, ambulatory care, and general medicine), which must precepted by a qualified, licensed pharmacist.

1.2   SIMULATIONS FOR INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Simulation is defined as an activity or event replicating pharmacy practice. For the purpose of satisfying IPPE expectations, simulation includes multiple types of scenarios based on the utilization of high fidelity manikins, medium fidelity manikins, standardized patients, role-playing, Objective Structured Clinical Evaluations (OSCE), and computer based simulations. Simulation as a component of IPPE should <u>clearly connect the pharmacy activity or delivery of a medication to a patient</u> (whether simulated patient, standardized patient, or virtual patient).

Colleges and schools may choose to include structured simulation as part of their overall IPPE experience to meet their IPPE program goals and objectives. Colleges and schools are not required to include simulation experiences if IPPE objectives are achieved by other experiences. In addition to utilizing simulation as a component of IPPE, colleges and schools may choose to include simulation experiences within the didactic curricula.

In the 2016 Standards and Guidance documents, simulation was specifically addressed.
- Key Element 12.7 Simulation for IPPE:
  Simulated practice experiences (a maximum of 60 clock hours of the total 300 hours) may be used to mimic actual or realistic pharmacist-delivered patient care situations.

- Guidance for Interprofessional Education: Standard 11
  11b. Interprofessional simulation experiences – Colleges and schools are encouraged to develop interprofessional simulations to ensure the expectations of Key Element 11.1 are met. In addition to face-to-face interprofessional interactions, simulations can include virtual interprofessional engagement. College/school and/or university financial and physical resources needed to support these interprofessional activities should be anticipated. (11.2)

- Guidance for the Pre-APPE Curriculum: Standard 12
  12f. Simulation within IPPE – A college or school may choose to include structured simulation as part of the overall IPPE to meet program goals and objectives. A college or school is not required to include simulation experiences as a portion of IPPE. Simulation is defined as an activity or event replicating pharmacy practice. Simulation closely mimics an actual pharmacy activity or delivery of a medication to a patient (whether simulated patient, standardized patient, or virtual patient). Colleges and schools are encouraged to develop interprofessional simulations. They are also encouraged to seek guidance from ACPE, if needed, on appropriate simulation experiences to meet IPPE program goals and objectives. (12.7)

  12g. Appropriate use of simulation – General pharmacy practice simulations provided early in the curriculum are often helpful for students who have had limited exposure to

pharmacy practice. Simulation experiences are deemed appropriate when they: (1) are structured around a set of specific learning objectives, (2) involve structured assessment activities to assure that students have met the stated learning objectives, (3) are supervised by pharmacy educators, practitioners, or other appropriately trained faculty/facilitators, and (4) involve learning experiences that are difficult to achieve in actual practice, such as:

- High-risk, low-occurrence medical situations (e.g., CPR, medical emergencies, medications errors)
- When a state's Pharmacy Practice Act limits certain patient-care activities (e.g., immunization training)
- Hands-on learning opportunities that enhance student learning experiences (e.g., ensuring student pharmacists are exposed to important disease states which they may or may not experience in real patient-care settings) (12.7)

12h. Types of simulation – Colleges and schools may consider the use of actors, virtual-reality software, artificial models/manikins, or artificial/virtual environments in the patient-care simulations within IPPE. (12.7)

The Board has determined the following activities are **not acceptable** simulation:
- Student has hands on experience with vial manipulation, reconstitution, documentation, full garbing;
- Student prepares extemporaneous dosage forms pursuant to prescription for a simulated patient;
- Student is trained in point-of-care-testing equipment (e.g., A1c, cholesterol, blood glucose);

and the following activities **are acceptable** simulation:
- Student counsels a standardized patient on appropriate contraceptive choice given the patient's condition and preference;
- Student interviews a simulated, standardized patient and is assessed for professionalism, communication, accuracy, and quality of information;
- Student verbally communicates a simulated, standardized patient's history, medication-related problems, recommendations, and a plan for follow-up succinctly and effectively to a simulated prescriber.

Looking carefully at the activities listed above, it is evident that activities involving a student, a pharmacist (instructor/preceptor), and another person (either a simulated patient or another member of the health care team) are activities the Board identifies as acceptable simulation as a component of a student's IPPE. The activities above that included only the student and a pharmacist (instructor/preceptor) were viewed as student laboratory experiences, rather than acceptable IPPE simulated experiences.

The amount of simulation within the overall IPPE experience will vary from program to program

based on needs and expectations. Prior approval is not needed, and guidance should be provided by this policy statement. Colleges and schools must document, however, during typical ACPE monitoring and evaluation processes, that their simulation experiences meet stated criteria for appropriate simulation experiences.

The ratio of students to faculty/facilitators in simulation will likely vary from experience to experience based on the characteristics of the simulation experience, the need for student supervision/monitoring, and the ability to appropriately assess student achievement of stated learning objectives. The qualifications of faculty/facilitators will be assessed much in the same manner as other faculty members are evaluated under Standard 19.

1.3   ENROLLMENT IN NON-TRADITIONAL (POST-BAC) DOCTOR OF PHARMACY PROGRAMS (APPROVED JUNE 2014)

The Board approved the following clarification, effective immediately: New admissions to a non-traditional (Post-Baccalaureate) Doctor of Pharmacy program accredited by ACPE must be limited to either: 1) pharmacists awarded a Baccalaureate degree from a five-year pharmacy program accredited by ACPE or the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) and holding a valid license to practice pharmacy in the United States or Canada; or 2) pharmacists awarded a pharmacy degree from a non-US or non-Canadian program and holding a valid license to practice pharmacy in a US jurisdiction.

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ADDENDUM #2

ADVERSE ACTION POLICIES AND PROCEDURES
SUMMARY OF KEY STEPS

ADVERSE ACTION POLICIES AND PROCEDURES SUMMARY OF KEY STEPS

Any program for which ACPE has given accredited with probation status, or denied accreditation status, or for which ACPE has withdrawn accreditation status has the right to appeal the Board's decision (paragraph 14). Should the Board's decision be upheld by the appellate body, the program may submit an application to establish a new Doctor of Pharmacy program. The application must be accompanied by the standard application fee and all policy and procedures applicable to application for new programs apply. A summary of key steps relating to denial or withdrawal follows:

1. Accredited with Probation
    a. Take accredited with probation action (cf. paragraph 13) – discuss/list reasons (standards and/or administrative).
    b. Notification of accredited with probation action sent to program and, at the same time to the Secretary, appropriate State licensing agencies, and appropriate accrediting agencies; notification provided to public via ACPE website.
    c. Appeal Procedure (cf. paragraph 14).
    d. Notification of final decision sent to program, and at the same time, the Secretary, appropriate State licensing agencies, and appropriate accrediting agencies; notification provided to public via ACPE website.
    e. Within 60 days of a final decision, a brief statement summarizing the reasons for the accreditation with probation status and any official comments received from the affected institution and/or program will be sent in writing to the Secretary, appropriate State licensing agencies, and appropriate accrediting agencies, as well as posted to ACPE's website.

2. Denial (pertains to initial accreditation for precandidate)
    f. Take denial action (cf. paragraph 13) – discuss/list reasons (standards and/or administrative).
    g. Notification of denial sent to program and, at the same time to the Secretary, appropriate State licensing agencies, and appropriate accrediting agencies; notification provided to public via ACPE website.
    h. Appeal Procedure (cf. paragraph 14).
    i. Notification of final decision sent to program, and at the same time, the Secretary, appropriate State licensing agencies, and appropriate accrediting agencies; notification provided to public via ACPE website.
    j. Within 60 days of a final decision, a brief statement summarizing the reasons for the denial and any official comments received from the affected institution and/or program will be sent in writing to the Secretary, appropriate State licensing agencies, and appropriate accrediting agencies, as well as posted to ACPE's website.
    k. Option to reapply as new college or school of pharmacy
        a. Complete new submission, including new application fee.

3. Withdrawal (pertains to established accreditation for precandidate, candidate, and

accredited status) of failure to advance from precandidate status in required timeframe

a. Take withdrawal action (cf. paragraph 13) – discuss/list reasons (standards and/or administrative)
b. Notification of withdrawal sent to program and, at the same time to the Secretary, appropriate State licensing agencies, and appropriate accrediting agencies; notification provided to public via ACPE website.
c. Appeal procedure (cf. paragraph14)
d. Notification of final decision sent to program, and at the same time, the Secretary, appropriate State licensing agencies, and appropriate accrediting agencies; notification provided to public via ACPE website.
e. Within 60 days of a final decision, a brief statement summarizing the reasons for the withdrawal and any official comments received from the affected institution and/or program will be sent in writing to the Secretary, appropriate State licensing agencies, and appropriate accrediting agencies, as well as posted to ACPE's website.
f. Option to reapply
    a. Submit application as new college/school of pharmacy, including fee.
g. Students
    a. New students (no new enrollees under accreditation status)
    b. Established students – see Teach Out Section of Policies and Procedures Manual.

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ADDENDUM #3

PROCEDURE FOR APPLICATION FOR NEW DOCTOR OF PHARMACY PROGRAMS

ADDENDUM #3

PROCEDURE FOR APPLICATION FOR NEW DOCTOR OF PHARMACY PROGRAMS
(Approved by ACPE Board of Directors January 9-11, 2009)

1.   New program **Draft Application** due January 15th.
      The application must include a mapping of the proposed curriculum to faculty required to deliver that curriculum. The faculty required must then be mapped to a 5-year hiring plan and 5-year pro forma.

      ACPE expects new program deans, to:
      a.   Have held a previous administrative position in academic pharmacy at the dean, associate dean, or assistant dean level or a comparable leadership position outside academia;
      b.   Attend the "New Deans School" offered by AACP or a comparable training program if not previously served as dean of an ACPE-accredited program; and
      c.   Attend site visitor training or self-study workshop offered by ACPE.

2.   ACPE **staff on-site consultation** with program in early spring.
      Following the on-site consultation, the ACPE staff member is to provide brief written feedback to the college or school of pharmacy highlighting recommendations for the application. Staff disclaimer must be included in this feedback.

3.   **Final Application** due April 1.

4.   Final application reviewed by **Application Review Team**
      Application Review Team will consist of experienced, trained evaluators and may include: an ACPE staff member; a former Board member; a dean and a faculty member representing different areas of expertise; and a practitioner.

      The Application Review Team will conduct its review as follows:
      a. Each member receives copy of final application;
      b. Each member receives copy of Thresholds for Authorizing an On-site Evaluation document
      c. Each member receives copy of the Standards;
      d. Conference call three/four weeks later;
      e. Draft report on application to be prepared by ACPE staff member and reviewed/endorsed by full team; and
      f. Final Report of Application Review Team goes to Board, using primary and
      g. Secondary reviewer procedure as per ACPE custom.

5.   June Board meeting
      a. Review of program's Final Application
      b. Review Report of the Application Review Team
      c. Personal appearance with program officials (maximum of three) to address Board

questions
- d. Board makes Decision
    - i. Yes, to authorize Precandidate Evaluation Visit
    - ii. No, recommend resubmission within one academic year (repeat application could be received and reviewed at either next January or June meeting of the Board)
    - iii. No, request withdrawal of application
    - iv. Applicant requests withdrawal of application, can resubmit within one academic year.

6. Fall Precandidate Evaluation Visit (Comprehensive On-Site Evaluation)
    a. Evaluation Team made up of as many of the Application Review Team members as possible, fill in gaps with experienced site reviewers, current Board member need not be on visit

7. January Board meeting
    - a. Review ETR from Precandidate Evaluation Visit
    - b. Teleconference with program Dean and his/her leadership team to address Board questions only
    - c. Board makes Decision:
        - i. Yes, grant Precandidate Status; status to be affirmed at next Board meeting based on report of continued progress
        - ii. No, denial of Precandidate Status; adverse action, subject to appeal. Program can request 2nd on-site evaluation to consider Precandidate status within the next two consecutive Board meetings at which accreditation actions are taken (fee applies; program can only make such a request one time before being required to restart application process).
        - iii. Program withdraws application prior to Board consideration; can request 2nd on-site evaluation to consider Precandidate status for following cycle (fee applies; program can only make such a request one time before being required to restart application process).

8. June Board meeting
    - a. Review report and any additional requested information from program from the previous January Board meeting
    - b. Board makes Decision:
        - i. Yes, Precandidate Status affirmed & Board authorized spring comprehensive on-site evaluation for consideration of Candidate status);
          OR
        - ii. No, Precandidate Status withdrawn (e.g., an adverse actions)

9. If Yes, Precandidate Status, students would be enrolled during fall term, Year 1 (Note: if

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program matriculates students before receiving Precandidate Status, ACPE would not consider granting accreditation status until AFTER the program has produced graduates (who likely would NOT be eligible for state licensure—this per previous ACPE policy. See policy above on Preaccreditation)

10.   Spring term of Year 1, Evaluation for Consideration of Candidate Status (Comprehensive On-Site Evaluation) Team composition:
   a.   Current Board member
   b.   ACPE staff member
   c.   One member from Application Review Team
   d.   Other trained experienced site team members

11.   June Board meeting
ACPE Board reviews:
   a.   Evaluation Team Report;
   b.   Supplemental materials requested of the program; and
   c.   Teleconference with program officials to address Board questions, if needed.

Board Decision:
   a.   Yes, Candidate Status for 2-year term only
   b.   No, remain at Precandidate Status; action would include:
      i.   Areas for improvement; AND
      ii.   Establishment of next evaluation; OR
      iii.   Withdrawal of Accreditation Status (an adverse action)

12.   Continuation of Candidate Status (2-year term only)
(Focused on-site evaluation)
Team composition:
   a.   ACPE staff member
   b.   Current or former Board member
Board reviews:
      i.   Evaluation team report and any supplemental materials provided by the college or school;
      ii.   Recommendation from a Board member (primary reader) and ACPE Staff; and
      iii.   Teleconference with Program officials to address Board questions, if needed.

Board Decision:
   a.   Grant extension to Candidate Status (2 years maximum) and authorization of Accredited Status On-Site Evaluation Visit term prior to graduation of inaugural class; OR
   b.   Withdrawal of Accreditation Status (adverse action).

13.   Consideration of Accredited Status (Comprehensive On-site Evaluation)
Team composition:
   a. ACPE staff member
   b. 1 member from Application Review Team (if possible)
   c. Other trained, experienced site team members

14.   June Board meeting
        Board reviews:
   a. Evaluation Team Report;
   b. Supplemental materials requested of the program; and
   c. Teleconference with program officials to address Board questions, if needed

        Board Decision:
   a. Yes, Accredited Status granted (2 years); schedule next on-site evaluation, a
   Continuation of Initial Accredited Status Evaluation Visit (to establish eight-year cycle
   between self-studies) and request updated report of notable changes in any or all
   standards, but not a self-study as before; and request any interim monitoring before the
   Continuation of Initial Accredited Status Evaluation Visit;
   b. No, hold in Candidate Status with reasons (i.e. noting unmet standards) and
       monitoring details (NOTE: a program can hold a developmental accreditation status
       (i.e. Precandidate and Candidate combined) for a maximum of five years; OR
   c. Withdrawal of Accreditation Status (adverse action)

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ADDENDUM #4

**ACPE TRAVEL GUIDELINES
FOR SITE VISITS**

TRAVEL GUIDELINES FOR ACPE STAFF AND GUESTS
Revised June 2020

It is the policy of ACPE to reimburse for actual travel expense. Persons traveling on ACPE business are entitled to transportation, accommodations and service that meet reasonable and adequate standards for convenience, safety, and comfort. In applying this general policy, we require that those traveling for ACPE will use the same care when incurring expenses that they would use if the expenses were their personal responsibility. ACPE reserves the right to adjust reimbursement for extravagant or unreasonable expenses. Any concerns regarding travel or travel expenses should be directed to the Director, Accounting and Human Resources.

Air Travel

- All travel for ACPE <u>must</u> be booked through Options Travel, our contracted travel agency using the booking code supplied by ACPE administrative staff. Travel not booked through Options Travel will NOT be reimbursed unless prospectively approved by the Executive Director. Please refer to the Options Travel document for further instructions.
- ACPE participates in the United Perks Plus program with United Airlines to obtain free airline tickets and upgrades, which ACPE uses for business travel, and the code number for United Perks Plus should be used when booking flights on United. While United is the preferred airline, the lowest fare should be obtained using the best routing for appropriate flights.
- ACPE does not reimburse first-class or business class air travel, unless unusual circumstances exist, i.e., same price as coach class, etc. The Executive Director must approve, in advance, all first class flight purchases including upgrade coupon purchase and usage.
- Flights should be booked with advance notice (when possible, greater than 21 days in advance) to take advantage of lower airfares and non-refundable tickets.
- Flight itineraries will be sent via Options Travel to the appropriate ACPE administrative staff to ensure coordination of the arrangements, to provide emergency service as needed, to monitor location of travelers for security purposes, and to manage the expenses. Best routings at the lowest fares, but also at reasonable travel times, should be booked (i.e., employees are not required to fly late night or red-eye flights). ACPE administrative staff is also available to assist with booking your flights through Options Travel if preferred by the traveler.
- If the traveler is booking travel in conjunction with another non-ACPE trip, the ACPE-reimbursable airfare must be obtained and approved by the Executive Director prior to booking the combination ticket. The ticket must be booked through Options Travel unless prior approval by the Executive Director is obtained.
- ACPE maintains travel accident insurance for all staff and ACPE volunteers for travel worldwide. Additional insurance is also included when the airfare is charged to the ACPE credit card.

Global Travel Policy

The following policy of ACPE is applicable to ACPE employees, members of the ACPE Board of Directors, site visit members, members of ACPE committees or commissions, consultants and all other persons traveling globally on behalf of ACPE. Such persons are referred to individually as a "Representative" and collectively as "Representatives." For purposes of this policy, "global travel" shall include travel to any location in the world including locations within the United States, the Commonwealth of Puerto Rico and U.S. Territories.

ACPE regularly monitors travel warnings and travel advisories of the U.S. Department of State, U.S. Department of Health and Human Services, the U.S. Center for Disease Control and Prevention and other appropriate agencies, Foreign Affairs and International Trade Canada and other agencies and organizations that release travel advisories and warnings.

The U.S. Department of State has adopted the following ranking for travel advisories:

Level 1 – Exercise Normal Precautions: This is the lowest advisory level for safety and security risk. There is some risk in any international travel. Conditions in other countries may differ from those in the United States and may change at any time.

Level 2 – Exercise Increased Caution: Be aware of heightened risks to safety and security. The Department of State provides additional advice for travelers in these areas in the Travel Advisory. Conditions in any country may change at any time.

Level 3 – Reconsider Travel: Avoid travel due to serious risks to safety and security. The Department of State provides additional advice for travelers in these areas in the Travel Advisory. Conditions in any country may change at any time.

Level 4 – Do Not Travel: This is the highest advisory level due to greater likelihood of life-threatening risks. During an emergency, the U.S. government may have very limited ability to provide assistance. The Department of State advises that U.S. citizens not travel to the country or leave as soon as it is safe to do so. The Department of State provides additional advice for travelers in these areas in the Travel Advisory. Conditions in any country may change at any time.

In addition, the U.S. State Department may assign a higher level of advisory to a specific geographic region of a country, which shall be taken into consideration by ACPE when a decision is made whether or not to sanction travel to the applicable country.

Unless specific conditions exist that would make travel unsafe, travel to countries with Level 1 and 2 Travel Advisories will likely be sanctioned by ACPE.

For countries with a Level 3 Travel Advisory, the Executive Director – if desired, in consultation with the ACPE Executive Committee - will determine whether travel to the designated country or location will be sanctioned by ACPE.

For countries with a Level 4 Travel Advisory, travel will not be sanctioned.

Based on new information, at any time before or after commencement of travel any decision taken in accordance with this policy may be reversed or altered by the Executive Director who, in making

the decision, will consult with the Executive Committee if time permits. The resulting action to be taken could include cancellation, discontinuation, or postponement of travel.

When planning travel, ACPE will maintain a record of its monitoring and any applicable decisions or conditions. ACPE will communicate the results of monitoring to all Representatives involved in the proposed travel and other applicable stakeholders. Any Representative may elect to decline travel to any particular country or location because of concerns for his or her health, security, wellbeing or for any other reason.

ACPE, in its sole discretion, may require any Representative traveling to a global location on behalf of ACPE to execute a written agreement to be prepared by ACPE concerning the terms and conditions in respect to such travel.

Lodging

All ACPE travelers will be reimbursed for his or her own guest room.   Hotel accommodations will be booked by ACPE administrative staff.

Mileage Reimbursement, Tolls, Parking and Other Ground Transportation

- Travelers will be reimbursed for mileage and tolls incurred. Mileage will be reimbursed at a rate that corresponds to the IRS's standard mileage allowance.
- When automobile transportation is used in place of air travel, mileage reimbursement is limited to comparable air travel expense (including the lowest available, reasonable airfare, and appropriate ground transportation), identified by the Director, Accounting and Human Resources.
- Parking for ACPE guests is a reimbursable expense. Self-parking is encouraged because valet parking is generally more costly. However, if safety appears to be in question, then valet parking should be used.
- Parking for ACPE staff when the meeting is held at ACPE Headquarters or nearby will be considered on a case-by-case basis and requires the advance approval of the Executive Director.
- Limos, taxis, airport shuttles are reimbursable expenses. Care should be taken to use a reasonable, cost-conscious means of ground transportation.
- Rental cars are not a reimbursable expense, unless prior approval has been received by the Director, Accounting and Human Resources or the Executive Director.

Meals

Reasonable meal expenses are reimbursable when the traveler is on ACPE business. An itemized paid receipt is required.

Additional Reimbursable Expenses

- Reasonable and customary tips
- Room service for reimbursable meals
- Phone calls and faxes for ACPE business
- Express mail, air freight or other postage for ACPE business
- Exercise facility usage fees (not including spa charges)
- ACPE will reimburse an average of $20.00 per day of travel in actual expenses for in-room movie charges, mini-bar charges, laundry and dry cleaning

Reimbursement

- Travelers pay their expenses directly and must submit an ACPE expense statement **via Certify** within 30 days after incurring the expense in order to be reimbursed. The exceptions are: airfare – this must be charged to ACPE's account through Options Travel; hotel – room and tax will be charged to an ACPE master account if the reservation is booked by rooming list, or if the reservation is booked by ACPE staff.
- Original receipts should be submitted for all expenses greater than $25. If on occasion a receipt is lost, this must be noted on the expense report.
    - Hotel – original folio plus proof of payment (if room and tax charged to ACPE master account, receipt will be required for reimbursable incidental charges)
    - Car – rental agreement plus proof of payment (only if rental has prior approval of the Administrative Manager and/or the Executive Director)
    - Meals - credit card copy plus itemized receipt or cash register itemized receipt, including the names of the people in attendance.
    - Ground transportation – receipt from driver
    - Other – credit card charge slip or itemized cash register receipt

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ADDENDUM #5

GUIDELINES FOR SUBSTANTIVE CHANGE POLICIES AND PROCEDURES

Procedures for Reporting Substantive Change
In general, a program considering or planning a substantive change should notify ACPE early in the institution's planning. Such notification will provide an opportunity for a program to seek consultation from ACPE's professional staff regarding the potential effect of the change on the accreditation status and the procedures to be followed. Notification of ACPE may require the submission of a comprehensive academic plan demonstrating the program's continued compliance with the standards.

The Comprehensive Academic Plan
The academic plan submitted to ACPE should include the following information regarding the substantive change, where applicable:

1. Abstract
   - Describe the proposed change.
   - Provide a timeline for implementation of the substantive change.
   - State the projected number of students affected by the change, if applicable.
   - Describe the instructional delivery methods that will be used to implement the change, if applicable.

2. Background Information
   - Provide a clear statement of the nature and purpose of the change in the context of the program's mission and goals.
   - Discuss the rationale for the change.
   - Provide evidence of inclusion of the change in the program's ongoing planning and evaluation processes.
   - Describe any changes to the College or School's organizational structure that will be implemented as a result of the substantive change.
   - Include documentation that faculty and other groups were involved in the review and approval of the change.
   - Describe an exit strategy for protecting students if the proposed initiative fails to be viable.

3. Curriculum
   - Describe any modifications to curriculum, including the teaching and learning processes used to deliver the curriculum, which will be implemented as a result of the initiative.
   - Describe the College or School's technology capacity to teaching and learning effectively.
   - Describe the plan for curricular assessment; including assessment of teaching strategies, indicators for student learning and the curriculum, related to the substantive change.

4. Students
   - Describe any change in the program's policies and procedures for recruitment that will be implemented as a result of the substantive change.
   - Describe modifications to the program's Student Affairs area, which will be implemented as a result of the substantive change, if applicable.
   - Describe the proposed methods the program will utilize to ensure adequate professionalization of students for substantive changes involving the establishment of campuses at separate geographic locations or involving distance-learning techniques.

5. Faculty and Staff
   - Provide a complete roster of faculty employed to teach in the program.
   - Describe faculty and staff positions required to fully implement the substantive change.
   - Include plans for recruiting faculty and staff.
   - Describe the impact of the new initiative on faculty workload.
   - Describe the actual and planned mechanisms for faculty development related to the substantive change.

6. Library and Learning Resources
   - Describe the library and educational resources available to support the substantive change.

7. Physical Facilities
   - Provide a description of physical facilities and equipment to support the initiative.
   - Include a feasibility study of available practice sites, including:
     - A description of the number and types of sites, and the level of practice at the sites.
     - Assess the impact of the substantive change on the existing program.

8. Financial Resources
   - Provide a business plan that fully describes the financial resources to support the change.
   - Provide a cash flow analysis for the first year of implementation.
   - Demonstrate with supporting documentation that adequate funds will be available for a minimum of 1 year for:
     - Operations
     - Construction/capital development (where appropriate)
   - An unencumbered reserve fund to be used to implement the Exit Strategy

Institutional or Collegiate Reorganization

Those colleges and schools in operation, that have an ACPE-accredited program and propose to become affiliated with or become an integral part of another institution, or propose to implement substantive changes in their institutional or collegiate organization and administrative structure,

should notify ACPE of such proposals. Should a change of ownership that results in a change of control be effected, an on-site review may be required and conducted as soon as practicable but no later than six months after the change of ownership.

Distance Campuses and Distance Education

ACPE defines a distance campus as a site other than the main (original) campus from which faculty deliver significant components of the Doctor of Pharmacy didactic curriculum either live and/or via distance education (defined below) or at which a group of students receive didactic instruction in any format during any of the early years of the Doctor of Pharmacy Program (i.e., P1-P3 years). Sites used by the college or school for the coordination of practice experiences are not classified by ACPE as a distance campus if didactic components of the Doctor of Pharmacy curriculum are not delivered to or from the site.

ACPE defines for its accreditation and monitoring purpose that the term distance campus is equivalent to terms such as satellite campus, branch campus, and other such labels.

ACPE has adopted the definition of distance education developed by the United States Department of Education to be the use of one of the technologies listed below to deliver a significant portion of the didactic component of the Doctor of Pharmacy curriculum to students who are geographically separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies used to support distance education may include:

1) The internet;
2) One-way and two two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
3) Audio conferencing; or
4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in (1) through (3) above.

ACPE requires one-year advance notice (minimum of 12 months before arrival of students) for the addition of a distance campus or the implementation of distance education for an existing college or school. This notification is required to allow ACPE sufficient time to conduct the monitoring to ensure readiness and continued compliance with the standards. Failure to comply with the one-year notice requirement constitutes grounds for review and potential action under Section 13 of this manual.

ACPE requires there to be a single dean with overall responsibility for the college or school and there to be one committee structure serving programmatic needs for all sites (i.e., one curriculum committee, one admissions committee, one grievance committee, etc.).

ACPE requires faculty, staff, and students at any distance campus to be integrated fully into the academic, professional, and social life of the college or school. Evidence of this integration

includes distance campus faculty and students having committee assignments, distance campus students being engaged in professional organizations, distance campus faculty and staff having comparable research, scholarly activities, and faculty development opportunities.

ACPE requires all students, regardless of site, to have comparable access to faculty, advising, academic affairs, teaching and learning technology, student services, professional organizations, and library resources.

ACPE requires that all programs offering distance education have processes in place through which the program establishes that the student who registers in a distance education program is the same student who participates in, completes the course or program, and receives the academic credit awarded.

The accreditation review process applies to the Doctor of Pharmacy program in its entirety. Non-compliance or partial compliance with the standards at one site (main campus or distance campus) will impact the accreditation status of the entire program.

When one or more groups of students receive didactic instruction at distance campuses as well as the main campus location, ACPE, as a component of its routine monitoring (e.g., NAPLEX examination scores), will compare outcomes from each distance campus with the outcomes from the main campus. Colleges and schools must provide explanations and address concerns of this nature and, if warranted, take corrective action.

Evaluation by ACPE
The Board will review the comprehensive academic plan to determine the need to further assess its impact on the total program's ability to meet the standards. The circumstances provided may present the need for additional review and reconsideration of accreditation in accord with standard evaluation and operational procedures or appropriate monitoring, such as a focused on-site evaluation by members of the Board, professional staff and additional team members as appropriate.

Non-Compliance with Substantive Change Reporting
If a program fails to follow this substantive change policy and its procedures, the accreditation of the program may be placed in jeopardy.

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ADDENDUM #6

GUIDELINES FOR INTERIM REPORTS DURING THE ACCREDTIATION TERM

Guidelines for Interim Reports during the Accreditation Term

Interim Reports During the Accreditation Term are an important mechanism by which ACPE monitors and evaluates a college or school's compliance with accreditation standards between on-site evaluation visits. Such written interim reports may be requested for a number of reasons, such as:

- to monitor progress of a program that is still in its development phase;
- to provide an update or additional details on issues or initiatives on which a college or school is working; or
- when a specific area of concern regarding a standard has been identified by the college or school (for example, in a self-study) or by ACPE.

The ACPE Board of Directors may request an interim report following a comprehensive on-site evaluation, a focused on-site evaluation, a substantive change, or a previous interim report. When a focused visit is scheduled, ACPE generally requests the college or school to submit an interim report four to six weeks ahead of the visit. Specific issues to be addressed in the interim report are itemized in an *Actions and Recommendations Letter* or an *Interim Action Letter* from ACPE. Generally, each issue will refer to a specific standard or combination of standards.

The purpose of this document is to improve the efficiency of the reporting, submission and evaluation processes, to minimize unnecessary work and effort by all parties, and to provide additional guidance to colleges and schools regarding reporting expectations. Terminology used in ACPE's Actions and Recommendations and Interim Action Letters (i.e., when an interim report is requested) is explained below so that the expectation, content, and level of detail required by ACPE are more clearly communicated and appropriately addressed by the college or school. ACPE urges colleges and schools to ensure that their reports:

- are concise and do not exceed the word limits detailed below;
- wherever possible, primarily focus on changes that have already been implemented and assess the impact of such changes on the program; and
- when appropriate, make judicious use of appendices to illustrate specific points in the main text

Content and Required Level of Detail

ACPE uses three standardized terms to indicate the **required level of detail** when an interim report is requested:

- **A copy of** *[document name]*: The college or school is required to submit the document or table (e.g., a strategic plan, an evaluation plan, faculty bylaws, faculty resource table). Generally, no additional explanation is required unless specifically requested. A short explanatory paragraph, however, should be provided if the document contains new information that may impact future compliance with standards, for example, an initiative or objective described in a strategic plan.
- **Brief description**: The college or school should provide ACPE with a brief description of progress or developments on the issue* in question since the last report or accreditation review. The text of the report (excluding any tables, charts, appendices, etc.) must **not exceed 400 words** *(approximately one page)* **per requested issue**.
- **Detailed description**: This should include a detailed description of progress and/or developments on the issue* since the last report or accreditation review and, where

applicable, the college or school's evaluation of the impact and/or effectiveness of relevant strategies and initiatives. The text of the report (excluding any tables, etc.) must **not exceed 800 words** *(approximately two pages)* **per requested issue**.

* In Actions and Recommendations Letters and Interim Action Letters, an "issue" is generally indicated as a bulleted item under a specific Standard. For example, if a cited Standard had three main bullets associated with it, this would constitute three requested issues.

Colleges and schools that submit interim reports in which the above word limits have been exceeded may be requested to resubmit an amended report that complies with the specified word limits. The deadline for re-submission will be 10 business days from the original due date.

The specific wording of ACPE's request will clarify the required **scope and content** that needs to be addressed by the college or school. ACPE will endeavor to ensure that requests for information are clear so that the college or school's response can be appropriately focused. If the scope of a request is not clear, please communicate with ACPE staff. If applicable, requests for additional requirements (such as tables or charts) will be clearly stated in ACPE's letter.

Use of Appendices

As noted above, when colleges and schools are submitting appendices, such documents should be used judiciously, primarily to validate points made in the interim report. Unless specifically requested or necessary, documents do not need to be submitted in their entirety; in most cases, the applicable section(s) will suffice. If an appendix contains information critical for ACPE's evaluation of ongoing compliance with standards, such as details of a new initiative in a strategic plan, that information should be included in the text of the report. The text of the report itself should constitute the main component of the college or school's response and the primary basis for ACPE's analysis and evaluation. When reference is made to a specific aspect of an appendix, the location of the information (e.g., page number, table number) should be clearly stated.

Administrative Changes since Last On-Site Evaluation

In addition to the items specifically requested by ACPE, please **LIST** (include name, position, and effective date) any administrative changes that are relevant to the professional degree program that have been made at the college, school, or university since the last on-site evaluation or interim report. Commentary on these changes (e.g., the impact on the program and any action taken or proposed by the college or school) is not specifically required by ACPE at the time of the submission of the report, but may be subsequently requested if deemed necessary. If the college or school elects to provide a commentary on any change, details should be brief. Examples of administrative positions for which changes should be reported include:
- At the university level: president, chancellor, provost, or equivalent positions
- At the college or school level: deans, department chairs, divisional directors, experiential coordinator

Inclusion of Additional Information in the Interim Report

It is ACPE's expectation that the college or school will continue to address all the issues raised

by the last on-site evaluation team and documented in the Evaluation Team Report, even if the college or school is not subsequently specifically requested to submit an interim report on the issue(s). When submitting an interim report, however, the college or school may elect to also provide an update on the issues not specifically requested in the Actions and Recommendations or Interim Action Letter. Such "voluntary" reporting should be a "brief description" as described above.

Furthermore, the college or school may wish to proactively report to ACPE notable new developments or enhancements at the college or school or in the program. Likewise, this "voluntary" reporting should be a "brief description." If a development constitutes a "substantive change" for the program (as defined in Section 17 of ACPE's Policies and Procedures) the college or school is requested to submit details via a separate written communication to ACPE.

Format of the Report

ACPE requires the Interim Report to be submitted electronically as a **single PDF**. Ideally, the electronic version should be submitted by email as an attachment(s).

Should you choose to submit a hard copy, ACPE requests that any printed copies be submitted in an **unbound format** - not spiral bound, not in a binder/file; binder clips are preferable. This request is intended to save the college or school the time and expense of specialized binding, and to facilitate the handling and distribution of reports by the ACPE staff.

Word limits for responses have been provided above. The respective word limits (400 and 800 per requested issue) provide an indication of the level of detail required by ACPE. For short reports (e.g., less than six pages), an index is not necessary. For longer reports and/or for those including several appendices, an index is requested.

Standardized Tables

To facilitate evaluation, ACPE may request that certain data be submitted in a standardized format using an ACPE-designed template. Examples are:
- Faculty Resource Report
- Faculty Addendum
- Pharmacy Practice Experience (APPE & IPPE) Capacity Charts

These forms may be requested by sending an email to csinfo@acpe-accredit.org.

Submission Deadline

This is the last date by which the report should be received at ACPE's office. As the members of the ACPE staff usually have to review a high number of interim reports per cycle, submission by the due date is essential; however, whenever possible early submission is most appreciated.

Some Frequently Asked Questions

- **Should we include information relevant to the issue even if it has been previously submitted to ACPE?**

There is no need to repeat information previously reported or submitted to ACPE; such information can, however, be referenced, either by directing ACPE to a previous report or to another section within the interim report itself. Interim reports should <u>update</u> previously submitted data and describe any new developments. ACPE staff review previous reports and documents when analyzing the interim reports, and relevant background information is summarized for the members of the Board to assist them in their deliberations and evaluation.

- **We are considering or planning "substantive change" at the college or school. Should we include it in our Interim Report and, if so, where?**

  *If the college or school wishes to advise ACPE about new developments or initiatives affecting the program but unrelated to the issue(s) covered by the interim report, this should be the subject of a **separate written communication**, so that the issue can be appropriately addressed in accordance with ACPE's policies and procedures. Furthermore, "Substantive Changes" is a separate item on the agenda of board meetings, so separate documentation is appreciated. Developments defined by ACPE as "substantive change" must be reported in accordance with ACPE's Substantive Change Policy.*

- **If we have a question regarding our Interim Report, to whom should it be addressed at ACPE?**

  Questions relating to your Interim Report can be emailed to csinfo@acpe-accredit.org. Your question will then be referred to the appropriate member of the ACPE staff. You can also call the ACPE office at (312) 664-3575

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ADDENDUM #7

PROGRAMMATIC TEACH-OUT PLAN FORM

Programmatic Teach-Out Plan Form

Please submit a complete copy of the proposed Teach-Out Plan(s) cross-referenced to the following checklist:

Item #	Criteria	Teach-Out Plan
	The Teach-Out Plan provides:	**Page #**
1.	That the teach-out program[a] will deliver equitable treatment of students (i.e., existing and teach-out students) and has the necessary experience, fiscal, academic, clinical, and physical resources, as well as support services to accommodate all students.	
2.	That the teach-out program will deliver an educational program that is reasonably similar in content, structure, and scheduling to what was provided by the program that is ceasing operations.	
3.	That the teach-out program has the capacity to provide all students with all instruction and services which the students originally contracted and paid but did not receive due to the closure of the program.	
4.	That the teach-out program will provide students with information and sufficient advance notification about additional charges, if any.	
5.	That the closing program[b] will provide a list of student names enrolled with address, phone number, and the estimated graduation date for each student to the teach-out program.	
6.	A description of where the teach-out will occur: the closing program, the teach-out program, or a combination. This description should include likely programs for a Memorandum of Understanding (MOU).	
7.	Whether the teach-out program intends to retain any faculty from the closing program or add additional faculty for the purposes of the teach-out. A list of faculty responsible for the teach-out program along with their qualifications must be included.	
8.	That the teach-out program will, upon a set schedule, offer each student enrolled at the closing program a reasonable opportunity to promptly resume and complete the course of study.	
9.	That the closing program will provide notice in a timely manner to each student of the availability of the teach-out and the teach-out program will provide information to students enrolled at the closing program pertinent information regarding the teach-out program.	
10.	A clear description of the financial responsibilities of all parties.	
11.	Which institution will award the degree.	
12.	Whether students would be entitled to begin training or re-enroll at the teach-out program if the students had enrolled but not yet started their course of study at the closing program or students who are on leave of absence from the closing program.	
13.	That the closing program will provide the teach-out program copies of academic and financial aid records for the students being taught-out and the teach-out program will maintain separate records and document performance for the students being taught-out.	
14.	Appropriate notification to ACPE and compliance with applicable federal and state law.	

[a]Teach-out program: Program providing instruction and support for students

[b]Closing program: Program in jeopardy of losing accreditation or is no longer accredited by ACPE

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ADDENDUM #8

CONFLICT OF INTEREST TEMPLATE

CONFLICT OF INTEREST – CONSULTANTS, COMMISSION MEMBERS, TASK FORCE MEMBERS AND OTHER PERSONS AFFILIATED WITH ACPE

The Accreditation Council for Pharmacy Education (ACPE) is an independent, autonomous agency charged by its Articles of Incorporation, By-Laws, *Policies and Procedures* and policies established by the ACPE Board of Directors with the important responsibility of (i) the evaluation and accreditation of the educational programs of colleges and schools of pharmacy, (ii) the evaluation and accreditation of the providers of continuing pharmacy education, (iii) the evaluation of international programs, and (iv) the administration of other related ACPE activities (collectively, the "Professional Program" or the "Professional Program of ACPE").

Due to the sensitivity of ACPE's activities administering the Professional Program of ACPE, strict policies are maintained regarding conflict of interest or the appearance thereof, by ACPE Board members, evaluation team members, professional staff, consultants, commission members, task force members and other representatives (collectively "ACPE Affiliates") participating in the Professional Program. To avoid actual or perceived conflicts of interest, ACPE Affiliates must agree in writing to abide by the following policies:

A.   On-Site Evaluations and Accreditation Decisions

No ACPE Affiliate will participate in a site visit, or in discussions or voting at ACPE board meetings, if the program being visited or discussed is:

1.   One in which the ACPE Affiliate or an immediate family member (defined as a spouse, life partner, child, parent, or sibling) has been connected as a student, graduate, faculty member, administrative officer, staff member, employee, or contracted agent within the past five years.

2.   One in which the ACPE Affiliate or an immediate family member has interviewed for employment within the past two years.

3.   Located in such close geographic proximity to another program or institution with which the ACPE Affiliate has some affiliation or relationship such as those outlined herein, that the programs or institutions involved can be reasonably considered as competing with each other for financial or other advantages.

4.   Part of a university system where the ACPE Affiliate is employed.

5.   Engaged in substantial cooperative or contractual arrangements with the program or institution of the ACPE Affiliate or an immediate family member.

6.   One which has engaged the ACPE Affiliate or an immediate family member as a paid consultant within the past five years on matters such as program development or evaluation, organizational structure or design, and institutional management of finances.

7.   One in which the ACPE Affiliate or an immediate family member has any financial, political, professional, or other interest that may conflict with the interests of ACPE.

8.   One in which the ACPE Affiliate believes that there may be a conflict due to other circumstances, such as participation in accreditation or review of the program for other agencies, close personal relationships with individuals at the program, etc.

9.   One in which the program has reason to believe, and can document to the satisfaction of ACPE that the participation of the representative could be unfairly prejudicial.

B.   Conflict Determinations

ACPE Affiliates must be aware of conflicts of interest or the appearance of conflicts of interest in all functions of ACPE. The determination of the existence of a disqualifying conflict of interest or appearance thereof is, many times, subjective in nature. While the above guidelines may be helpful in respect to site visits and other business activities of ACPE, they do not and are not meant to be all-inclusive. It is incumbent upon the person involved to advise ACPE, even in the most remote circumstances, of any facts that could lead to potential conflict problems in order to permit the appropriate decision to be made with regard to possible disqualification. In accordance with the long-standing policies of ACPE, where it is determined that a conflict or appearance of conflict requires disqualification, the person involved will be excluded from any accreditation activities that maybe affected by the conflict. The strength of ACPE as an accreditation agency has been and continues to be its ability to administer the accreditation process in a fair and unbiased manner.

C.   Confidentiality

All information related to the accreditation of colleges and schools of pharmacy and providers of continuing pharmacy education, the evaluation of international programs and any and all other ACPE activities shall be held in complete confidence and no such information shall be revealed to any third party unless authorized by ACPE or required under court order.

The purpose of the above is to guide you in your service to ACPE and to protect the integrity of the Board. Your relationship as an ACPE Affiliate is contingent upon your signing the statement below acknowledging your understanding of your commitment and your agreement to abide by the above terms and conditions.

Sincerely,

Accreditation Council for
Pharmacy Education (ACPE)

Statement of Commitment
I have read and understand the above undertakings and agree to conduct myself in accordance with the above terms and conditions during my tenure as an ACPE Affiliate (Effective January 1, 20XX – December 31, 20XX)

Dated this _____ day of _____, 20___.

Name: _____

Signature: _____

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ADDENDUM #9

INTERPRETATION AND ADDITIONAL GUIDANCE
STATEMENT #1 FOR STANDARDS 2016

Interpretation and Additional Guidance Statement #1 for Standards 2016

Regarding Standard 11: Interprofessional Education (IPE):

Interpretation and additional guidance:

- The ACPE Board expects IPE experiences in both the didactic and experiential components of the curriculum to include **prescribers/student prescribers**. Additionally, ACPE expects these mix of prescribers to include (but is not limited to) **physicians and their students** in **both the didactic and experiential components** of the curriculum.

The Board further reiterates these points from the Standard:

- IPE applies to **all students** in a **variety of practice settings**.
- **Prescribers/student prescribers** (as well as other health care professionals) must be included in IPE experience.
- IPE experiences occur in **both the didactic and the experienti**al components of the curriculum.

The ACPE Board instructs site teams to find programs without these above IPE experiences in both the didactic and experiential components of the curriculum, at a minimum, to be found **Partially Compliant** (Less than Expected for developing programs) beginning immediately (i.e., visits conducted during spring 2018 and beyond). The Board's actions in June 2018 and beyond will reflect this interpretation and additional guidance statement.

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ADDENDUM #10

**ACCREDITATION MANUAL WITH BYLAWS
AND ARTICLES OF INCORPORATION**

ACCREDITATION MANUAL

January 2021

Accreditation Council for Pharmacy Education
190 S. LaSalle Street, Suite 2850
Chicago, Illinois 60603
312/664-3575
FAX: 866/228-2631

CONTENTS

INTRODUCTION

The Accreditation Council for Pharmacy Education (ACPE) is the national agency for accreditation of the professional degree programs in pharmacy and for accreditation of providers of continuing pharmacy education. ACPE was established in 1932 for accreditation of pre-service education and in 1975, its scope of activity was broadened to include accreditation of providers of continuing pharmacy education. In 2002, ACPE's scope was again broadened to include international pre-service education accreditation after it accredited an international program meeting ACPE's accreditation standards.

In 2011, ACPE launched its International Services Program to help other countries enhance the quality of their pharmacy education through consultations and quality assurance evaluations. In 2015, ACPE began to collaborate with the American Society of Health System Pharmacists (ASHP) in the U.S. accreditation of pharmacy technician education and training.

ACPE is an autonomous agency whose Board of Directors is derived through the American Association of Colleges of Pharmacy (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP) (three appointments each), and the American Council on Education (ACE) (one appointment). The Board of Directors, which has authority for management of corporate affairs, is responsible for establishing policies and procedures, setting standards for accreditation of professional programs of colleges and schools of pharmacy as well as criteria for accreditation of providers of continuing pharmacy education, and taking actions concerning accreditation. In addition, the Continuing Pharmacy Education (CPE) Commission consists of 10 members from the CPE providers, appointed by CPE Commission Chair, Vice Chair, and ACPE Director of CPE Provider Accreditation with ACPE Board of Director approval. The Commission recommends to the ACPE Board of Directors, policies and procedures for CPE, standards for accreditation of CPE and actions concerning accreditation for CPE. Similarly, the International Commission, composed of eight members (four from the United States and four from outside the United States), advise the ACPE Board on international consulting and quality assurance matters. The Pharmacy Technician Accreditation Commission (PTAC) consists of nine members from a wide variety of pharmacy practice areas. The commission, which is jointly appointed by ASHP and ACPE, works together to advise each Board of Directors on pharmacy technician education and training accreditation decision. All commissions reporting to the ACPE Board of Directors have elected board liaisons who attend commission meetings and advise on commission activities.

Beginning in 1998, the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) began the process of aligning the three accrediting systems to create a unified "joint accreditation" process for organizations that develop education for the healthcare team. The goals of this joint accreditation are to support interprofessional collaborative practice (IPCP) through interprofessional continuing education (IPCE), and at the same time to streamline the accreditation processes. In March 2009, specific joint accreditation criteria, eligibility information and process steps for joint accreditation were released. The ACCME, ACPE and ANCC began making Joint Accreditation decisions in July 2010 as Joint Accreditation for Interprofessional Continuing Education™. In addition to the evaluation by a team of reviewers, review of provider materials is discussed with a Joint Accreditation Review Committee (Joint ARC) comprised equally by representatives from ACCME, ACPE, and ANCC; then, recommendation of the Joint ARC to the governing boards/commission of ACCME, ACPE, and ANCC for their approval.

A Public Interest Panel, which consists of at least two representatives of the public, participates in the accreditation process in an advisory capacity. The ACE appointee, as well as the members of the Public Interest Panel, are neither members of the profession nor involved in pharmacy education, thereby assuring a public perspective in policy and decision-making processes.

The AACP, APhA, and NABP provide professional and financial support to the work of ACPE; however, these organizations are not members of ACPE nor do their appointees serve as delegates of these organizations. Fees are charged to the Colleges and Schools of Pharmacy, Providers of Continuing Pharmacy Education, and Providers of Joint Accreditation for Interprofessional Continuing Education, as well as international programs seeking ACPE assistance, to sustain the accreditation program. The organizational structure assures the integrity of the accreditation program through responsive, responsible, and autonomous operation.

Recognition. ACPE is recognized by the U.S. Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) for the accreditation and preaccreditation, within the United States, of professional degree programs in pharmacy leading to the degree of Doctor of Pharmacy, including those programs offered via distance education. ACPE accreditation serves to establish eligibility for participation in a variety of federally-funded programs (not including eligibility for Title IV Programs, Higher Education Act, 1965, as amended).

Name Change. In August 2003, the ACPE Board of Directors approved a name change from The American Council on Pharmaceutical Education to the Accreditation Council for Pharmacy Education. This change was made to better reflect ACPE's activities. The new name was formally adopted on November 6, 2003.

BOARD OF DIRECTORS

	Term Expires
Marie A. Chisholm-Burns	June 30, 2022
Dean and Professor, College of Pharmacy	
Professor of Surgery, College of Medicine	
University of Tennessee Health Science Center	
Memphis, TN	
Kimberly S. Croley	June 30, 2026
Director of Pharmacy and Clinical Pharmacist	
Laurel Senior Living Communities	
London, KY	
Gregory Gruener	June 30, 2022
Vice Dean for Education, SSOM	
Ralph P. Leischner Jr., MD, Professor of Medical Education	
Professor, Department of Neurology	
Chicago, IL	
Reza Karimi	June 30, 2024
Dean and Professor	
Pacific University School of Pharmacy	
Portland, OR	
John Clay Kirtley	June 30, 2020
Executive Director	
Arkansas State Board of Pharmacy	
Little Rock, AR	
Winnie Landis	June 30, 2024
Diabetes Educator	
CVS Pharmacy	
Lafayette, IN	
LuGina Mendez-Harper	June 30, 2022
Government Affairs Principal	
Prime Therapeutics	
Eagan, MN	
Michael A. Moné	June 30, 2024
Senior Legal Counsel	
CVS Health	
Scottsdale, AZ	

Amy Seybert   June 30, 2022
  Chair of Pharmacy and Therapeutics
  Associate Professor, Pharmacy and Therapeutics
  University of Pittsburgh School of Pharmacy
  Pittsburgh, PA

Sharon Youmans   June 30, 2026
  Vice Dean and Professor of Clinical Pharmacy
  University of California San Francisco
  School of Pharmacy
  San Francisco, CA

<div align="center">

2020 BOARD OF DIRECTORS OFFICERS

Michael A. Moné, President
John C. Kirtley, Vice President
Reza Karimi, Secretary-Treasurer

PUBLIC INTEREST PANEL

</div>

	Term Expires
Mary Donnelly	July 1, 2025
Chicago, IL	
Deborah Kapp	July 1, 2022
Oak Park, IL	
Howell Todd	July 1, 2022
Huntington, TN	

CONTINUING PHARMACY EDUCATION COMMISSION

	Term Expires

Crystal Carter, MPA
  Client Strategist
  Louisiana Pharmacists Association
  Baton Rouge, LA
	December 31, 2023

Marie A. Chisholm-Burns (Board liaison)
  Dean and Professor, College of Pharmacy
  Professor of Surgery, College of Medicine
  University of Tennessee Health Science Center
  Memphis, TN
	January 21, 2020

JoAnn S. Harris
  Director
  American Society of Health-System Pharmacists (ASHP)
  Bethesda, MD
	December 31, 2021

Peter J. (P.J.) Hughes, PharmD, MSEd, BCPS
  Associate Professor of Pharmacy Practice and Director of
  Faculty Success and Continuing Professional Development,
  Samford University
  Birmingham, AL
	December 31, 2022

Barbara Jolly
  Professor, Department of Clinical & Administrative Services
  Director, Office of Lifelong Professional Development
  Sullivan University College of Pharmacy
  Louisville, KY
	December 31, 2021

Lindsay Kaster
  Associate Chief of Pharmacy for Inpatient Services
  Boise VA Medical Center
  Boise, ID
	December 31, 2021

Nicholas Lehman, PharmD, BCACP
  Associate Professor of Pharmacy Practice, Drake University
  College of Pharmacy and Health Sciences Clinical Pharmacist
  – UnityPoint West Des Moines Family Medicine & Internal
  Medicine Clinics
  Des Moines, IA
	December 31, 2022

Jennifer Pauley
  Clinical Coordinator, St. Jude Children's Research Hospital
  Memphis, TN
	December 31, 2021

Kathy Schott, PhD   December 31, 2023
   Vice President, Operations
   CEImpact
   Clive, IA

Ginger Scott   December 31, 2021
   Professor, Department of Pharmaceutical Systems and Policy
   and Director of Continuing Education
   West Virginia University School of Pharmacy
   Morgantown, WV

Barbara Ellen Maguire Vick, JD, PharmD, BCSCP   December 21, 2022
   Associate Executive Director, North Carolina Board of Pharmacy
   Chapel Hill, NC

Diane Yoon, Ed.D.   December 31, 2022
   Associate Director, Office of Continuing Professional Development
   USC School of Pharmacy, Health Sciences Campus
   Los Angeles, CA

INTERNATIONAL SERVICES PROGRAM CERTIFICATION

Term Expires

Jannet M. Carmichael   January 31, 2024
   President, Pharm Consult NV LLC, USA

Michael Katz   January 31, 2022
   Professor, Department of Pharmacy Practice & Science
   Director, International Programs
   Director, Residency Programs
   University of Arizona
   College of Pharmacy, USA

Abeer Alghananeem   January 31, 2024
   Professor of Pharmaceutics and Biopharmaceutics
   Director of Research
   Sullivan University
   College of Pharmacy & Health Sciences, USA

Yousif Asiri, PhD   January 31, 2023
   Professor of Clinical Pharmacy and President, Taif
   University, Saudi Arabia

Sherief Khalifa   January 31, 2024
   Professor and Vice-Chancellor for Quality and Global
   Engagement; Dean, College of Pharmacy, Gulf Medical
   University, UAE

Donald E. Letendre   January 31, 2023
  Dean and Professor
  University of Iowa, College of Pharmacy, USA

Shailendra Saraf   January 31, 2022
  Professor, Pharmaceutical Sciences
  University Institute of Pharmacy, India
  Vice-President, Pharmacy Council of India, India

Jenelle Sobotka   January 31, 2024
  Professor and Director, Online Certificate and Masters
  Programs in Leadership, University of Cincinnati, James L.
  Winkle College of Pharmacy, USA

Winnie Landis   January 31, 2022

2021 INTERNATIONAL SERVICES PROGRAM CERTIFICATION COMMISSION OFFICERS

Jannet Carmichael, Chair
Michael Katz, Vice Chair

PROFESSIONAL STAFF

Executive Director
Janet P. Engle

Associate Executive Director, and Director, Professional Degree Program Accreditation
J. Gregory Boyer

Assistant Executive Director, and Director, Continuing Pharmacy Education Provider Accreditation
Dimitra V. Travlos

Assistant Executive Director, and Director, International Services
Michael J. Rouse

Associate Director, Continuing Pharmacy Education Provider Accreditation and Continuing Professional Development
Jennifer L. Baumgartner

Associate Director, Professional Degree Program Accreditation
Mary E. Kiersma

Assistant Director, Continuing Pharmacy Education Accreditation Program
Kimberly Catledge

Assistant Director, Accreditation
Dawn Zarembski

HONORARY STAFF

Executive Director Emeritus and Senior Fellow
Daniel A. Nona

Executive Director Emeritus
Peter H. Vlasses

HISTORY OF APPOINTMENTS TO THE ACPE BOARD OF DIRECTORS

Appointed by the American Association of Colleges of Pharmacy

1932-46 Townes R. Leigh	1932-36 Theodore J. Bradley	1932-48 Andrew G. DuMez
1946-52 Glenn L. Jenkins	1937-41 C.B. Jordan	1948-56 B.V. Christensen
1952-58 Hugo H. Schaefer	1942-48 Ernest Little	1956-62 Joseph B. Burt
1958-64 Louis C. Zopf	1948-54 Troy C. Daniels	1962-68 Lloyd M. Parks
1964-69 Richard A. Deno	1954-60 Tom D. Rowe	1968-74 Roy A. Bowers
1970-76 Donald C. Brodie	1960-66 Linwood F. Tice	1974-80 Warren E. Weaver
1976-82 C. Boyd Granberg	1966-72 Harold G. Hewitt	1980-86 Charles A. Walton
1982-85 Lawrence C. Weaver	1972-78 Varro E. Tyler	1986-92 William J. Kinnard
1985-88 Harold H. Wolf	1978-84 August P. Lemberger	1988-92 Jack R. Cole
1990-96 Michael A. Schwartz	1984-90 Robert K. Chalmers	1992-98 J. Chris Bradberry
1992-00 John W. Mauger	1996-02 H.W. Matthews	1998-04 M.A. Koda-Kimble
2000-06 Barbara F. Brandt	2002-08 S. William Zito	2004-10 George R. Spratto
2006-12 Heidi M. Anderson	2008-14 Robert S. Beardsley	2010-16 Stephanie F. Gardner
2012-18 Victoria F. Roche	2014-20 Lori J. Duke	2016-22 Marie Chisholm-Burns
2018-24 Reza Karimi	2020-26 Sharon Youmans	

Appointed by the National Association of Boards of Pharmacy

1932-46 A.C. Taylor	1932-36 Russel B. Rothrock	1932-44 H.C. Christensen
1946-48 H.C. McAllister	1936-60 Robert L. Swain	1944-62 P.H. Costello
1949-60 Frank W. Moudry	1960-65 Robert J. Gillespie	1962-73 H.C. McAllister
1961-81 Fred T. Mahaffey	1965-72 Francis S. Balassone	1974-80 Lowell J. Anderson
1981-88 William J. Grosz	1972-78 A.G. McLain	1980-92 John H. Vandel
1988-00 Michael E. Hart	1978-81 Rex C. Higley	1984-96 Jack L. Coffey
1992-95 Lester Hosto	1981-84 Richard H. Rolfsen	1995-98 Howard B. Bolton
1996-02 Judith Christensen	1998-04 W. Whitaker Moose	2000-06 Paul G. Boisseau
2002-08 David E. Holmstrom	2004-10 Donald H. Williams	2006-24 Michael A. Moné
2008-14 Donna S. Wall	2010-16 Dennis McAllister	2014-26 John C. Kirtley
2016-22 LuGina Mendez-Harper		

Appointed by the American Pharmacists Association

1932-40 H.A.B. Dunning	1932-42 David F. Jones	1932-44 E.F. Kelly
1940-63 Robert P. Fischelis	1943-54 L.D. Bracken	1945-62 George D. Beal
1963-64 Geo F. Archambault	1955-60 L.L. Riggs	1962-64 John E. Preston
1964-72 Charles F. Dahl	1960-69 William S. Apple	1964-68 Lonnie Yarbrough
1972-82 Mary M. Runge	1969-78 Clifton J. Latiolais	1968-76 David J. Krigstein
1982-88 Robert C. Johnson	1978-86 Grover C. Bowles	1976-86 Max W. Eggleston
1988-00 Harold N. Godwin	1986-90 Leonard J. DeMino	1986-92 Evelyn D. Timmons
1990-91 Robert J. Osterhaus	1991-96 James B. Powers	1992-98 Jody A. Stewart
1996-02 Robert J. Osterhaus	1998-04 Dennis K. Helling	2000-06 Terry A. Short

2002-08 Betty Jean Harris	2004-10 William A. Gouveia	2006-12 Warren A. Narducci
2008-11 Michael P. Cinque	2010-16 Bruce Canaday	2011-20 Anthony Provenzano
2012-19 Timothy L. Tucker	2016-18 Martha Rumoré	2019-22 Amy Seybert
2020-24 Winnie Landis	2020-26 Kimberly S. Croley	

Appointed by the American Council on Education

1932-39 David A. Robertson	1942-49 Earl J. McGrath	1950-58 Edward C. Elliot
1959-64 Herbert Longenecker	1978-82 Evelyn E. Handler	1982-89 Rosemary Schraer
1989-98 Ellen E. Chaffee	1998-04 John R. Johannes	2004-10 Joan Straumanis
2010-16 Barbara G. Burch	2016-19 Sharon Hahs	2019-22 Gregory Gruener

History of Officers and Professional Staff at ACPE

President	Vice President	Secretary/Treasurer
1932-44 E.F. Kelly	1941-44 H.C. Christensen	1932-48 A.G. DuMez
1945-48 P.H. Costello	1944-45 P.H. Costello	1948-62 P.H. Costello
1948-62 George D. Beal	1946-47 Ernest Little	1962-81 Fred Mahaffey
1962-63 R.P. Fischelis	1948-48 George D. Beal	1981-86 John H. Vandel
1964-69 William S. Apple	1948-52 Glenn L. Jenkins	1986-90 Robert Chalmers
1969-72 Charles F. Dahl	1953-56 B.V. Christensen	1990-92 Evelyn Timmons
1972-74 D.J. Krigstein	1956-58 Hugo H. Schaefer	1992-96 Jack L. Coffey
1974-78 Varro E. Tyler	1958-62 Joseph B. Burt	1996-98 Jody A. Stewart
1978-82 Max Eggleston	1962-64 Louis C. Zopf	1998-00 Judith S. Christensen
1982-86 Grover C. Bowles	1964-66 Linwood F. Tice	2000-02 H.W. "Ted" Matthews
1986-92 John H. Vandel	1966-68 Lloyd M. Parks	2002-04 Terry A. Short
1992-96 Harold N. Godwin	1968-69 Richard A. Deno	2004-06 S. William Zito
1996-98 Michael E. Hart, Jr.	1969-78 John C. Weaver	2007-10 Donald H. Williams
1998-00 John W. Mauger	1978-80 Warren E. Weaver	2010-15 Michael A. Moné
2000-02 Robert J. Osterhaus	1980-84 August P. Lemberger	2015-16 Timothy L. Tucker
2002-04 Dennis K. Helling	1984-86 Charles A. Walton	2016-17 John C. Kirtley
2004-06 Terry A. Short	1986-88 Robert C. Johnson	2017-18 Anthony Provenzano
2006-08 George R. Spratto	1988-90 Evelyn D. Timmons	2018-19 Anthony Provenzano
2009-10 William A. Gouveia	1990-92 William J. Kinnard	2019-20 Michael A. Moné
2010-12 Heidi M. Anderson	1992-96 Michael E. Hart, Jr.	2020-21 Reza Karimi
2012-14 Robert S. Beardsley	1996-98 John W. Mauger	2021-22 Amy Seybert
2014-15 Stephanie F. Gardner	1998-00 Robert J. Osterhaus	
2015-16 Bruce R. Canaday	2000-02 Judith S. Christensen	
2016-17 Michael A. Moné	2002-04 Mary Anne Koda-Kimble	
2017-18 Timothy L. Tucker	2004-06 Paul G. Boisseau	
2018-19 John Kirtley	2006-07 David E. Holmstrom	
2019-20 Lori Duke	2008-09 William A. Gouveia	
2020-21 Michael A. Moné	2009-10 Heidi M. Anderson	
2021-22 John Kirtley	2010-12 Robert S. Beardsley	
	2012-13 Donna S. Wall	

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2013-14  Stephanie F. Gardner
2014-15  Bruce R. Canaday
2015-16  Michael A. Moné
2016-17  Timothy L. Tucker
2017-18  John Kirtley
2018-19  Lori Duke
2019-20  Anthony Provenzano
2020-21  John Kirtley
2021-22  Reza Karimi
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Appointed to the Continuing Pharmacy Education Commission

2007-12 Mary-Anne Benedict	2007-12 Stephen Caiola	2007-14 Janet Cline
2007-12 Jeannine Dickerhofe	2007-13 Kristin Janke	2007-10 Judy Filip
2007-12 Scott Meyer	2007-12 Jennifer Moulton	2008-13 John C. Kirtley
2007-14 Timothy Welty	2007-07 Malcolm Broussard	2010-12 Carol Abel
2013-15 Amir Amamifar	2013-18 Anita Young	2013-15 Kathleen McCartney
2013-15 Richard Artymowicz	2012-17 Shelby Englert	2012-17 Tian Merren Owens
2014-17 Kevin Mitchell	2015-20 Tammie Armeni	2015-20 Aaron Reich
2016-21 JoAnn Harris	2016-21 Barbara Jolly	2017-19 Joe Fontenot
2017-19 Tracy Hunter	2018-20 Trish Wegner	2019-21 Lindsey Kaster
2019-21 Jennifer Pauley	2019-24 Ginger Scott	2020-22 Peter J. Hughes
2020-22 Barbara Ellen Vick	2020-22 Nicholas Lehman	2020-22 Dian Yoon
2021-23 Crystal Carter	2021-23 Kathy Schott	

Continuing Pharmacy Education Commission Officers

2008 Kristin Janke, Chair	Janet Cline, Chair
2009 Janet Cline, Chair	Jeannine Dickerhofe, Vice Chair
2010 Jeannie Dickerhofe, Chair	Scott Meyers, Vice Chair
2011 Scott Meyers, Chair	Jennifer Moulton, Vice Chair
2012 Jennifer Moulton, Chair	Timothy Welty, Vice Chair
2013 Timothy Welty, Chair	Janet Cline, Vice Chair
2014 Janet Cline, Chair	Tian Merren-Owens, Vice Chair
2015 Richard Artymowicz, Chair	Tian Merren-Owens, Vice Chair
2016 Tian Merren-Owens, Chair	Dennis Brierton, Vice Chair
2017 Dennis Brierton, Chair	Aaron Reich, Vice Chair
2018 Aaron Reich, Chair	Tammie Armeni, Vice Chair
2019 Tammie Armeni, Chair	Barbara Jolly, Vice Chair
2020 Barbara Jolly, Chair	JoAnn Francis, Vice Chair
2021 JoAnn Francis, Chair	Ginger Scott, Vice Chair

Board Liaison to Continuing Pharmacy Education Commission

2007	Joan Straumanis
2008	Donald H. Williams
2009	Donna S. Wall
2010	Donna S. Wall
2011	Warren A. Narducci
2012	Anthony Provenzano
2013	Anthony Provenzano
2014	Donna S. Wall
2014	John Clay Kirtley
2015	John Clay Kirtley
2016	Lori Duke
2017	LuGina Mendez-Harper
2018-22	Marie Chisholm-Burns

Appointed to the International Commission

2011-12 Robert S. Beardsley	2011-13 Bruce R. Canaday	2011-14 William A. Gouveia
2011-15 Peter J. Kielgast	2011-16 Claude Mailhot	2011-11 Sobhi Said
2011-15 George R. Spratto	2012-17 Azza M. Agha	2012-18 Janet P. Engle
2012-18 A. Patricia Acuña Johnson	2012-19 Indra Reddy	2014-20 Anthony K. Wutoh
2015-21 Suresh Bhorjaj	2015-21 Magaly Rodriguez de Bittner	2016-21 Yen Huei Tarn
2017-23 Yousif A. Asiri	2018-24 Jannet M. Carmichael	2018-24 Abeer Alghananeem
2019-22 Michael Katz	2020-23 Donald E. Letendre	2021-22 Shailendra Saraf
2021-24 Sherief Khalifa	2021-24 Jenelle Sobotka	

International Services Program Ex-Officio Member

2012-14	Robert S. Beardsley

International Services Program Commission Officers

2011 George R. Spratto, Chair	William A. Gouveia, Vice Chair
2012 William A. Gouveia, Chair	Claude Mailhot, Vice Chair
2013 Claude Mailhot, Chair	Janet P. Engle, Vice Chair
2014 Janet P. Engle, Chair	A. Patricia Acuña Johnson, Vice Chair
2015 A. Patricia Acuña Johnson, Chair	Indra Reddy, Vice Chair
2016 Indra Reddy, Chair	Anthony K. Wutoh, Vice Chair
2017 Anthony K. Wutoh, Chair	Suresh Bhojraj, Vice Chair
2018 Suresh Bhojraj, Chair	Magaly Rodriguez de Bittner, Vice Chair
2019 Magaly Rodriguez de Bittner, Chair	Abeer Alghananeem, Vice Chair
2020 Abeer Alghananeem, Chair	Jannet Carmichael, Vice Chair
2021 Jannet Carmichael, Chair	Michael Katz, Vice Chair

Board Liaison to International Commission

2011	Robert S. Beardsley
2012-13	Bruce R. Canaday
2014	Timothy L. Tucker
2015	Lori J. Duke
2016	Victoria F. Roche
2017-18	Martha Rumoré
2019	Timothy L. Tucker
2019-20	LuGina Mendez-Harper
2020-22	Winnie Landis

Director of Educational Relations

1949-50	Edward C. Elliott (Acting Director)
1950-52	Richard A. Deno
1952-74	Melvin W. Green (Director) Emeritus)
1974-75	Daniel A. Nona

Executive Director

1975-00	Daniel A. Nona, Director Emeritus
2000-19	Peter H. Vlasses, Director Emeritus
2019-	Janet P. Engle

Associate Executive Director

1983-88	W. Robert Kenny
1989-20	Jeffrey W. Wadelin
1995-97	Carl K. Buckner
1995-00	Kimberly K. Werner
2020-	Greg Boyer

Assistant Executive Director

1975-79	Alan L. Granat
1979-81	Roxie R. Smith
1981-83	W. Robert Kenny
1987-90	K.M. Schnobrich
1991-95	Kimberly K. Werner
1998-99	Mary Ellen Bonk
1998-	Dimitra V. Travlos
1999-08	Ulric K. Chung
1999-04	Dawn G. Zarembski
2000-13	Sharon L. Hudson

2001-	Michael J. Rouse
2002-20	J. Gregory Boyer
2006-09	Anne-Marie Sesti

ARTICLES OF INCORPORATION OF THE

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION, INC.

Article 1

The name of the corporation is the American Council on Pharmaceutical Education, Inc.
(Note: Name Change effective November 6, 2003: Accreditation Council for Pharmacy Education, Inc.)

Article 2

The name and address of the initial registered agent and registered office is:

Daniel A. Nona
20 North Clark Street, Suite 2500
Chicago, Illinois 60602

Article 3

The number and terms of office of the Board of Directors shall be determined by the Board of Directors. The first Board of Directors shall be ten (10) in number, their names, addresses and terms of office being as follows:

Member	Address	Term Expires
Dr. Robert K. Chalmers	2824 Henderson Avenue West Lafayette, IN 47906	June 30, 1990
Mr. Jack L. Coffey	1917 N. Minnesota Shawnee, OK 74801	June 30, 1990
Dr. Jack R. Cole	7522 E. Knollwood Drive Tucson, AZ 85715	June 30, 1994
Mr. Leonard J. DeMino	11712 Dinwiddie Drive Rockville, MD 20852	June 30, 1990
Mr. Harold N. Godwin	10112 West 98th Street Overland Park, KS 66212	June 30, 1994
Mr. Michael E. Hart, Jr.	707 Sunshine Court Forest Lake, MN 5502	June 30, 1994

Dr. William J. Kinnard, Jr.	4000 N. Charles Street Baltimore, MD 21218	June 30, 1992
Dr. Rosemary Schraer	9303 Box Springs Mtn. Road Sunnymead, CA 92388	June 30, 1992
Ms. Evelyn D. Timmons	P.O. Box 1389 Scottsdale, AZ 85252	June 30, 1992
Mr. John H. Vandel	2041 Main Street Torrington, WY 82240	June 30, 1992

Article 4

The Corporation is organized for the purpose of promoting or encouraging educational, research, and scientific activities, including but not limited to:

A.   To organize and operate a corporation exclusively for educational and other non-profitable purposes, with no part of the net earnings of the Corporation to inure to the benefit of any director.

B.   To formulate the educational, scientific, and professional principles and standards, which an accredited professional program of a college or school of pharmacy or an accredited provider of continuing pharmacy education will be expected to meet and maintain.

C.   To revise these principles and standards when deemed necessary or advisable.

D.   To evaluate the professional program(s) of any college or school of pharmacy and any provider of continuing pharmacy education and any pharmacy technician education and training program that requests accreditation of this corporation.

E.   To publish a directory of accredited professional programs of colleges and schools of pharmacy and a directory of accredited providers of continuing pharmacy education, and to revise such directories annually or as frequently as deemed necessary.

F.   To satisfy itself that the accredited professional programs of Colleges and Schools of Pharmacy, providers of continuing pharmacy education maintain the proper standards through evaluation of at regular intervals or at such other times as may be deemed advisable; and to withdraw the accreditation of any professional program of a college or school, the accreditation of a provider of continuing pharmacy education that fails to maintain the standards formulated by the Corporation.

G.   To assist in the advancement and improvement of pharmacy education as well as prerequisites and procedures for licensure.

Article 5

The Board of Directors shall promulgate such bylaws, as it shall from time to time determine, provided that no such bylaw be in conflict with any of the terms and conditions of these articles.

Article 6

A. The Corporation is organized exclusively for charitable, educational, and scientific objectives and purposes and may for such objectives and purposes make distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law).

B. In furtherance of its stated charitable, educational, and scientific objectives and purposes, but not for any other objectives or purposes, the Corporation may exercise the following powers to the extent permitted by law:

1. To receive, accept, hold, and administer funds exclusively for such objectives and purposes and, to that end, to take and receive by request, devise, gift, benefit or trust, any property, real, personal, tangible or intangible, wheresoever located;

2. To purchase, otherwise acquire, construct upon or lease any property, real or personal, tangible or intangible, including but not limited to securities and secured obligations of any nature whatsoever, wherever located;

3. To hold, sell, lease, convey and otherwise dispose of any property so received, purchased, constructed or otherwise acquired, and invest and reinvest the principal thereof, and invest and reinvest the income therefrom; to add any such income to principal, and to deal with, use, expend, convey, donate, assign or otherwise transfer the property of the Corporation, whether principal or income, exclusively for its objectives and purposes; to hold uninvested all or any part of its funds for such length of time as may be necessary or desirable to carry out such objectives and purposes;

4. To exercise its rights, powers, and privileges by holding meetings of its Board of Directors, keeping its books, employing personnel, and establishing one or more offices, branches, subdivisions or agencies in any part of the United States of America or elsewhere; and

5. To do everything and anything reasonable and lawfully necessary, proper, suitable, or convenient to achieve its stated objectives and purposes.

C. No part of the net earnings of the Corporation shall inure to the benefit of, or be

distributable to, its directors, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 4 hereof. No substantial part of the activities of the Corporation shall be the dissemination of propaganda, or other attempts to influence legislation, nor shall the Corporation participate in, nor intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law).

D.   Upon the dissolution of the Corporation, the Board of Directors shall, after paying and making provision for the payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation to such organization or organizations organized and operated exclusively for charitable, educational, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law), as the Board of Directors shall determine.

Article 7

These Articles of Incorporation may be altered, amended or repealed by the Board of Directors upon the affirmative vote of two-thirds (2/3) of the total number of the Board of Directors.

The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

_____/August 12, 1988
John H. Vandel, President   Date

2041 Main Street
Torrington, WY 82240

ACPE
CORPORATE
SEAL

**BYLAWS OF THE
ACCREDITATION COUNCIL FOR PHARMACY EDUCATION (ACPE)**

ARTICLE I. PURPOSE AND ACTIVITIES

Section I. Governing Documents

ACPE is a national agency for accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE offers evaluation and certification of professional degree programs in pharmacy outside the United States.

It operates under its Articles of Incorporation, Bylaws and published *Policies and Procedures.* ACPE is recognized by the U.S. Department of Education (USDE) for the accreditation and preaccreditation, within the United States, of professional degree programs in pharmacy leading to the degree of Doctor of Pharmacy, including those programs offered via distance education. Since it is recognized by the U.S. Department of Education as the sole agency for the accreditation of professional degree programs of schools and colleges of pharmacy, ACPE must comply with the applicable provisions of the federal Higher Education Act and the regulations promulgated thereunder by the United States Department of Education. ACPE's Continuing Pharmacy Education Provider Accreditation, International Services programs, Joint Accreditation, and Pharmacy Technician Education and Training Accreditation are not subject to USDE recognition.

Section 2. Charitable and Educational Organization

ACPE is recognized by the Internal Revenue Service as a Section 501c (3) charitable and educational organization exempt from federal income taxes. ACPE is subject to the restrictions set forth in the federal internal revenue code and the regulations adopted thereunder.

Section 3. Protection of Public Health

ACPE's activities are undertaken for the purpose the protection of the public health and welfare.

ARTICLE II. OFFICES

ACPE shall maintain in the State of Illinois a registered office and a registered agent and may have other offices within or without the state.

ARTICLE III. BOARD OF DIRECTORS

Section 1. General Powers.

The business, property and affairs of the Corporation shall be managed by its Board of Directors (Board).

Section 2. Number, Tenure and Qualifications

(a)   The number of directors shall be ten (10), or such other number as the Board of Directors may from time to time establish by amendment to these bylaws. Each director's term of office shall be six (6) years. Each director shall serve until the later of the completion of his or her term, reappointment to another term, or replacement by his or her successor.

(b)   The Board of Directors shall be appointed by the following organizations, based on the following criteria:

   1. The American Pharmacists Association three (3) directors

       Individuals appointed to the ACPE Board of Directors by the American Pharmacists Association (APhA) shall, based on the final criteria at the time of appointment:
       • be a licensed, registered pharmacist for a minimum of 10 years;
       • have a record of exemplary professional practice and/or leadership experience;
       • preferably have prior experience serving as a preceptor for pharmacy students;
       • have a working knowledge of the broad array of pharmacy practice settings and contemporary issues; and
       • not be in conflict with Section 14(b) of these bylaws.

       In addition, ACPE and APhA will work together to ensure that the ACPE Board of Directors, in its entirety, includes members with experience and training in a variety of pharmacy disciplines (e.g., community, health-system, ambulatory care, long-term care, managed care, etc.).

   2. The National Association of Boards of Pharmacy three (3) directors

       Individuals appointed to the ACPE Board of Directors by the National Association of Boards of Pharmacy (NABP) should:
       • have a minimum of 10 years of experience in pharmacy practice or education;
       • be or have recent experience as a member or an executive of a state board of pharmacy; and
       • not be in conflict with Section 14(b) of these bylaws.

   3. The American Association of Colleges of Pharmacy three (3) directors

       Individuals appointed to the ACPE Board of Directors by the American Association of Colleges of Pharmacy (AACP) should:
       • have a minimum of 10 years' experience as a member of the faculty or administration

of an ACPE college or school of pharmacy with accredited program;

- be in a full-time academic position; and
- not be in conflict with Section 14(b) of these bylaws.

In addition, ACPE and AACP will work together to ensure that the ACPE Board of Directors, in its entirety, include members with experience and training in a variety of pharmacy disciplines (e.g., pharmacy practice, pharmaceutical sciences, pharmacy administration), and, at the time of appointment, both faculty and administrative representation.

4. The American Council on Education one (1) director

   The appointee to the Board from the American Council on Education serves as a representative of the public on the Board and as such, must not be:

   - An employee, student, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by ACPE or has applied for accreditation or preaccreditation;
   - A member of any trade association or membership organization related to, affiliated with, or associated with ACPE; or
   - A spouse, parent, child, or sibling of an individual identified in the first two paragraphs of this definition.

5. Prior to taking office as a member of the ACPE Board of Directors, each appointee shall execute an attestation confirming that he or she meets all of the requirements and restrictions under these bylaws necessary to be eligible to serve on the ACPE Board.

(c) The terms of office of the directors may be staggered.

Section 3. Regular Meetings

The Annual Meeting of the Board of Directors shall be held in January on a date, time and place as shall be determined, from time to time, by the Executive Committee in consultation with the Executive Director. The Board may schedule such additional regular meetings, as it shall from time to time determine. Regular meetings shall be held at such time and at such place as the Board of Directors may provide by resolution.

Section 4. Special Meetings

Special meetings of the Board of Directors may be called by or at the request of the president or any six directors on a date or time to be determined by the person or persons calling the meeting in consultation with the Executive Committee and the Executive Director. The date shall be set to permit proper notice as required in Section 6 of this Article III. The location of any special meetings will be determined by the Executive Committee in consultation with the Executive Director.

Section 5. Electronic Meetings

Directors may act at any meeting of the Board through the use of electronic communication equipment by means of which all persons participating in the meeting can communicate with each

other. Participation in such meeting shall constitute attendance and presence in person at the meeting.

Section 6. Notice

(a)   Notice of the Annual Meeting and each regular meeting shall be mailed by the Executive Director at the request of the Executive Committee to each director at his or her address as shown on the records of the Corporation not less than ten (10) nor more than thirty (30) days prior to the date fixed for such meeting. Notice of any special meeting of the Board of Directors shall be given by the Executive Director at the request of the Executive Committee not less than five (5) nor more than ten (10) days previous thereto by written notice to each director at his or her address as shown on the records of the Corporation, unless otherwise provided in these bylaws. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage prepaid.

        If notice be given by telegram, facsimile, or email, such notice shall be deemed to be delivered on the date sent. Notices may also be signed and sent by the Secretary/Treasurer, by any officer, or by a designee of the Executive Director.

(b)   Whenever any notice is required to be given by the bylaws, the Articles of Incorporation or otherwise required by law, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice. The attendance of a director at any annual, regular or special meeting shall constitute a waiver of notice of such meeting, except where a director advises the presiding officer prior to the commencement of the meeting that he or she is attending the meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

Section 7. Action by Unanimous Consent

If and when the directors shall unanimously consent in writing to any action to be taken by the Corporation, such action shall be valid corporate action as though it had been authorized at a meeting of the Board of Directors.

Section 8. Quorum, Voting

(a)   A majority of the total number of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board, provided that if less than a majority of the directors are present at a meeting, a majority of the directors present may adjourn the meeting to another time without further notice, unless such meeting is scheduled to commence more than ten (10) days after adjournment, in which event notice shall be given as required in Section 6 or Section 7, as the case may be.

(b)   The presiding officer at any meeting shall be counted for purposes of establishing a quorum but shall vote only to break a tie vote.

(c)   Each director shall have one vote to cast on each motion to come before the Board.

Section 9. Manner of Acting

The act of a majority of the directors eligible to vote who are present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless the act of a greater affirmative vote is required by these bylaws.

Section 10. Vacancies

(a)   Any vacancy occurring, for any reason, in an appointed Board Member's position on the Board of Directors shall be filled through an appointment of a successor director by the organization, which originally selected such director. In the event that any such vacancy shall continue in excess of six months, the Board of Directors of ACPE shall fill such vacancy with a member of the organization that failed to select a successor. A director selected to fill a vacancy shall serve for the unexpired term of his or her predecessor in office and may be reappointed.

(b)   Any vacancy occurring in the Board of Directors to be filled by reason of an increase in the number of directors shall be filled by the Board of Directors unless otherwise required by these bylaws.

Section 11. Power to Appoint other Officers and Agents

The Board of Directors shall appoint an Executive Director who shall be the chief executive officer of ACPE; and approve such other appointments of chairs of Commissions.

Section 12. Removal of Directors or Officers

Any director or officer may be removed by the Board of Directors by the affirmative vote of two-thirds (2/3) of the total members of the Board whenever in the Board's judgment the best interests of the Corporation would be served thereby. Removal may be considered at any regular or special meeting of the Board of Directors provided that at least ten (10) days written notice is given to the Board summarizing the reason or reasons for consideration of such removal. The vacancy shall be filled as provided in Section 10 of this Article. III

Section 13. Compensation

Directors shall not receive any compensation for their services, but any reasonable expenses incurred by the directors in the official conduct of the business of the Corporation shall be paid by the Corporation.

Section 14. Conflict of Interest, Confidentiality

(a) (i) In the event a matter comes before the Board that creates a conflict of interest or the appearance of a conflict of interest, the conflicted person (director, staff member, ACPE consultant or any other attendee) shall so advise the presiding officer. Such conflicted party shall recuse himself or herself, leave the meeting room until the matter is concluded, and not engage in any discussion of the matter with any attendee. If matters come before the meeting on a consent basis where no discussion is involved, a conflicted person need not recuse him or

herself and may vote on the consent agenda noting; however, his or her vote is not applicable as to the source of any conflict.

(ii) All matters coming before the Board at any annual, regular or special meeting, including but not limited to the materials distributed to Board members, discussions, votes and decisions, are confidential and cannot be released to any third parties without the permission of the Executive Director or the Board's Executive Committee.

(iii) All persons attending an annual, regular or special meeting shall have executed a document agreeing to abide by the conflict of interest and confidentiality policies of ACPE.

(iv) If a member(s) recuses himself, a determination will be made as to a new quorum exclusive of the recused member(s).

(b) (i) No person shall be appointed or elected to or serve on the ACPE Board of Directors, **or any of its commissions**, who is an officer or director with any national organization affiliated with the profession of pharmacy including but not limited to AACP, APhA and NABP.

(ii) Upon the resignation of an ACPE Board member, a vacancy shall be declared and filled in accordance with Section 10 of these bylaws.

ARTICLE IV. EXECUTIVE COMMITTEE

Section 1. Membership, Duties and Responsibilities

(a)   The President, Vice President and Secretary/Treasurer of the corporation shall constitute the Executive Committee.

(b)   The Executive Committee shall meet annually in December at the headquarters of the Corporation and such other time and such other places as the President, in consultation with the Executive Director determines, provided at least five (5) days' notice of the time and place of the meeting has been given by the Secretary/treasurer to each member of the committee. Notice may be written or oral.

(c)   Meeting may be in person or through the use of electronic communication by means of which all members of the Executive Committee participating in the meeting can communicate with each other. Participation in such meeting shall constitute attendance and presence in person at the meeting.

(d)   The Executive Committee shall:

1.   Set the agenda for board of directors meetings.
2.   Conduct the annual performance evaluation of the Executive Director prior to each Annual meeting and set his/her goals for the following year.
3.   Approve adjustments in the Executive Director's salary and benefit package.
4   Review the financial performance and budget of the corporation prior to consideration by the Board.

5. Review the investment management strategy and performance of the Corporation's financial holdings and make recommendations to the Board.

6. Perform such other tasks as may be assigned to the Executive Committee by the Board from time to time.

(e) The Executive Committee may make decisions involving time sensitive issues on behalf of the Board provided that all decisions establishing new ACPE Policies and Procedures, involving accreditation actions, actions requiring Board action under these bylaws and other decisions, which may set precedent in respect to the Corporation, shall be reserved to the Board.

ARTICLE V. OFFICERS

Section 1. Officers

The officers of the Corporation shall be a President, a Vice President, a Secretary/Treasurer, and an Assistant Secretary/Treasurer. The Executive Director will serve as the Assistant Secretary/Treasurer without the right to vote and will attend all Board of Director's meetings except when excused from any Board meetings or parts thereof held in executive session. Additional officerships may be established or eliminated by the Board from time to time.

Section 2. Election and Terms of Office

(a) Each officer of the Corporation, including any new officership established by the Board, (exclusive of the Assistant Secretary/Treasurer) shall be elected at the Annual Meeting of the Board of Directors and shall serve for a period of one (1) year or until his/her successor is elected and takes office, whichever shall later occur. The term shall start the first day following the close of the Annual Meeting and continue until the last day of the following year's Annual Meeting.

(b) Any vacancy created by the death, resignation or removal of an officer shall be filled by the remaining members of the Board at any annual, regular or special meeting.

(c) If the election of officers is not held at the Annual Meeting, such election shall be held as soon thereafter as conveniently possible.

Section 3. Eligibility

Only members of the Board of Directors may serve as officers of the Corporation provided that the Executive Director may serve as Assistant Secretary/Treasurer as provided in Section 1 of this Article.

Section 4. President

The president shall be the principal elected officer of the Corporation. Subject to the direction and control of the Board of Directors, the president shall be in charge of the business and affairs of the Corporation and shall discharge all duties incident to the office of president and such other duties as may be prescribed by the Board of Directors. The president shall preside at all meetings of the Board of Directors except in those instances when the President shall recuse himself/herself by reason of conflict of interest or vacates the Chair for purposes of discussing any matter before the Board. Except where the authority to execute is expressly delegated to another officer or agent of the Corporation or a

different mode of execution is expressly prescribed by the Board of Directors or these bylaws, he or she may execute for the Corporation any contracts, deeds, mortgages, bonds, or other instruments individually or with the secretary/treasurer, or any other officer thereunto authorized by the Board of Directors, according to the requirements of the form of the instrument.

Section 5. Vice President

In the absence of the president or in the event of his or her inability or refusal to act, the vice president shall perform the duties of the president and when so acting shall have all the powers of and be subject to all the restrictions upon the president. The Vice President shall also perform any other duties and responsibilities assigned to him/her by the Board.

Section 6. Secretary/Treasurer

The secretary/treasurer shall be responsible for the minutes of all meetings of the Board of Directors, see that all notices are duly given in accordance with the provisions of these bylaws or as required by law, be responsible for the maintenance of the corporate records and of the seal of the Corporation, and perform all duties incident to the office of secretary. The secretary/treasurer shall be the principal accounting and financial officer of the corporation.

The secretary/treasurer shall:
(a)   have charge of and be responsible for the oversight and maintenance of the financial books of account for the corporation,
(b)   have charge of and be responsible for all funds and securities of the corporation, including their receipt and disbursement, and
(c)   perform all the duties incident to the office of the treasurer.

ARTICLE VI. PUBLIC INTEREST PANEL

The Board of Directors shall appoint a Public Interest Panel comprised of not less than two (2) representatives of the public to assist in the work of the Board. Appointments to the Panel shall be for one non-renewable five-year term. Individuals appointed to the Public Interest Panel must not be:

- An employee, student, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by the agency or has applied for accreditation or preaccreditation;
- A member of any trade association or membership organization related to, affiliated with, or associated with the agency; or
- A spouse, parent, child, or sibling of an individual identified in the first two paragraphs of this definition.

Prior to taking office as a member of the ACPE Public Interest Panel, each appointee shall execute an attestation confirming that he or she meets all of the requirements and restrictions under these bylaws necessary to be eligible to serve on the ACPE Public Interest Panel.

ARTICLE VII. NON-DISCRIMINATION POLICY

Directors, Staff, Volunteers, Public Interest Panel members, Evaluation Team Members, Commissioners, and Consultants shall be selected without consideration of race, color, creed, religion, sexual preference or any other discrimination prescribed by law.

ARTICLE VIII. BONDS

The Board of Directors may require any director, officer, staff or consultant, agent or employee of the Corporation to give to the Corporation for the faithful discharge of his or her duties, a bond, in such amount, in such conditions, and with such surety or sureties, as may be required by the Board. Premiums of any such bond shall be payable by ACPE.

ARTICLE IX. INDEMNIFICATION OF OFFICERS, DIRECTORS AND EMPLOYEES

Section 1.

The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, administrative or investigative (other than an action by or in the right of the Corporation) by reason of the fact that he or she is or was a director, officer or employee of the Corporation, against expenses (including attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by him or her in connection with such action, suit or proceeding if he or she acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the
Corporation.

Section 2.

To the extent that a director, officer or employee of the Corporation has been successful on the merits or otherwise in defense of any action, suit or proceeding referred to in Section 1, or in defense of any claim, issue or matter therein, he shall be indemnified against expenses (including attorney's fees) actually and reasonably incurred by him or her in connection therewith.

Section 3.

Any indemnification under Sections 1 and 2 (unless ordered by the court) shall be made by the Corporation only as authorized in the specific case upon a determination that indemnification of the director, officer or employee is proper in the circumstances because he or she has met the applicable standard of conduct set forth in Sections 1 and 2.

Such determination shall be made:
(a) by the Board of Directors by a majority vote of a quorum consisting of directors who were not parties to such action, suit or proceeding, or
(b) if such a quorum is not obtainable, or even if obtainable, then by a quorum of disinterested directors so directs or by independent legal counsel in a written opinion.

ARTICLE X. BUDGET, CONTRIBUTIONS, AND FINANCIAL REPORTING

Section 1. Budget

The Board of Directors shall approve a budget annually at each Annual Meeting. The Secretary/Treasurer shall prepare a proposed budget for consideration by the Board.

Section 2. Contributions

The funds to meet the budget and other expenses shall be provided by annual contributions from the American Association of Colleges of Pharmacy, the American Pharmacists Association, and the National Association of Boards of Pharmacy, by fees, and by contributions from other sources interested in promoting the objectives and purposes of the Corporation.

Section 3. Financial Report

The secretary/treasurer shall submit annually to the Board of Directors a detailed account of all receipts and disbursements. A financial report shall be sent on request to the American Pharmacists Association, the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy, and the American Council on Education and be made available to other interested parties and the public as required by law.

ARTICLE XI. CONTRACTS, CHECKS, DEPOSITS AND FUNDS

Section 1. Contracts

The Board of Directors may authorize any officer or officers, the Executive Director or the Executive Director's designee, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation. Such authority may be general or confined to specific instances.

Section 2. Deposit

All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks, trust companies, or other depositories as may be selected by the Secretary/Treasurer in conjunction with the Executive Director and in such manner as shall from time to time be determined by resolution of the Board of Directors.

Section 3. Checks, Drafts, etc.

All checks, drafts, other orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the Corporation shall be signed by the Secretary/Treasurer, the Executive Director or his or her designee and in such manner as shall from time to time be determined by resolution of the Board of Directors.

Section 4. Gifts

The Board of Directors may accept or reject on behalf of the Corporation any contribution, gift, bequest,

or devise; provided however, no gift may be accepted that is not given on an unrestricted basis for a permissible general or special purpose of the Corporation.

ARTICLE XII. SEAL

The corporate seal shall have inscribed thereon the name of the Corporation and the words "Corporate Seal, Illinois."

ARTICLE XIII. AMENDMENTS

Section 1. Power to amend

The power to alter, amend, or repeal the bylaws or adopt new bylaws shall be vested in the Board of Directors. Such action may be taken at the Annual Meeting or any regular or special meeting for which written notice of the purpose shall be given. The bylaws may contain any provisions for the regulation and management of the affairs of the Corporation not inconsistent with law or the Articles of Incorporation.

Section 2. Required Vote

Any amendment to these bylaws shall require a two-thirds (2/3) affirmative vote of the total number of the Board of Director and will become effective immediately upon adoption unless otherwise provided by the Board.

Article XIV. ROBERT'S RULES

All meetings of the Corporation shall be guided on principles with *Robert's Rule of Order* except where provided to the contrary by these bylaws, or by policies adopted from time to time by the Board of Directors.

INTRODUCTION TO THE PROFESSIONAL DEGREE PROGRAM ACCREDITATION PROCESS

Accreditation is the public recognition accorded a professional program that is judged to meet established qualifications and educational standards through initial and subsequent periodic evaluations. Accreditation applies to professional programs and is distinguished from certification or licensure, which applies to individuals.

Accreditation standards reflect professional and educational qualities identified by ACPE as essential to quality professional programs of Colleges and Schools of Pharmacy and serve as the basis for program evaluation. Standards are set by ACPE in accordance with a procedure, which provides adequate time and opportunity for all parties significantly affected by the accreditation process to comment on such standards prior to their adoption. Advance notice is given whenever a revision of standards is proposed by ACPE. The initial standards were published in 1937 and revisions occurring every seven years, on the average, in keeping with changes in pharmacy education and practice. New Accreditation standards and guidelines were adopted June 14, 1997. The revision process leading to Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree was initiated in September 1989 and conducted in accord with the Procedure and Schedule for the Revision of Accreditation Standards and Guidelines, issued January 7, 1990. This Procedure and Schedule involved a step-wise, decade-long process. The early years were devoted to study and formation of proposed revisions and the later years provided for two comment periods, each affording open hearings and opportunities to submit written comments. Final consideration of the last iteration of proposed revisions, Proposed Revision, January 15, 1996, was given during the June 1997 meeting of ACPE. The Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree were adopted June 14, 1997. The ACPE Accreditation Standards and Guidelines were again reviewed, revised and adopted January 25, 2015 and effective July 1, 2016. These Standards replaced Standards 2007.

ACPE publishes on its website the Directory for Preaccredited and Accredited Professional Programs of Colleges and Schools of Pharmacy, which presents the complete accreditation status history of each professional program as well as the academic year of the most recent review or consideration of accreditation, and the academic year for the next currently scheduled review or consideration of accreditation.

A professional program is evaluated on the extent to which it accomplishes its stated goals and is consistent with the concept that pharmacy is a unique, personal service profession in the health science field. Many college and school programs exceed ACPE standards in one or more of the various elements comprising accreditation. In pharmacy education, as in American education generally, there is diversity. In this diversity, there is potential strength. The accreditation process, therefore, seeks to maximize potential strengths while assuring basic expectations for quality pharmacy education.

The essential purpose of the accreditation process is to provide a professional judgment of the quality of a college or school of pharmacy's professional program(s) and to encourage continued improvement thereof. Accreditation concerns itself with both quality assurance and quality enhancement. The responsibilities of the ACPE's accreditation program are:

1.   To advance the standards of pharmacy education in the United States and associated commonwealths.

2. To formulate the educational, scientific and professional principles and standards for professional programs in pharmacy which a College or School of Pharmacy is expected to meet and maintain for accreditation of its programs, and to revise these principles and standards when deemed necessary or advisable.

3. To formulate policies and procedures for the accreditation process.

4. To evaluate the professional program(s) of any College or School of Pharmacy within or beyond its national geographic scope that requests accreditation of its program(s).

5. To publish on its website a directory of accredited professional programs of Colleges and Schools of Pharmacy for the use of state boards of pharmacy or appropriate state licensing agencies in pharmacy, other interested agencies, and the public, and to revise such directory annually or as frequently as deemed desirable.

6. To provide assurances to constituencies that the professional programs which have been accredited continue to comply with standards, and therefore to conduct periodic evaluations in a manner similar to that for original accreditation.

7. To assist the advancement and improvement of pharmacy education as well as prerequisites and procedures for licensure and to provide a basis for inter-institutional relationships.

Accreditation of professional degree programs in pharmacy provides a national basis for quality assurance. In so doing, the accreditation process serves multiple constituencies:

For boards of pharmacy, accreditation provides a reliable basis for decision-making with regard to licensure.

For the public, accreditation assures conformity to general expectations of the profession and identification of Colleges and Schools of Pharmacy, which have explicitly undertaken activities, directed at improving the quality of their professional programs, and are carrying them out successfully. Accreditation also assures improvement in the professional services available to the general public in that accredited programs are expected to modify their requirements to reflect advances in knowledge and practice.

For students and prospective students, accreditation assists in the transfer of credits among institutions and provides an assurance that a program has been found to provide satisfactory educational preparation for licensure and practice.

For institutions of higher education, accreditation provides a framework for self-evaluation and improvement as well as opportunity for external review and counsel. Accreditation also provides a basis for the decision-making of private and public agencies, including the Department of Education, in the awarding of grants and loans.

For the profession, accreditation provides a means for practitioner participation in the setting of requirements for preparation to enter the profession.

INTRODUCTION TO THE CONTINUING PHARMACY EDUCATION PROVIDER PROGRAM ACCREDITATION PROCESS

Accreditation is the public recognition accorded a continuing pharmacy education (CPE) organization that is judged to meet established qualifications and continuing pharmacy education standards through initial and subsequent periodic evaluations.

ACPE's CPE Provider Accreditation Program was initiated in 1975. The purpose of the CPE provider accreditation program is to assure and advance the quality of continuing pharmacy education thereby assisting in the advancement of the practice of pharmacy. ACPE accredits providers offering CPE for content that meets the definition of CPE and involves the appropriate target audience (pharmacist, pharmacy technicians, etc.).

Accreditation standards reflect continuing pharmacy education qualities identified by ACPE as essential to quality continuing pharmacy education and serve as the basis for evaluation. Standards are set by ACPE in accordance with a procedure, which provides adequate time and opportunity for all parties significantly affected by the accreditation process to comment on such standards prior to their adoption. Evaluation and accreditation of this program is in accord with the *Standards for Continuing Pharmacy Education*. The latest revision was adopted June 2007, and became effective January 1, 2009.

CPE Monitor is a national, collaborative effort by the Accreditation Council for Pharmacy Education (ACPE) and the National Association of Boards of Pharmacy (NABP) to provide an electronic system for pharmacists and pharmacy technicians to track their completed continuing pharmacy education (CPE) credits. It will also offer boards of pharmacy the opportunity to electronically authenticate the CPE units completed by their licensees, rather than requiring pharmacists and pharmacy technicians to submit their proof of completion statements (i.e. statements of credit) upon request or for random audits. This electronic system will be expanded to include a Continuing Professional Development (CPD) platform. CPD is an approach to lifelong learning; self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning that is applied into practice. It involves the process of active participation in formal and informal learning activities that assist individuals in developing and maintaining continuing competence, enhancing their professional practice, and supporting achievement of their career goals

ACPE publishes on its website the Directory of Accredited Continuing Pharmacy Education Providers, which presents the complete accreditation status history of each provider as well as the year of the most recent review or consideration of accreditation, and the year for the next scheduled review or consideration of accreditation.

The CPE provider accreditation program is designed to assure pharmacists, boards of pharmacy, and other members of pharmacy's community of interests, of the quality of continuing pharmacy education activities. Quality is assured by evaluating and monitoring capabilities of providers of continuing pharmacy education programs as well as monitoring and reviewing their continuing pharmacy education activities. The responsibilities of the ACPE provider accreditation program are:

- To establish and maintain procedures and standards of accredited continuing pharmacy education providers and their programs;

- To provide feedback to providers about their programs, through periodic comprehensive reviews and ongoing monitoring activities, with a view toward continuing improvement and strengthening

of continuing pharmacy education capabilities and activities;

- To publish on its website a directory of accredited continuing pharmacy education providers for the use of state boards of pharmacy or appropriate state licensing agencies in pharmacy, other interested agencies, and the public, and to revise such directory as necessary;

- To provide pharmacists with a dependable basis for selecting continuing pharmacy education activities of consistently good quality;
- To provide a basis for uniform acceptance of continuing pharmacy education credit among the several states; and,

- To advance the quality of continuing pharmacy education and thereby assist in the overall advancement of the contemporary practice of pharmacy.

Joint Accreditation for Interprofessional Continuing Education™
- The Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) began the process of aligning the three accrediting systems to create a unified "joint accreditation" process for organizations that develop education for the healthcare team. The goals of this joint accreditation are to support interprofessional collaborative practice (IPCP) through interprofessional continuing education (IPCE), and at the same time to streamline the accreditation processes. Interprofessional education (IPE) is designed to address the professional practice gaps of the healthcare team using an educational planning process that reflects input from those healthcare professionals who make up the team. The education is designed to change the skills/strategy, performance, or patient outcomes of the healthcare team.

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

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Accredited Providers By Number

ACPE is the sole accreditation agency to accredit providers of continuing pharmacy education. ACPE's directory is the **only** recognized directory of accredited providers of continuing pharmacy education.Many providers are involved in activities and functions other than the provision of continuing education. However, any activity for which the provider is offering continuing pharmacy credit has been developed and presented in compliance with the Standards for Continuing Pharmacy Education.

These providers are continually monitored for maintenance of quality and efforts toward improvement. Participants in activities sponsored by these providers are encouraged to offer their comments and suggestions regarding activities to the provider and/or ACPE. The directory includes contact information and accreditation status and history for all ACPE-accredited providers. An (I) following a provider's name indicates that the Provider is on Inactive Status. An asterisk (*) following a provider's name indicates that the Provider is on probation as an accredited provider by the Accreditation Council for Pharmacy Education. Providers that have decided to discontinue or that their accreditation status has been withdrawn in the past three years may be found **here**. ACPE hereby authorizes reproduction of the following listing.

➖Accredited Providers By Name

Academy for Continued Healthcare Learning, The	**View**
Academy of Managed Care Pharmacy	**View**
Accredo Health Incorporated	**View**
AchieveCE	**View**
Acurity, Inc.	**View**
Advocate Aurora Health, Department of Pharmacy	**View**
AffinityCE	**View**

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Alaska Pharmacists Association	**View**
Albany College of Pharmacy and Health Sciences	**View**
Albertsons Companies, Inc.	**View**
Allegheny General Hospital Department of Pharmacy Services	**View**
Alpha Zeta Omega National Pharmaceutical Fraternity Philadelphia Alumni Chapter	**View**
Alpha Zeta Omega Pharmaceutical Fraternity New York Alumni Chapter	**View**
American Association of Colleges of Pharmacy	**View**
American College of Apothecaries, Inc.	**View**
American College of Clinical Pharmacy	**View**
American Health Resources	**View**
American Pharmacists Association	**View**
American Society of Consultant Pharmacists	**View**
American Society of Health-System Pharmacists	**View**
Annenberg Center for Health Sciences at Eisenhower	**View**
Arizona Pharmacy Association	**View**
Arnold and Marie Schwartz College of Pharmacy and Health Sciences of Long Island University	**View**
Ascension Health Resource and Supply Management Group, LLC	**View**
Association for Medication Education, Inc.	**View**
Atlanta Academy of Institutional Pharmacists	**View**
Atrium Health Division of Pharmacy	**View**
Auburn University Harrison School of Pharmacy	**View**
Austin Community College Pharmacy Technician Program	**View**
Avant Institute	**View**
Banner Health	**View**
Baptist Memorial Health Care Corporation	**View**
Barnett International	**View**
Baylor Scott & White Health	**View**

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Brigham and Women's Hospital Pharmacy	
Brookdale Hospital Medical Center Department of Pharmacy Services	**View**
California Northstate University	**View**
California Pharmacists Association	**View**
California Society of Health-System Pharmacists	**View**
Cambridge Health Alliance (CHA) Department of Pharmacy	**View**
Campbell University College of Pharmacy and Health Sciences	**View**
Cardinal Health Pharmacy Services, LLC	**View**
CE Synergy, LLC.	**View**
CEimpact	**View**
Center for Independent Healthcare Education	**View**
Centers for Medicare and Medicaid Services	**View**
Chicago State University College of Pharmacy	**View**
Children's National Medical Center	**View**
Children's Health	**View**
Children's Healthcare of Atlanta	**View**
City of Hope National Medical Center	**View**
Cleveland Clinic Abu Dhabi	**View**
CME Outfitters, LLC	**View**
CMEsolutions	**View**
Colegio de Farmaceuticos de Puerto Rico	**View**
College of Psychiatric and Neurologic Pharmacists	**View**
CompleteRx	**View**
Comprehensive Pharmacy Services, Inc.	**View**
Concordia University Wisconsin School of Pharmacy	**View**
Conduent Healthcare Knowledge Solutions, Inc.	**View**
Connecticut Pharmacists Association	**View**
Continuing Education Network, Inc.	**View**

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Accreditation Council for Pharmacy Education

Accreditation Standards for Continuing Pharmacy Education

Adoption: June 20, 2007
Released: October 5, 2007
Effective: January 1, 2009
Version 2: Released March 2014
Version 3: Released July 2017

Accreditation Council for Pharmacy Education
Chicago, Illinois
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Accreditation Council for Pharmacy Education (ACPE) Overview

The Accreditation Council for Pharmacy Education (ACPE) is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE (until 2003 known as the American Council on Pharmaceutical Education) was established in 1932 for the accreditation of professional degree programs in pharmacy, and in 1975 its scope was broadened to include accreditation of providers of continuing pharmacy education (www.acpe-accredit.org). ACPE expanded its activities to include evaluation and certification of professional degree programs internationally in 2011 and entered into a collaboration with the American Society of Health-System Pharmacists (ASHP) to accredit pharmacy technician education and training programs beginning in 2014. The mission of ACPE is to assure and advance quality in pharmacy education. ACPE is an autonomous and independent agency whose Board of Directors is appointed by the American Association of Colleges of Pharmacy (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP) (three appointments each), and the American Council on Education (ACE) (one appointment).

State boards of pharmacy require that licensure applicants from the United States be graduates of an accredited pharmacy degree program to be eligible to sit for the North American Pharmacist Licensure Examination™ (NAPLEX®). In addition, all state boards of pharmacy require pharmacists to participate in accredited or otherwise approved continuing education activities for relicensure. A growing number of state boards of pharmacy require pharmacy technicians to participate in continuing education for re-registration or relicensure. These Standards were created in order to meet those requirements.

Standards for Continuing Pharmacy Education

Section I: Content of Continuing Pharmacy Education (CPE) Activities

The purpose of the standards in this section is to ensure that the provider's continuing pharmacy education program has a clearly articulated mission, desired goals and a planning process to achieve the mission and goals. The mission, goals, and activities must be related to the vision and educational needs of the profession of pharmacy to better serve society. As recommended by the Health and Medicine Division (HMD) a division of the National Academies of Sciences, Engineering, and Medicine (the National Academies), formerly named the Institute of Medicine, for all health care professionals, pharmacists and pharmacy technicians must be educated to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

Standard 1: Achievement of Mission and Goals of the CPE Program

Standard 2: Gap Analysis

Standard 3: Continuing Pharmacy Education Activities

Standard 4: CPE Activity Objectives

Standard 5: Standards for Commercial Support

Standard 1: Achievement of Mission and Goals of the CPE Program

The provider must develop a CPE mission statement that defines the basis and intended outcomes for the majority of educational activities the provider offers.

Providers must establish and implement evaluation plans that assess achievement and impact of stated mission and goals. They must use this information for continuous development and improvement of the CPE program.

Guidance:
Part I: Mission and Goals
Providers should develop a mission related to its CPE Program. The CPE mission statement should indicate the provider's short-term intent in conducting CPE activities, including the intended audience and the scope of activities. The CPE mission should address how a provider will assist pharmacists and/or pharmacy technicians to maintain and enhance their professional competencies to practice in various settings. Examples may include, but are not limited to:

- • ensuring optimal medication therapy outcomes and patient safety,
- • managing practice settings,
- • satisfying the educational requirements for pharmacist relicensure,
- • meeting recertification requirements for pharmacy technicians, and/or
- • meeting certification, statewide protocols, collaborative practice agreements.

Providers should develop a strategic plan and/or goals to indicate how the mission will be achieved. CPE goals are concise and measurable statements of what the provider intends to do to achieve its CPE Mission. The mission and goals should be systematically evaluated and periodically updated to assure consistency among the mission, overall goals, and individual activities.

Part II: Assessment Plan
The provider should develop an evaluation plan, that includes measurement indicators or benchmarks, to document achievement of the provider's CPE mission and goals in an effort to maintain and enhance competence of pharmacists and pharmacy technicians. For example, data may be collected in aggregate across CE activities to show the impact of the provider's CPE program. The impact of the provider's CPE program can be measured using the following levels (adapted from Moore's levels):

- Participation: number of participants attending CPE activities
- Satisfaction: directly measuring satisfaction with learning activities, topic, level of content, and speaker's organization of the material
- Learning: pre- and post-tests, self-assessment tools, multiple choice, short answer, essays, presentations
- Performance: demonstration of skills, application of treatment guidelines
- Patient Health: compliance rates, reduced physician visits
- Population Health: morbidity/mortality, infection rates, readmission rates

OR the provider may choose to evaluate the impact of its mission depending on the activity type as follows:

- *Knowledge-based CPE activity*: The levels that may be evaluated are participation, satisfaction, and learning.
- *Application-based CPE activity*. The levels that may be evaluated are participation, satisfaction, learning, and performance (demonstration during the activity and intended application in practice).
- *Practice-based CPE activity*. The levels that may be evaluated are participation, satisfaction, learning, performance (demonstration during the activity and application in practice post-activity), and, if applicable, patient and/or population health.

Part III: Achievement of Mission
The provider should demonstrate evidence to indicate the degree to which the mission and goal(s) of the CPE program are met. Based on the results of the evaluation plan, the provider's mission and goals should be evaluated and updated in order to continue to enhance one's CPE program.

Standard 2: Gap Analysis

The provider must develop CPE activities based on a knowledge, skill, or practice gap. The provider should identify gaps between what pharmacists and pharmacy technicians currently know or do and what is needed and desired in practice.

Guidance:
An identified knowledge, skill, and/or practice gap should guide content development and delivery of CPE activities. These may include legislation change, evaluation from a regulatory or accrediting body (i.e. Joint Commission), release of new or updated evidence-based treatment guidelines, self-report from practitioners, etc. Providers should identify the root of the identified gap (i.e. the specific knowledge, skill, attitude, experience) which should inform the activity type, learning objectives, active learning exercises, and outcomes.

Standard 3: Continuing Pharmacy Education Activities

The provider must structure each CPE activity to meet the knowledge-, application- and/or practice-based educational needs of pharmacists and technicians.

Guidance:
Knowledge-based CPE activity: These CPE activities should be designed primarily for pharmacists and technicians to acquire factual knowledge. This information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 15 minutes or 0.25 contact hour.

Application-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 60 minutes or one contact hour.

Practice-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies. The information within the practice-based CPE activity must be based on evidence as accepted

in the literature by the health care professions. The formats of these CPE activities should include a didactic component and a practice component. The minimum credit for these activities is 15 contact hours.

Providers are not required to offer all three activity types. The CPE activities should be consistent with the provider's mission and appropriate to meet the identified pharmacist and technician needs.

Providers are encouraged to *guide* pharmacists and technicians to the best combination of CPE activities to meet their practice needs.

Standard 4: CPE Activity Objectives

The provider must develop objectives for each CPE activity that define what the pharmacists and technicians should be able to do at the completion of each CPE activity.

Guidance:
Objectives must be:
- specific and measurable
- developed to specifically address the identified educational need (Standard 2)
- addressed by an active learning activity (Standard 7) and
- covered by a learning assessment (Standard 9)

Standard 5: Standards for Commercial Support

The provider must plan all CPE activities independent of commercial interest. The educational content must be presented with full disclosure and equitable balance.

Appropriate topics and learning activities must be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug, device or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

Guidance:
The provider must:
- ensure independence in planning and delivery of CPE activities, <u>and</u>
- implement a mechanism to prospectively identify and resolve conflicts of interest during the planning process, <u>and</u>
- use commercial support appropriately, <u>and</u>
- manage commercial promotion appropriately, <u>and</u>
- present content that is without commercial bias, <u>and</u>
- disclose required information.

Standards for Commercial Support adapted from Accreditation Council for Continuing Medical Education, 2004

All continuing pharmacy education (CPE) programs should provide for an in-depth presentation with fair and full disclosure and equitable balance. Appropriate topics and learning activities shall be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

Guideline 1: Independence

    a. A CPE provider must ensure that the following decisions were made free of the control of a commercial interest. A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are <u>not</u> 'commercial interests.'

        1) Identification of CPE needs;
        2) Determination of educational objectives;
        3) Selection and presentation of content;
        4) Selection of all persons and organizations that will be in a position to control the content of the CPE;
        5) Selection of educational methods;
        6) Evaluation of the activity.

    b. A commercial interest cannot take the role of non-accredited partner in a joint providership relationship.

Guideline 2: Resolution of Personal Conflicts of Interest

    a. The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed to the provider all relevant financial relationships with any commercial interest. The ACPE defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

    b. An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CPE, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CPE activity.

    c. The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Guideline 3: Appropriate Use of Commercial Support

    a. The provider must make all decisions regarding the disposition and disbursement of commercial support.

    b. A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters,

including content, from a commercial interest as conditions of contributing funds or services.

c. All commercial support associated with a CPE activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

d. The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or cosponsor.

e. The written agreement must specify the commercial interest that is the source of commercial support.

f. Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CPE

g. The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

h. The provider, the cosponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of–pocket expenses in compliance with the provider's written policies and procedures.

i. No other payment shall be given to the director of the activity, planning committee members, teachers or authors, cosponsor, or any others involved with the supported activity.

j. If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

k. Social events or meals at CPE activities cannot compete with or take precedence over the educational events.

l. The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CPE activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, cosponsor or educational partner.

Accountability

 m. The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

Guideline 4: Appropriate Management of Associated Commercial Promotion

 a. Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CPE activities.

 b. Product-promotion material or product-specific advertisement of any type is prohibited in or during CPE activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CPE.

- For **print**, advertisements and promotional materials will not be interleafed within the pages of the CPE content. Advertisements and promotional materials may face the first or last pages of printed CPE content as long as these materials are not related to the CPE content they face **and** are not paid for by the commercial supporters of the CPE activity
- For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CPE content and not interleafed between computer 'windows' or screens of the CPE content
- For **audio and video recording**, advertisements and promotional materials will not be included within the CPE. There will be no 'commercial breaks.'
- For **live, face-to-face CPE**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CPE activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CPE activity.

 c. Educational materials that are part of a CPE activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACPE-defined commercial interest.

 d. Print or electronic information distributed about the non-CPE elements of a CPE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

 e. A provider cannot use a commercial interest as the agent providing a CPE activity to learners, e.g., distribution of self-study CPE activities or arranging for electronic access to CPE activities.

Guideline 5: Content and Format without Commercial Bias

    a. The content or format of a CPE activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

    b. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CPE educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

Guideline 6: Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CPE content

    a. An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

    b. For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CPE activity

    c. The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.

    d. 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACPE-defined commercial interest.

Timing of disclosure

    e. A provider must disclose the above information to learners prior to the beginning of the educational activity.

NOTE: The Standards for Commercial Support and accompanying guidelines were adopted by ACPE (October 2006) with permission from the Accreditation Council for Continuing Medical Education. The updated definition of a commercial interest was approved by the ACPE Board of Directors in January 2008.

<u>**Section 2: Delivery of CPE Activities**</u>

The purpose of the standards in this section is to ensure that the provider delivers CPE activities to promote pharmacists' and technicians' learning and application of learned principles to practice. The teaching and learning methodologies used should foster the continued development of critical thinking and problem-solving skills, be applicable to the diverse learning needs of the pharmacists and technicians, and encourage the continuing professional development of pharmacists and technicians.

Standard 6: Faculty

Standard 7: Teaching and Learning Methods

Standard 8: Educational Materials

Standard 6: Faculty

The provider must communicate and collaborate with CPE activity faculty regarding the identified educational needs, intended audience, objectives, active participation, and learning assessments for each CPE activity.

Guidance
   a. Faculty should be selected based upon their knowledge of the subject matter; experience and teaching ability; and ability to meet the educational needs of the pharmacists and technicians.

   b. Information, verbal and written, should be provided to faculty to assure that CPE activities meet ACPE's *Standards for Continuing Pharmacy Education* for developing objectives, incorporating active learning opportunities, and appropriate assessments of learning.

   c. Faculty should be instructed to prepare pharmacists to provide patient-centered collaborative care as described in the *Pharmacists' Patient Care Process* model endorsed by the Joint Commission of Pharmacy Practitioners.

   d. Faculty should disclose to the provider all relevant financial relationships with any commercial interest. In addition, the provider must have implemented a mechanism to identify and resolve any conflicts of interest prior to the education activity being delivered (Standard 5).

Standard 7: Teaching and Learning Methods

The provider must assure that all CPE activities include active participation and involvement of the pharmacist and technician.

Guidance:
The methodologies employed should be determined by the CPE activity planned (Standard 3), objectives, educational content, and the size and composition of the intended audience.

The provider should design and implement active learning exercises as a component of live and home study instructional methods.

Standard 8: Educational Materials

The provider must offer educational materials for each CPE activity that will enhance participants' understanding of the content and foster applications to pharmacy practice.

Guidance:
Educational materials should serve as a guide, provide additional sources of information, and include reference tools usable in practice.

<p style="text-align:center"><u>**Section 3: Assessment**</u></p>

The purpose of the standards in this section is to ensure that CPE activities employ appropriate learning assessments and that feedback is provided to pharmacists and technicians in a timely manner, enabling them to apply the learned content to practice.

Standard 9: Assessment of Learning

Standard 10: Assessment Feedback

Standard 9: Assessment of Learning

The provider in collaboration with faculty must include learning assessments in each CPE activity to allow pharmacists and technicians to assess their achievement of the learned content. Completion of a learning assessment is required for CPE credit.

Guidance:
The provider may select formal and informal techniques for assessment of learning. Informal techniques typically involve participant discussions. Formal techniques, such as tests and quizzes, are typically individualized, written, and graded. The assessment should be consistent with the identified CPE activity objectives (Standard 4) and activity type (Standard 3).

Knowledge-based CPE activity: Each CPE activity in this category must include assessment questions structured to determine recall of facts.

Application-based CPE activity: Each CPE activity in this category must include case studies structured to address application of the principles learned.

Practice-based CPE activity: Each CPE activity in this category must include formative and summative assessments that demonstrate that the pharmacists and technicians achieved the stated objectives.

Standard 10: Assessment Feedback

The provider must ensure learner assessment feedback is provided to participants in an appropriate, timely, and constructive manner.

Guidance:
The feedback provided should be consistent with the learning assessment (Standard 9), activity objectives (Standard 4), and activity type (Standard 3). Verbal and written feedback may be provided as follows:

Knowledge-based CPE activity: Feedback may include the correct response to questions. For incorrect responses, the provider is encouraged to communicate that the question was answered incorrectly and provide the rationale for the correct responses.

Application-based CPE activity: Feedback may include the correct evaluation of case studies. When responses are incorrect, the provider is encouraged to explain the rationale for the correct responses.

Practice-based CPE activity: Feedback should be provided based on the formative and summative assessments that were used to demonstrate that the pharmacist or technician achieved the stated objectives.

<u>Section 4: Evaluation</u>

The purpose of this section is to ensure that providers evaluate the effectiveness of CPE activities as part of the assessment of the CPE program. Providers must have an evaluation process that allows for determination of the degree to which CPE activities have met their intended outcome(s). They must use this information for continuous quality improvement of their CPE programs.

Standard 11: Evaluation of CPE Activities

Standard 11: Evaluation of CPE Activity

Providers must develop and conduct evaluations which allow pharmacists and technicians to provide feedback on CPE activities. Elements of the evaluation should be relevant to the intended outcome of the activity. Feedback should be summarized for pharmacists and technicians separately and used in a systematic fashion for the purpose of ongoing improvement of the overall CPE program.

Guidance:
Providers are encouraged to allow pharmacists and technicians to provide feedback in the following areas:

- applicability of the CPE activity to meet their educational needs
- achievement of each stated objective
- quality of faculty
- usefulness of educational material
- effectiveness of teaching and learning methods, including active learning
- appropriateness of learning assessment activities
- perceptions of bias or commercialism

Additional items may be incorporated to aid the provider in evaluating the effectiveness of its CPE activities and guide the development of future educational activities as well as assess achievement and impact of the provider's stated mission and goals (Standard 1).

Appendix I. Accreditation Council for Pharmacy Education Definition of Continuing Education for the Profession of Pharmacy

What is the definition of continuing education?
Continuing education for the profession of pharmacy is a structured[1] educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

What does 'applicable to the practice of pharmacy' mean?
In general, for guidance in organizing and developing CPE activity content, providers should ensure that, as for all health care professionals, pharmacists and pharmacy technicians should develop and maintain proficiency in six core areas*:
- delivering patient-centered care,
- working as part of interprofessional teams,
- practicing evidence-based medicine,
- focusing on quality improvement,
- using information technology, and
- developing and maintaining safe and effective medication use processes**.

*Adapted from Institute of Medicine's Health Professions Education: A Bridge to Quality, April 2003.
**Added competency by ACPE CPE Pharmacy Technician Group

The following guidance should be utilized by ACPE-accredited providers as guides in developing CE activity content appropriate for pharmacists and/or pharmacy technicians:

Pharmacist competencies. Specific pharmacist outcomes have been developed by the American Association Colleges of Pharmacy's Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes (2013):

Domain 1 – Foundational Knowledge
> 1.1. Learner (Learner) - Develop, integrate, and apply knowledge from the foundational sciences (i.e., pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient centered care.

Domain 2 – Essentials for Practice and Care
> 2.1. Patient-centered care (Caregiver) - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).
> 2.2. Medication use systems management (Manager) - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

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[1] Continuing education whereby the components comply with the ACPE *Standards for Continuing Pharmacy Education*

2.3. Health and wellness (Promoter) - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

2.4. Population-based care (Provider) - Describe how population-based care influences patient centered care and influences the development of practice guidelines and evidence-based best practices.

Domain 3 - Approach to Practice and Care

3.1. Problem Solving (Problem Solver) – Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.

3.2. Educator (Educator) – Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.

3.3. Patient Advocacy (Advocate) - Assure that patients' best interests are represented.

3.4. Interprofessional collaboration (Collaborator) – Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

3.5. Cultural sensitivity (Includer) - Recognize social determinants of health to diminish disparities and inequities in access to quality care.

3.6. Communication (Communicator) – Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.

Domain 4 – Personal and Professional Development

4.1. Self-awareness (Self-aware) – Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.2. Leadership (Leader) - Demonstrate responsibility for creating and achieving shared goals, regardless of position.

4.3. Innovation and Entrepreneurship (Innovator) - Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.

4.4. Professionalism (Professional) - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

Pharmacy Technician Competencies. Specific pharmacy technician knowledge statements (numbers 1.0 – 9.0) have been developed by the Pharmacy Technician Certification Board (PTCB) (2013):

1.0 Pharmacology for Pharmacy Technicians

1.1 Generic and brand names of pharmaceuticals

1.2 Therapeutic equivalence

1.3 Drug interactions (e.g., drug-disease, drug-drug, drug-dietary supplement, drug-OTC, drug-laboratory, drug-nutrient)

1.4* Strengths/dose, dosage forms, physical appearance, routes of administration, and duration of drug therapy

1.5 Common and severe side or adverse effects, allergies, and therapeutic contraindications associated with medications

1.6 Dosage and indication of legend, OTC medications, herbal and dietary

2.0 Pharmacy Law and Regulations

2.1 Storage, handling, and disposal of hazardous substances and wastes (e.g., MSDS)

2.2 Hazardous substances exposure, prevention and treatment (e.g., eyewash, spill kit, MSDS)

2.3 Controlled substance transfer regulations (DEA)
2.4 Controlled substance documentation requirements for receiving, ordering, returning, loss/theft, destruction (DEA)
2.5 Formula to verify the validity of a prescriber's DEA number (DEA)
2.6 Record keeping, documentation, and record retention (e.g., length of time prescriptions are maintained on file)
2.7 Restricted drug programs and related prescription-processing requirements (e.g., thalidomide, isotretinoin, clozapine)
2.8 Professional standards related to data integrity, security, and confidentiality (e.g., HIPAA, backing up and archiving)
2.9 Requirement for consultation (e.g., OBRA'90)
2.10 FDA's recall classification
2.11 Infection control standards (e.g., laminar air flow, clean room, hand washing, cleaning counting trays, countertop, and equipment) (OSHA, USP 795 and 797)
2.12 Record keeping for repackaged and recalled products and supplies (TJC, BOP)
2.13 Professional standards regarding the roles and responsibilities of pharmacists, pharmacy technicians, and other pharmacy employees (TJC, BOP)
2.14 Reconciliation between state and federal laws and regulations
2.15 Facility, equipment, and supply requirements (e.g., space requirements, prescription file storage, cleanliness, reference materials) (TJC, USP, BOP)

3.0 Sterile and Non-Sterile Compounding
3.1 Infection control (e.g., hand washing, PPE)
3.2 Handling and disposal requirements (e.g., receptacles, waste streams)
3.3* Documentation (e.g., batch preparation, compounding record)
3.4* Determine product stability (e.g., beyond use dating, signs of incompatibility)
3.5 Selection and use of equipment and supplies
3.6* Sterile compounding processes
3.7* Non-sterile compounding processes

4.0 Medication Safety
4.1 Error prevention strategies for data entry (e.g., prescription or medication order to correct patient)
4.2 Patient package insert and medication guide requirements (e.g., special directions and precautions)
4.3 Identify issues that require pharmacist intervention (e.g., DUR, ADE, OTC recommendation, therapeutic substitution, misuse, missed dose)
4.4 Look-alike/sound-alike medications
4.5 High-alert/risk medications
4.6 Common safety strategies (e.g., tall man lettering, separating inventory, leading and trailing zeros, limit use of error prone abbreviations)

5.0 Pharmacy Quality Assurance
5.1 Quality assurance practices for medication and inventory control systems (e.g., matching National Drug Code (NDC) number, bar code, data entry)
5.2 Infection control procedures and documentation (e.g., personal protective equipment [PPE], needle recapping)
5.3 Risk management guidelines and regulations (e.g., error prevention strategies)
5.4 Communication channels necessary to ensure appropriate follow-up and problem resolution (e.g., product recalls, shortages)
5.5 Productivity, efficiency, and customer satisfaction measures

6.0 Medication Order Entry and Fill Process
        6.1* Order entry process
        6.2* Intake, interpretation, and data entry
        6.3* Calculate doses required
        6.4 Fill process (e.g., select appropriate product, apply special handling requirements, measure, and prepare product for final check)
        6.5 Labeling requirements (e.g., auxiliary and warning labels, expiration date, patient specific information)
        6.6* Packaging requirements (e.g., type of bags, syringes, glass, pvc, child resistant, light resistant)
        6.7 Dispensing process (e.g., validation, documentation and distribution)

7.0 Pharmacy Inventory Management
        7.1 Function and application of NDC, lot numbers and expiration dates
        7.2 Formulary or approved/preferred product list
        7.3* Ordering and receiving processes (e.g., maintain par levels, rotate stock)
        7.4 Storage requirements (e.g., refrigeration, freezer, warmer)
        7.5 Removal (e.g., recalls, returns, outdates, reverse distribution)

8.0 Pharmacy Billing and Reimbursement
        8.1 Reimbursement policies and plans (e.g., HMOs, PPO, CMS, private plans)
        8.2* Third party resolution (e.g., prior authorization, rejected claims, plan limitations)
        8.3 Third-party reimbursement systems (e.g., PBM, medication assistance programs, coupons, and self-pay)
        8.4 Healthcare reimbursement systems (e.g., home health, long-term care, home infusion)
        8.5 Coordination of benefits

9.0 Pharmacy Information System Usage and Application
        9.1 Pharmacy-related computer applications for documenting the dispensing of prescriptions or medication orders (e.g., maintaining the electronic medical record, patient adherence, risk factors, alcohol drug use, drug allergies, side effects)
        9.2 Databases, pharmacy computer applications, and documentation management (e.g., user access, drug database, interface, inventory report, usage reports, override reports, diversion reports)

10.0 Verbal Communication Skills for Pharmacy Technicians

        10.1 Effective and professional verbal communication skills with multidisciplinary healthcare members and patients/customers (e.g., effective listening, feedback, using proper verbal syntax, and questioning)
        10.2 Effective telephone communication techniques/etiquette which comply with organizational protocols in both receiving and initiating calls
        10.3 Identify nonverbal gestures (e.g., body language) which can positively or negatively affect verbal communication
*denotes content including calculations.

How will CPE activities for pharmacists and pharmacy technicians be designated?
Announcement materials (e.g., brochures, advertisements, e-mail blasts, or other announcements) should clearly and explicitly identify the target audience that will benefit from

the content of the CPE activity. If a CPE activity includes pharmacists <u>and</u> pharmacy technicians in the same CPE activity specific and separate learning objectives should be described for each, pharmacists and pharmacy technicians. Please note that CPE activities pertaining to, for example, law, may have one set of objectives for pharmacists and pharmacy technicians.

In addition, a Universal Activity Number is an identification number that is assigned to each CPE activity developed and provided, or jointly provided, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 197), the joint provider designation number (0000 for no joint provider, 9999 for joint providers), the year of CE activity development (e.g., 14), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

<u>Joint Provider Designators:</u>
0000 - no joint provided organization
9999 - joint provider organization

<u>Format Designators:</u>
L - Live activities
H - Home study and other mediated activities
B - Activities that contain <u>both</u> live and home study or mediated components (Practice-based activities)

<u>Topic Designators – activities are related to:</u>
If a CPE activity's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:
- 01-P Disease State Management/Drug therapy
- 02-P AIDS therapy
- 03-P Law (related to pharmacy practice)
- 04-P General Pharmacy
- 05-P Patient Safety: includes the prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors
- 06-P Immunizations: includes all activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying and reporting adverse drug events and providing necessary first aid.
- 07-P Compounding: **i**ncludes all activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental testing and control, record keeping, error detection and reporting, and continuous quality improvement processes.

If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation "T" will be used as follows:
- 01-T Disease State Management/Drug therapy
- 02-T AIDS therapy
- 03-T Law (related to pharmacy practice)
- 04-T General Pharmacy

- 05-T Patient Safety: includes the prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors
- 06-T Immunizations: includes all activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying and reporting adverse drug events and providing necessary first aid.
- 07-T Compounding: includes all activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental testing and control, record keeping, error detection and reporting, and continuous quality improvement processes.

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Activity Number with respect to the provider identification number, joint provider designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a "P" or "T." For example:

    197-000-06-001-L05-**P** (activity number to be used for pharmacists)
    197-000-06-001-L05-**T** (activity number to be used for pharmacy technicians)

Have questions?

If you have any questions as to what constitutes continuing education for the profession of pharmacy, please contact the ACPE staff at ceinfo@acpe-accredit.org or phone 312-664-3575.

GLOSSARY

Accreditation
A voluntary process in which an institution, organization or agency submits to an in-depth analysis to determine its capacity to provide quality continuing pharmacy education in accord with standards, policies and procedures.

Acquired Immune Deficiency Syndrome (AIDS) Therapy Related
CPE activities which address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with AIDS.

Active learning
A process whereby pharmacists and/or pharmacy technicians are actively engaged in the learning process, rather than "passively" absorbing lectures. Active learning involves reading, writing, discussion, and engagement in solving problems, analysis, synthesis, and evaluation. Faculty usually takes a more guiding role.

Activity
An educational event which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met. An activity is designed to support the continuing professional development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Each CPE activity should promote problem-solving and critical thinking while being applicable to the practice of pharmacy as defined by the current *Definition of Continuing Pharmacy Education* (Appendix I). The CPE activities should be designed according to the appropriate roles and responsibilities of the pharmacists and/or pharmacy technician.

Accredited Provider
An institution, organization or agency that has been recognized by the Accreditation Council for Pharmacy Education, in accord with its policy and procedures, as having demonstrated compliance with the standards which are indicative of the Provider's capability to develop and deliver quality continuing pharmacy education.

Assessment
The Latin root *'assidere'* means to sit beside. In an educational context it is the process of observing learning, such as describing, collecting, recording, scoring, and interpreting information about a pharmacist's and technician's learning. Assessments are used to determine achievement of objectives.

Case study or scenario
A description of a situation that requires problem-solving and/or investigation by the learner, e.g. application of learned material to provide a solution to the problem.

Commercial Bias
A personal judgment in favor of a specific proprietary business interest of a commercial interest.

Commercial Interest
A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are <u>not</u> 'commercial interests.'

Commercial Support
Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CPE activity.

Conflict of Interest
When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. ACPE considers financial relationships to create actual conflicts of interest in CPE when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CPE about the products or services of that commercial interest.

Contact Hour
A unit of measure of educational credit which is equivalent to 60 minutes of participation in an organized learning experience.

Continuing Education Unit (CEU)
An educational credit unit of measure where 0.1 CEU is equivalent to one contact hour.

Continuing Pharmacy Education (CPE)
Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

Continuing Professional Development
A self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning that is applied into practice. It involves the process of active participation in formal and informal learning activities that assist in developing and maintaining competence, enhancing professional practice, and supporting achievement of career goals.

Curricular-based
CPE activities that are designed to be building blocks of knowledge, skills and attitudes for a specific disease state, task, etc.

Disease State Management/Drug therapy
Covers CPE activities that address disease states, drugs and/or drug therapy related to disease states.

Enduring Materials (Home Study)
Enduring materials are home study activities that are printed, recorded or computer assisted instructional materials that do not provide for direct interaction between faculty and participants.

Evidence-based medicine
The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. (Centre for Evidence-Based Medicine)

Faculty
A person(s) who guides and delivers or writes the content of a CPE activity.

Financial Relationships
Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

Formative Evaluation
An evaluation process in which outcomes data and analysis are used to modify (form or reform) an activity with an eye to improving it before the activity is completed or repeated.

Goal
A concise written statement of what the provider intends to achieve for pharmacy and/or pharmacy technician education at a certain point in the future. The CPE goal should address how a provider will assist pharmacists and/or pharmacy technicians to maintain and enhance their professional competencies to practice in various settings.

Joint Providership
An accredited provider works with another organization for the purpose of developing a continuing pharmacy education activity.

Law
CPE activities which address federal, state, or local laws and/or regulations affecting the practice of pharmacy.

Live Programs
CPE activities that provide for direct interaction between faculty and participants and may include lectures, symposia, live teleconferences, workshops, etc.

Mission
A statement that is consistent with the program goals and specifically indicate the provider's short-term intent in conducting CPE activities including the intended audience and scope of activities.

Needs assessment
Identification of educational needs of the pharmacists and/or pharmacy technician that serve as the basis for planning CPE activities.

Non-commercialism
Continuing pharmacy education activities that provide an in-depth presentation with fair, full disclosure as well as objectivity and balanced. Appropriate topics and learning activities shall be distinguished from those topics and learning activities that are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area that it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice that it addresses).

Objectives
Statements that describe what the pharmacists and/or pharmacy technician can expect to know or do after completion of the CPE activity. Objectives are preferably written in behavioral terminology and should suggest outcome measures for a program's success or effectiveness.

Outcome
The end result of a learning activity measured by evaluation or change in practice.

Patient Safety
The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

Pharmacists' Patient Care Process
Developed by a work group from 11 national pharmacy organizations to promote a consistent approach to the process of care. This document was endorsed by the Joint Commission of Pharmacy Practitioners in 2014.
http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf

Pharmacy Technician
An individual working in a pharmacy who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist. (http://www.acpe-accredit.org/pdf/whitePaper.pdf)

Program
The overall CPE activities of an accredited provider.

Relevant Financial Relationships
ACPE focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CPE activity.

Self Assessment or Self Study
A comprehensive review and assessment process of the provider's CPE program to document accomplishments, assess areas for improvement and outline a plan for making those improvements.

Summative Evaluation

An evaluation process in which outcomes data and analysis are used to show the degree to which goals are attained at the conclusion of an activity.

Target Audience
Group of individuals for which an educational activity has been designed (e.g. pharmacists, technicians, or both).

Universal Activity Number (UAN)
A Universal Activity Number is an identification number that is assigned to each CPE activity developed and sponsored, or cosponsored, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g.0197), the cosponsor designation number (0000 for no joint provider, 9999 for all joint providers), the year of CPE activity development (e.g.,17), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

Joint Providership Designators:
      0000 - no joint provider organization
      9999 - joint provider organization

Format Designators:
      L -   Live activities
      H -   Home study and other enduring activities
      B -   Practice-based activities that contain both live and home study components

Topic Designators – activities are related to:
      01 -   Disease State Management/Drug therapy
      02 -   AIDS therapy
      03 -   Law (related to pharmacy practice)
      04 -   General Pharmacy
      05 -   Patient Safety
      06 -   Immunizations
      07 -   Compounding

Target audience designator
      P – Pharmacist
      T – Pharmacy Technician

If a CPE activity's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:

- 01-P Disease State Management/Drug therapy
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0197-0000-14-001-L05-**P** (program number to be used for pharmacists)
0197-0000-14-001-L05-**T** (program number to be used for pharmacy technicians)

ACPE Continuing Pharmacy Education Provider Accreditation Program

Policies and Procedures Manual: A Guide for ACPE-accredited Providers

Effective January 1, 2009
Updated January 23, 2021

The purpose of ACPE's Continuing Pharmacy Education (CPE) Policies and Procedures is to give the ACPE-accredited providers a guide to ACPE's CPE program policies and practices as they apply to providers' CPE overall program and individual activities. The policies included in this manual form part of the essential understandings between ACPE-accredited providers and ACPE.

The current edition supersedes all previous versions of policies and procedures. These policies and procedures constitute a living document and are subject to change by ACPE. Major changes will be communicated to providers electronically. Questions as to the policies and procedures should be directed to ACPE staff.

Table of Contents

SECTION I - INTRODUCTION

A. ACPE's Continuing Pharmacy Education (CPE) Provider Accreditation Program Mission

The purpose of the Provider Accreditation Program is (i) to establish for state boards of pharmacy of the several states, the District of Columbia, Guam and the Commonwealth of Puerto Rico a mechanism for determining acceptable continuing educational credits required under law for the renewal of licensure and registration of pharmacists and pharmacy technicians, and, in furtherance thereof, (ii) to assure and advance the quality of continuing pharmacy education thereby assisting in the advancement of the safe practice of pharmacy.

B. Scope of the Evaluation

ACPE accredits providers offering CPE for content that meets the definition of CPE and involves the appropriate target audience (pharmacist, pharmacy technicians, etc.). Evaluation and accreditation of this program is in accord with the *Accreditation Standards for Continuing Pharmacy Education*.

C. ACPE's Definition of Continuing Education for the Profession of Pharmacy (Appendix A)

Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the safe practice of pharmacy.

> *What does 'applicable to the practice of pharmacy' mean?*
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> In general, for guidance in organizing and developing CPE activity content, providers should ensure that, as for all health care professionals, pharmacists and pharmacy technicians should develop and maintain proficiency in six core areas*:
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> - delivering patient-centered care,
> - working as part of interprofessional teams,
> - practicing evidence-based medicine,
> - focusing on quality improvement,
> - using information technology, and
> - developing and maintaining safe and effective medication use processes**.
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> *Adapted from Institute of Medicine's Health Professions Education: A Bridge to Quality, April 2003.
> **Added competency by ACPE CPE Pharmacy Technician Group
>
> *Pharmacist competencies.* Specific pharmacist outcomes have been developed by the American Association Colleges of Pharmacy's Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes (2013).

Pharmacy Technician Competencies. The Pharmacy Technician Certification Board (PTCB) has developed the Pharmacy Technician Certification Exam (PTCE) Content Outline as the competencies needed to pass the exam.

D. Aid to State Boards of Pharmacy

It is important that the continuing education programs of accredited providers be of the highest quality since the state boards of pharmacy rely on the credit hours earned in these activities in determining eligibility for the renewal of licensure and registration for pharmacists and pharmacy technicians.

SECTION II - GOVERNANCE

A. Continuing Pharmacy Education Commission (CPEC)

The Continuing Pharmacy Education Commission (CPEC) was established in January 2007 to better serve the CPE program and to support the achievement of ACPE's mission to assure and advance the quality of pharmacy education. The duties of the CPEC include recommending policy and procedure for the ACPE CPE Provider Accreditation program; assisting in strategic planning; reviewing ACPE-accredited provider's comprehensive reports (and other reports as necessary); and recommending accreditation actions to the ACPE Board of Directors. Each recommendation of the Commission will be reviewed and the ACPE Board of Directors at its regular January and June meetings will make official actions.

(1) CPEC Composition: The members of the CPEC are appointed by the ACPE Board, based on nominations by ACPE staff. The CPEC will be comprised of members from various sectors of CPE stakeholders. The membership shall include representation from ACPE-accredited providers, state boards of pharmacy, practicing pharmacists and pharmacy technicians. Membership will also include expertise in continuing professional development. Each CPEC member will have experience in continuing and/or adult education and awareness of contemporary pharmacy education and practice. The CPEC will serve a staggered three-year term. Repeating three-year terms will be allowed, such as each Commissioner may choose to complete two 3-year full terms. The state board of pharmacy member will be appointed based on a recommendation from the National Association Boards of Pharmacy. The state board pharmacy member will serve one full three year term with the option of repeating full three year terms.

(2) Chair and Vice Chair: Annually the CPEC will elect a Chair and Vice-Chair to conduct the meetings. The Chair and Vice-Chair will serve one-year terms. During the second year, the Vice-Chair will serve as Chair. The Chair and Vice-Chair will nominate a new Vice-Chair. The CPEC will vote on the nomination. The Chair's responsibilities also include to discuss the agenda for the CPEC prior to its meetings and to provide the CPEC's recommendations to the Board.

(3) ACPE Board Liaison: Each year, an ACPE Board Member will be nominated by the ACPE Board Nominating Committee, and approved by a majority vote of the Board to serve a one-year term as the Board's liaison to the CPEC. Repeating one-year terms will be allowed. All ACPE Board members, including board officers, will be eligible for nomination and election as the Board's liaison to the CPEC. The Board member liaison will attend all CPEC meetings.

(4) CPEC Meetings: The CPEC will meet approximately one month prior to each January and June meeting of the ACPE Board of Directors. Each meeting will be approximately

two days. It may be necessary to extend the meeting duration or add a third meeting to accomplish the CPEC's agenda.

(5) Recommendations to the ACPE Board of Directors: At each January and June meeting of the ACPE Board of Directors, the Board liaison to the CPEC, the Director of the CPE provider accreditation program, and the Chair of the CPEC will present the recommendations of the CPEC to the ACPE Board for action. At the discretion of the Board, officers of the CPEC may be invited to attend meetings of the Board. The ACPE Board will deliberate and take the appropriate action as per its established procedures for decision-making.

(6) CPEC Expenses to ACPE: ACPE will be responsible for expenses associated with the CPEC meetings and other assigned responsibilities, including commissioner travel, lodging, and catering. No direct payment is made to members of the CPEC for CPEC service time.

(7) CPEC Member Responsibilities: CPEC member responsibilities include:
- Participate in CPEC meetings
- Ensure effective CPE organizational planning by ACPE
- Review CPE provider's reports and recommend accreditation actions to the ACPE Board of Directors
- Participate in the periodic review of CPE accreditation policies, procedures and *Standards for Continuing Pharmacy Education*
- Ensure legal and ethical integrity of ACPE's program of CPE provider accreditation
- Act in an advisory capacity to the ACPE Board of Directors and Staff
- Have a respectful attitude for colleagues and their views
- Maintain confidentiality at all times

(8) Time Requirements for each CPEC Member:
Two CPEC Meetings per year (two days each; approximately three days preparatory reading). Officers of the CPEC will have an additional time commitment as outlined above.

SECTION III – ACCREDITATION POLICIES AND PROCEDURES

Policy 1.0 Continuing Pharmacy Education Provider (hereafter shown as "provider")
A provider is an institution, organization or agency that has been recognized by ACPE in accord with its policies and procedures, as having demonstrated compliance with the *Accreditation Standards for Continuing Pharmacy Education*. Information concerning specific providers may be obtained by corresponding directly with the provider listed in the ACPE Directory of Accredited Providers of Continuing Pharmacy Education at www.acpe-accredit.org.

Procedures 1.0
1a. Initial Application
Eligibility: The organization must be administratively and operationally responsible for coordinating all aspects of the CPE activities provided by the organization. In addition, the organization must have been operational for a minimum of six months and have planned, implemented, and evaluated at least three educational activities for health care professionals at the time of initial application. A commercial interest is not eligible for ACPE accreditation. A 'commercial interest' (ineligible company) is any entity producing,

marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not 'commercial interests.'

Providers seeking initial accreditation from ACPE are required to submit the *Accreditation Council for Pharmacy Education Continuing Pharmacy Education (CPE) Provider Accreditation Program Initial Application.* In addition, the following items must be submitted at the same time.

- ✓ Non-refundable application fee, in the form of a check, money order, electronic funds and/or wire transfer. Note: If the applicant formally withdraws their application prior to the accreditation action, a portion of the application fee may be refunded at the discretion of ACPE.
- ✓ Articles of Incorporation establishing incorporated status of the organization or other organizational documentation verifying the legal status of the provider.
- ✓ Organizational budget (most recent projected or actual) or auditor's statement.

Deadline for submission of the application is as follows:

The Application must be submitted by:	For consideration at the:
September 1	January Board of Directors Meeting
February 1	June Board of Directors Meeting

Following the Board's evaluation of the Application, the Board will take action. A formal report of the Board's action will be made to the applicant shortly after the meeting. The notice of the action will indicate that the Board has
(1) awarded accredited provider status or
(2) denied accreditation.

Administrative Responsibilities
Once awarded accreditation status, providers are expected to respond to requests for information, report activities via the online Provider Web Tool, report credit via the online CPE Monitor® tool, submit annual fees, and undergo periodic monitoring reviews to assure full compliance with ACPE's *Accreditation Standards for Continuing Pharmacy Education*. All education planned and conducted for pharmacists and pharmacy technicians and content that complies with the Definition of Continuing Education for the Profession of Pharmacy must offer and award ACPE credit if the learner successfully completes the requirements necessary for credit.

It is required that the administrator will attend an ACPE Administrator's Workshop or view the ACPE CPE Webinar Series during this initial two year term. Accreditation beyond the initial two-year term is dependent upon submission of a satisfactory report including documentation of compliance with standards.

The granting of accreditation status to a provider does not imply recognition of that provider's satellite organizations, cooperating organizations, or divisions.

Fees
If accreditation status is awarded, the standard term of initial accreditation is two years. A provider that is awarded accreditation status will be invoiced for the annual evaluation and accreditation fee as set by the Board. Providers awarded accreditation status at the January Board of Directors meeting will be invoiced for the lowest annual fee amount (i.e.

full year accreditation for that calendar year). Providers awarded accreditation status at the June Board of Directors meeting will be invoiced for half of the lowest annual fee amount (i.e. half-year accreditation for last six months of calendar year). Thereafter, a fee will be paid annually as long as accredited, probationary, or inactive status is maintained.

1b. Reaccreditation of Accredited Provider Status

Accredited providers seeking renewal of accredited status beyond the current term of accreditation shall be required to submit data documenting capability for, and commitment to, compliance with the standards, policies and procedures. Every six years, the provider is required to submit a Self-Assessment Report for Comprehensive Review in which each of the ACPE standards is reviewed and evaluated by the provider. In the evaluation process, the CPEC and Board will rely upon the provider's prior experience in CPE programming or, in the event that such experience is absent, the provider's mechanism(s) for assuring that the CPE program provided will meet the standards, policies and procedures. The Board may audit and/or seek additional detailed information as deemed necessary to an evaluation of the provider's capabilities, and may also survey learners and others regarding the provider's educational activities.

The Board reserves the right to grant shortened or extended terms of accreditation in order to establish a cycle allowing efficiency and evenness of workload. The Board also may lengthen or shorten a previously awarded term of accreditation as determined appropriate in order to reflect changes in an accredited provider's compliance with the standards, policies and procedures.

Accredited status for currently accredited providers may be renewed based on a complete CPE program review. Accredited status indicates that, in the opinion of the CPEC and Board, the provider complies with the standards, policies and procedures.

i. Initial Term of Accreditation
The initial term for accreditation is two years from the date accreditation is granted following submission and review of an application for accreditation. At the end of the first year, the provider is required to submit a First Review report followed by a Second Review report at the end of the second year.

ii. Six-year Term of Accreditation
If a provider is found to comply with ACPE Standards for Continuing Pharmacy Education, Policies and Procedures, and there are no major challenges faced by the organization, a provider may receive accreditation for a period of six years. Within that period, a provider may be asked to provide additional information to ACPE in the interest of ongoing monitoring of quality. At the end of each six-year term of accreditation, the accredited provider is required to submit a Comprehensive Review.

iii. Accreditation with Commendation
Accredited CPE providers have the option to demonstrate that they surpass the minimum requirements of accreditation by applying for commendation. It is ACPE's expectations that providers applying for commendation will outline within their mission and vision the desire to advance practice, knowledge and skills of their learners and the profession. ACPE's goal is to encourage and reward accredited CPE providers for implementing best practices in pedagogy and assessment and for focusing on generating meaningful outcomes for learners. An application for Accreditation with Commendation is optional and is not required to receive ACPE accreditation.

iv. Shortened Term of Accreditation

In the event that the ACPE Board of Directors determines a provider does not comply with standard(s), the provider will be notified in writing of its non-compliance and given a period not longer than four years to bring all aspects of non-compliance into compliance with ACPE accreditation standards, policies and procedures. Generally, if after one year of notification of non-compliance, the provider fails to demonstrate adequate progress towards achieving compliance with ACPE standards, ACPE will place the program on probation.

v. Shortened Term of Accreditation with Probation

Probation status may be given to an accredited provider that, in the opinion of the Board, is no longer in compliance with standard(s), policies and procedures, or has otherwise failed to demonstrate its compliance to the Board's satisfaction. In the event that the ACPE Board of Directors determines a provider does not comply with standard(s), the provider will be notified in writing of its non-compliance and given a period not longer than four years to bring all aspects of non-compliance into compliance with ACPE accreditation standards, policies and procedures. During this time, there may be a more intensive monitoring plan of the provider. Such probationary status will be published in the ACPE Directory on the web site along with appropriate notification via ACPE's Report of the Proceedings. In addition, the provider must alter the provider statement to reflect 'probation' as noted below.

vi. Adverse Action

Adverse action, defined as probation, withdrawal, denial or removal of accreditation, will be taken if a provider: fails to bring itself into compliance within the period specified by the Board; and/or has not paid annual fees, submitted requested reports; and/or has not responded to communications by ACPE.

Withdrawal of accreditation will occur when there is documented evidence that a provider with any accreditation status (Accredited, Accredited with inactive status, or Accredited with Probation) exhibits deficiencies in achieving or maintaining compliance with a standard(s). ACPE will then notify the appropriate state licensing agency and the public within 30 days. Public notification includes posting on the ACPE web site and in the Report of the Proceedings.

vii. Administrative Warning

Administrative Warning is an accreditation status assigned administratively when a provider does not comply with administrative requirements for maintaining accreditation. These requirements may include, but are not limited to: (1) failure to pay ACPE any invoiced fees within the time limitation indicated on the invoice; (2) failure to submit monitoring reports or annual monitoring requirements by the established deadline; (3) failure to submit timely notification of a substantive change; and (4) inappropriate use of the ACPE logo.

If staff determines that a provider has failed to meet its administrative obligations as listed above, the provider will be notified in writing of each delinquency and given ten (10) days to fulfill all outstanding requirements, after which continued failure to comply will result in the imposition of Administrative Warning. Administrative Warning will be removed once all administrative requirements have been met. Failure to cure any such delinquency within the designated time period will result in a review for Board action at the next regularly scheduled Board meeting and may result in the provider being subjected to an adverse action.

If staff determines that a provider has failed to submit a complete self-assessment report as part of the comprehensive review for continued accreditation, the provider will be notified in writing of the delinquency and given two (2) weeks to fulfill all outstanding requirements, after which continued failure to comply will result in the imposition of Administrative Warning. Failure to cure any such delinquency within the designated time period will result in a review for Board action at the next regularly scheduled Board meeting and will result in the provider being placed on probation with a complete self-assessment report due during the subsequent accreditation cycle.

Administrative Warning is an administrative classification and is not subject to reconsideration or appeal. During a period of Administrative Warning, a provider continues to be recognized as being accredited according to the last status decision and is maintained in the Directory listing of accredited providers. In addition, the provider will be listed as being on Administrative Warning in all published documents that specify accreditation status.

If the provider's accredited status is not restored, the education activities produced during the provider's term of accreditation will not be recognized as accredited when offered to new audiences. At such time, the provider will be notified in writing, removed from the ACPE directory of accredited providers and indicated in the Report of the Proceedings.

If a provider believes adverse action notification is not warranted or that the situation has been misjudged by reason of the applicable facts, the provider may request a review of the situation by a special Appellate Commission under the terms and conditions set forth in. (Appendix B)

viii. *Inactive Status*
A provider may elect to continue as an ACPE-accredited provider on Inactive Status if the provider in good standing has not conducted or is not planning to conduct any CPE activities. During this time frame the provider:

- agrees not to conduct CPE activities that offer ACPE credit;
- will not be required to submit monitoring reports (e.g. self-assessment report, interim report, progress report);
- may use the ACPE logo and the following provider statement during the period they are inactive: "(**Name of Provider**) is on inactive status as an accredited provider of continuing pharmacy education by the Accreditation Council for Pharmacy Education."
- will declare "inactive status" annually;
- will submit administrative materials as requested;
- will pay the lowest level ACPE Annual Fee;
- will be listed on the ACPE web site within the Directory of ACPE-accredited providers with "inactive status"; and
- if the provider begins to offer CPE activities for ACPE credit, the provider must notify ACPE at least 6 months prior to offering its first CPE activity and:
  - attend a CPE Administrator Workshop
  - submit an updated policies and procedures manual, along with samples of CPE activity materials to be reviewed by staff

      o   complete a comprehensive review within 12-18 months following the provider's first CPE activity

If a provider in good standing has not conducted any CPE activities within the previous consecutive 2-year period, Inactive Status shall be imposed on the provider. During this time frame the provider:

- will not conduct CPE activities that offer ACPE credit;
- may use the ACPE logo and the following provider statement during the period they are inactive: "(**Name of Provider**) is on inactive status as an accredited provider of continuing pharmacy education by the Accreditation Council for Pharmacy Education."
- will declare "inactive status" annually;
- will submit administrative materials as requested;
- will pay the lowest level ACPE Annual Fee;
- will be listed on the ACPE website within the Directory of accredited providers with "inactive status"; and
- if the provider begins to offer CPE activities for ACPE credit, the provider must notify ACPE at least 6 months prior to offering its first CPE activity and:
  - o   attend a CPE Administrator Workshop
  - o   submit an updated policies and procedures manual, along with samples of CPE activity materials to be reviewed by staff
  - o   complete a comprehensive review within 12-18 months following the provider's first CPE activity

ix. *Voluntary Withdrawal of Accreditation*

In the event of voluntary withdrawal from accreditation or upon a decision to let accreditation lapse, written notification of such actions shall be made to ACPE that includes the date and reason for withdrawal of accreditation status. In addition, all active CPE activities will expire a date agreed upon the provider and ACPE prior to the date of withdrawal or the provider may transfer the CPE activities to another ACPE-accredited provider. ACPE will then notify the appropriate state licensing agency and the public within 10 days. Public notification includes posting on the ACPE web site and in the Report of the Proceedings.

Policy 2.0 Reference to Status for Accredited CPE Providers

Any reference by an accredited provider to accreditation by the Board in announcements, promotional materials, publications, or in any other form of communication or publicity, shall state only the following: "(**Name of Provider**) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education." The Board's official accredited provider logo (see below) shall also be used in close conjunction with the statement.

2a. *Providers with Commendation*

Any reference by the provider to Accreditation with Commendation in announcements, promotional materials, publications, or in any other form of communication or publicity,

shall state only the following: "(Name of Provider) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education with Commendation." ACPE's official accredited Provider with Commendation logo shall also be used in close conjunction with the statement.

2b. Providers on Probation
Any reference by a provider on probation to its status in announcements, promotional materials, publications, or in any other form of communication or publicity, shall state only the following: "(**Name of Provider**) is on probation as an accredited provider of continuing pharmacy education by the Accreditation Council for Pharmacy Education. Next scheduled review: (**date**)." ACPE's official accredited provider logo shall also be used in close conjunction with the statement.

2c. Organizations Applying for ACPE Accreditation
Providers that are in the process of applying to ACPE for accreditation may not include a statement to this effect in their materials or any form of marketing or publicity; only providers that have been accredited may reference ACPE on their materials or publicly.

SECTION IV – MONITORING POLICIES AND PROCEDURES

Policy 1.0 Monitoring
Once a provider is accredited, the organization is required to submit periodic updates to ACPE in response to recommendations from its last report. During the term of a provider's accreditation, the Board will seek, by various means, assurances of the maintenance of quality.

Procedures
1a. Evaluation Process
A provider submits a self-assessment report for Comprehensive Review at the end of each six-year accreditation cycle. This report addresses all ACPE Standards for Continuing Pharmacy Education, Policies and Procedures.

The review process for Comprehensive Reviews is as follows: Staff members, field reviewers, Commission Members and Board members review the provider's compliance with the *Accreditation Standards for Continuing Pharmacy Education* based on the Self-Assessment Report which contains the following: 1) the provider's narrative responses, 2) supporting documentation, and 3) self-assessment of performance utilizing the CPE Evaluation Form (Rubric). If a provider fails to submit a complete Self-Assessment Report, the provider will be notified in writing of the delinquency and given two (2) weeks to fulfill all outstanding requirements, after which continued failure to comply will result in the imposition of Administrative Warning and Board action at the next regularly scheduled Board meeting. Refer to Administrative Warning (Section III, Policy 1.0, Procedure 1b, subsection vii) for the full procedure.

As part of the comprehensive review process, a video conference call will be scheduled to discuss the report.

i. *Comprehensive Review Video Conference Guidelines*

The purpose of CPE video conference is to validate the findings in the provider's self-assessment report and to give the provider the opportunity to answer questions and clarify issues that are unclear to the reviewers. The review team is made up of a CPE Commissioner, a field reviewer, and an ACPE staff member. The process is divided into three stages, which should take no more than two hours total. All reviewers should prepare for the comprehensive review by doing the following:

- Review the Self-Assessment Report and associated comprehensive review materials provided by ACPE.
- Complete the CPE Rubric. (If items are missing for the review, contact ACPE staff. Do not contact the provider.)
- Make note of questions and topics that you would like to discuss in more detail.

Team Conference (45 minutes)
- Team members join the video conference, identifying themselves upon entering the session.
- Engage in discussion of the review team's findings of the provider's self-assessment report, identifying strengths and areas needing improvement.
- Identify clarification questions to ask the provider and assign them to team members.

Provider Conference (60 minutes - In extenuating circumstance, the team may extend the video conference or reschedule a follow-up video or telephone conference call with the provider.)
- ACPE Staff: Describe the timeframe, purpose, and ground rules for the video conference.
- ACPE Staff: Identify the participants on the video conference and facilitate introductions.
- ACPE Staff: Ask the provider to give an overview of major changes in the organization along with strengths and areas needing improvement.
- Review Team: Ask questions, providing guidance as appropriate.
- ACPE Staff: Ask if provider has any questions for the review team
- ACPE Staff: Describe any follow-up actions or documents that the provider should submit for consideration for the Commission's review.
- ACPE Staff: Describe the next steps in the review process (e.g. report goes to the Commission, etc.)
- Provider disconnects from the session.

Team Report (15 minutes)
- Discuss the review and handling of any follow-up information to be submitted by the provider.
- ACPE Staff drives consensus to complete the CPE Rubric with specific written comments on the following areas:
  - Gains made since the last comprehensive evaluation

- A summary of the areas receiving commendations
- Detailed comments on areas needing improvement or additional documentation.
- Discuss any other issues or comments.
- Disconnect from the session.

Video Conference Guidelines:
It is recommended that all participants have their own meeting space and the ability to log in separately for the review. Ideally there should not be multiple participants in any single screen or room. Each participant should have a quiet space without distractions available for participation in the meeting. It is recommended that participants have their video on and be on screen throughout the duration of the meeting. It is recommended that participants sign in approximately 5 minutes before the scheduled time to allow for updates and other issues that may require a few minutes to resolve.

ACPE will utilize a waiting room for approved access to the review for the provider. The program must provide ACPE with a list of approved participants. Only the participants listed on the agenda will be admitted to the review. The staff member, working off the approved list will only allow entry for those individuals on the provided list.

ACPE prohibits the recording of the meeting by the provider or any of the participants. Earphones/buds are recommended during the meeting to limit background noise and ensure privacy. The Chat feature will be disabled. Private conversations will not be allowed.

Be present. Treat those on the screen the same as you would in person. Should a power failure or act of nature interfere with the conduct of the visit, the use of cell phones will be the immediate backup plan. All participants should be advised to have hard copies of the dial-in numbers available.

In the event the Review Team is not able to complete its review due to problems with technology or for any other reason, ACPE, in its sole discretion, may schedule another review. In the event this occurs, an additional fee may be assessed.

ii. *External Field Reviewers*
Field Reviewer Solicitation:
Field reviewers are selected based on their interest to serve in the CPE process. Through an online questionnaire or a paper form distributed at workshops or the CPE conference, ACPE cultivates its field reviewer pool.

Field Reviewer Qualifications:
Reviewers with interest and experience in adult or pharmacy education are eligible for selection. All interested reviewers must submit a statement outlining their experience and why they would like to serve as a reviewer.

In addition, any pharmacy technicians wishing to serve as field reviewers will also need to submit a statement outlining their experience/background and why they would like to serve as a reviewer. ACPE will select pharmacy technicians as reviewers where appropriate.

Field Reviewer Training:
Webcast trainings occur prior to the comprehensive reviews. The trainings provide a detailed overview of the CPE evaluation process (procedure, timeline, documentation etc.). In addition, the training will discuss any/all documents and materials that will be utilized in this process. All reviewers must participate in the webcast training in order to be assigned a comprehensive review.

iii. English Language Policy
ACPE conducts its business in English. All correspondence and conversation with ACPE, including monitoring reports, must be in English. If any portion of the provider's continuing education program is conducted in a language other than English, the provider must submit a copy of the original non-English materials appropriately labeled with an English translation.

1b. Applying for Accreditation with Commendation
Receiving ACPE accredited status provides recognition that a provider is meeting minimum expectations towards the provision of quality continuing education. Within ACPE's continuing pharmacy education accreditation process providers must demonstrate compliance with 11 standards representing four sections including: 1) content; 2) delivery; 3) learning assessment; and 4) evaluation.

Accredited CPE providers have the option to demonstrate that they surpass the minimum requirements of accreditation by applying for commendation. It is ACPE's expectations that providers applying for commendation will outline within their mission and vision the desire to advance practice, knowledge and skills of their learners and the profession. ACPE's goal is to encourage and reward accredited CPE providers for implementing best practices in pedagogy and assessment and for focusing on generating meaningful outcomes for learners.

i. Menu Approach
ACPE is using a menu approach for recognition of Accreditation with Commendation in an effort to promote flexibility, reflect the diversity of accredited providers and offer a pathway for all providers to achieve Accreditation with Commendation. The Menu of Criteria for Accreditation with Commendation can be used by any ACPE-accredited provider applying for Accreditation with Commendation.

Initial applicants are not eligible for Accreditation with Commendation.

ii. Optional
An application for Accreditation with Commendation is optional and is not required to receive ACPE accreditation.

iii. Eligibility
To be eligible for Accreditation with Commendation, providers must demonstrate compliance with the expectations outlined in Standards 1-11. Additionally, the CPE provider will need to demonstrate compliance with TWO criteria in TWO subcategories of their choice.
- Content
- Delivery
- Learning Assessment

- Evaluation

Each criterion is accompanied by supporting information designed to assist CPE providers in understanding and addressing ACPE's expectations. Critical elements required to demonstrate compliance are provided. Please note that some of the criteria are activity-based (i.e., focused on individual learning activities) while some are program-based (i.e., focused on the CPE program as a whole).

iv. *Implementation*
Providers seeking reaccreditation after January 1, 2021, will be eligible to seek Accreditation with Commendation. If a provider achieved ACPE reaccreditation between 2016-2020 and received a 6-year term without additional reporting, the provider may contact ACPE staff to submit for Accreditation with Commendation.

1c. *Ongoing Monitoring of Quality*
An accredited provider may be requested to submit reports designed to give evidence of ongoing compliance with the standards, and/or to provide records of progress in the development of its educational activities and operations. The CPEC and/or Board may survey learners in the provider's activities for additional assurances. The Board may require other assessment or information concerning the provider and/or its activities at any time.

Accreditation actions, including reconsideration of any prior accreditation action shall be made by the Board of Directors only during a regularly scheduled meeting of the Board; provided however, where ACPE finds that facts demonstrate an egregious violation of standard(s) and/or policies and procedures, immediate action may be taken by the Board of Directors to protect the integrity of the accreditation process. Regular meetings of the Board are currently scheduled for January and June of each year.

i. *First Review*
This report is the first report of submission one year after the applicant was approved as an accredited provider. The First Review report should address those standards marked as "Needs Improvement" or "Additional Documents Needed" from the provider's Action and Recommendation report that was received by the provider from ACPE in response to its application. An Action and Recommendation report is sent to the provider following the submission and review of the provider's initial application for accreditation.

ii. *Second Review*
This report is the second report of submission two years after the applicant was approved as an accredited provider. The Second Review report should address those standards marked as "Needs Improvement" or "Additional Documents Needed" from the provider's previous Action and Recommendation report. An Action and Recommendation report is sent to the provider following submission and review of the provider's First Review report.

iii. *Interim Report*
The Interim Report is submitted - if applicable - after evaluation of a provider's Comprehensive Review. The Interim Report should address those standards marked as "Needs Improvement" or "Additional Documents Needed" from the provider's Action and Recommendation report. If applicable, an Action and Recommendation

report is sent to the provider following submission and review of a provider's Comprehensive Review.

iv. *Progress Report*
A Progress Report is a report submitted when critical issues related to the quality of the provider's program are identified and/or there are a number of areas in need of improvement. The Progress Report should address those standards marked as "Needs Improvement" or "Additional Documents Needed" from the provider's Action and Recommendation report. An Action and Recommendation report is sent to the provider following submission and review of a provider's First Review, Second Review, Comprehensive Review, or Interim Report.

v. *Individual Activity Evaluation*
An individual activity evaluation may occur as a component of ongoing monitoring of quality of a provider's CPE program. A CPE activity currently released and available is selected by ACPE in order to review the activity for compliance with CPE standards and policies. The findings of the individual activity evaluation are sent to the provider via an Action and Recommendation report or other document.

SECTION V - CPE OPERATIONS POLICIES AND PROCEDURES

Policy 1.0 CPE Administrator
There shall be a visible, continuous and identifiable authority charged with the administration of the provider's CPE program. The administrative authority shall have the responsibility and be accountable for assuring and demonstrating compliance with the standards. The provider should have policies and procedures to conduct its CPE program.

The person in whom the administrative function is vested shall be qualified by virtue of background, education, training and/or experience. The CPE Administrator must have authority within the organization to assure that the ACPE standards and policies and procedures are met.

The provider is required to identify two unique individuals to serve in the roles of CPE Administrator and secondary contact. The CPE Administrator serves as the primary point of contact with administrative authority as defined per CPE policies and procedures. The secondary contact (e.g. supervisor, Board officer, committee member) serves as an alternate point of contact and must be affiliated with the provider organization.

Procedures 1.0
1a. Responsibilities
The CPE provider should be able to:
- Use evidence-based adult and organizational learning principles to improve the performance of healthcare professionals, healthcare teams and the organizations in which they work, in order to improve patient outcomes. (Using Adult/Organizational Learning Principles)
- Implement and improve independent, fair, balanced, and evidenced-based educational interventions that produce expected results for learners and the organizations in which they work. (Designing Educational Interventions)
- Use data to evaluate the effectiveness of CPE activities/interventions and the impact of the overall CPE program. (Measuring the Performance of CPE Activities and the Overall CPE Program)

- Collaborate and partner with stakeholders to help meet the CPE mission. (Collaborating and Partnering with Stakeholders)
- Manage and administer the CPE office operations to meet personnel, finance, legal, logistical, accreditation, CPE credit, and/or regulatory standards. (Manage and Administer the CPE Program)
- Provide leadership for the CPE program. (Lead the CPE Program)
- Continually assess individual and CPE program performance and make improvements through relevant learning experiences. (Engage in Self-Assessment and Lifelong Learning)
- Approach the practice of CPE from a system-thinking perspective, recognizing that pharmacy professionals are part of a complex healthcare system that delivers patient care. (Engage in Systems Thinking in CPE)[1]

The provider must have or provide support for the administrator's continuing professional development. (Appendix C) The administrator and, where utilized, other professional staff, should maintain and enhance their professional development by seeking to improve their knowledge, skills and experience in the responsibilities noted above.

1b. Administrative Change
In the event of administrative change, a procedure for transfer of authority should exist to have a smooth and orderly transfer of administrative responsibilities from one individual to another. The procedure for transfer of authority should include prompt notification to ACPE via the Provider Verification Form in the Provider Web Tool whenever a change takes place. Adequate training of the new administrator should occur to ensure familiarity with ACPE standards, ACPE policy and procedures, general administrative and other liaison responsibilities between the provider and ACPE, and all other areas of operational and policy responsibility for the provider's continuing pharmacy education efforts.

Policy 2.0 CPE Activities
Continuing pharmacy education activities are categorized into three types: knowledge, application, and certificate program. Providers are not required to conduct all three activity types. The CPE activity type(s) conducted should be consistent with the provider's mission and appropriate to meet the identified pharmacist and/or pharmacy technician needs.

Providers are encouraged to *guide* pharmacists and/or pharmacy technicians to the best combination of CPE activity types to meet their learning, professional development, and practice needs.

Procedures 2.0
2a. **Knowledge-based CPE Activity**: These CPE activities are primarily constructed to transmit knowledge (i.e., facts). The facts must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 15 minutes or 0.25 contact hour.

2b. **Application-based CPE Activity**: These CPE activities are primarily constructed to apply the information learned in the time allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 60 minutes or one contact hour.

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[1] Adapted from the Alliance for CE in the Health Professions, 2013; accessed at www.acehp.org

*2c. **Certificate Program**.* (Appendix D) [Previously named Practice-based CPE activity] These CPE activities are primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors. The information within the certificate program must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component and a practice experience component. The provider should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the stated professional competencies. The minimum amount of credit for these activities is 15 contact hours.

Policy 3.0 Joint Providership

ACPE-accredited providers that collaborate on content development with ACPE and/or non ACPE-accredited providers are engaging in joint providership. ACPE expects all CPE activities to comply with the *Accreditation Standards for Continuing Pharmacy Education*. It is the accredited provider's responsibility to demonstrate to ACPE compliance through written documentation.

Procedures 3.0

The provider should collaborate with the joint provider(s) in all stages of development of the activity, from planning, development, promotion, delivery, evaluation and revision. Joint providership agreements should be developed to clearly define the working relationships between parties; include completion dates for various tasks; and recourses in the event that the parties involved fail to meet their responsibilities. Joint providership agreements should document the ACPE-accredited provider's responsibility to assure compliance with ACPE standards. (Non ACPE-accredited organizations cannot assume responsibility for compliance with ACPE standards; therefore, this responsibility must be explicit in the agreement.)

Commercial interests (ineligible companies) cannot be accredited providers and cannot be joint providers. To maintain CPE activities as independent from commercial interests, the following cannot be in the control of a commercial interest: (i) identification of CPE needs, (ii) determination of educational objectives, (iii) selection and presentation of content, (iv) selection of all persons and organizations that will be in a position to control the content of the CPE, (v) selection of educational methods, and (vi) evaluation of the activity.

Policy 4.0 CPE Activity Announcement Literature

Adequate advance information should be provided to prospective learners in order to enable them to be well-informed regarding CPE activities.

Procedures 4.0
4a. Activity announcement materials

Materials that offer the opportunity to participate, purchase, or register for a CPE activity must include the following informational items:

- The learning objectives;
- The type of activity, i.e. knowledge, application, or certificate program;
- The target audience(s) that may best benefit from participation in the activity;
- The faculty member(s) name, degree, and title/position;
- The fees for the activity;
- The schedule of the educational activities;

- The amount of CPE credit, specified in contact hours or CEUs;
- The official ACPE logo, used in conjunction with a statement identifying the accredited provider(s) providing or joint providing the activity, according to the exact language of the prescribed statement:

  "The [name of accredited provider(s)] is/are accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education."

- The ACPE Universal Activity Number assigned to the activity;
- The appropriate target audience designation ('P' and/or 'T')
- A full description of all requirements established by the provider for successful completion of the CPE activity and subsequent awarding of credit (e.g., passing a post-test at a specified proficiency level, completing an activity evaluation form, participating in all sessions or certain combinations of sessions which have been designed as a program package, etc.).
- Acknowledgment of any organization(s) providing financial support for any component of the educational activity, and,
- For home study activities: the initial release date and the expiration date.

In addition to the informational items, promotional materials for Internet-based CPE activities should clearly and explicitly specify the following, with the exception of local or restricted communication networks (i.e., intranet):

- Hardware requirements: The minimum hardware requirements including the minimum memory, storage, processor speed and multimedia components required by the learner;
- Software requirements: The minimum software requirements including, where appropriate, the Internet Browser(s) and minimum version along with any Browser "Plug-Ins" that may be required;
- Internet: The Internet connectivity and minimum connection speed the learner must have.
- Provider Contact Information: The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CPE activity.
- Policy on Privacy and Confidentiality: The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CPE activities it provides on the Internet.

Copyright: The accredited provider must be able to document that it owns the copyright for, or is licensed or has received permissions for use of, or is otherwise permitted to use copyrighted materials within any CPE activity.

4b. Multiday Conference Brochures
Activity announcements that are for multiday conferences must include the following items:
- The learning objectives of the overall conference;
- The target audience(s) that may best benefit from the conference;
- The fees for the conference;
- The schedule of the educational activities;
- The amount of CPE credit, specified in contact hours or CEUs;

- The official ACPE logo, used in conjunction with a statement identifying the accredited provider(s) sponsoring or joint providing the activity, according to the exact language of the prescribed statement:

  "The [name of accredited provider(s)] is/are accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education."

- The ACPE Universal Activity Numbers assigned to the activities;
- The appropriate target audience designation ('P' and/or 'T');
- A full description of all requirements established by the provider for successful completion of the CPE activities within the conference and subsequent awarding of credit (e.g., passing a post-test at a specified proficiency level, completing an activity evaluation form, participating in all sessions or certain combinations of sessions which have been designed as a program package, etc.); and,
- Acknowledgment of any organization(s) providing financial support for any component of the educational activity.

The final conference program must also include:
- The faculty member(s) name, degree, and title/position;
- The faculty member's disclosures; and,
- The learning objectives of the activities.
- The type(s) of activities offered at the conference, i.e. knowledge, application, certificate program;

Notes:
- "Save the Date" cards: Materials such as a 'teaser', save-the-date card, an advertisement or post cards to alert learners of a date of an activity, etc., does not apply to this policy. However, the provider may use the ACPE logo and provider statement as indicated above.
- A Provider must not list any language alluding to or indicating that the Provider has applied for ACPE credit. The provider may use the following language, "This activity is eligible for ACPE credit; see final CPE activity announcement for specific details."

Policy 5.0 Continuing Education Credit

The number of contact hours or CEUs to be awarded for participation and successful completion of an activity shall be determined by the provider in advance of offering the activity and comply with the requirements set forth for the types of CPE activities (knowledge-, application- and certificate program).

All education planned and conducted for pharmacists and pharmacy technicians and content that complies with the Definition of Continuing Education for the Profession of Pharmacy must offer and award ACPE credit if the learner successfully completes the requirements necessary for credit.

Procedures 5.0
5a. Live CPE Activities: CPE credit is based on real time, i.e. 60 minutes = one (1) contact hour (0.1 CEU).

5b. Home Study CPE Activities: In order to realistically appraise the amount of time required for successful completion of each CPE activity, an educationally sound and

defensible process must be employed and documented. Acceptable procedures include, but are not limited to:

- Assessing the amount of time the activity would require if it were delivered in a live activity format;
- Pilot testing the activity with a group of pharmacists and/or pharmacy technicians as applicable who are representative of the target audience and ascertaining the average length of time for completion for only those learners who successfully complete the activity; or,
- A determination by an advisory panel, consisting of individuals qualified by experience and training in the development and administration of continuing pharmacy education.
- Monitoring actual participant duration post-activity for validation of amount of credit processes (e.g. activity evaluation form).

In all instances, the provider should be conservative in the determination of the amount of credit to be awarded for successful completion of CPE activities. In addition, the provider is asked to monitor and validate the methods by asking learners to document the amount of time spent in completing the activity.

5c. Partial Credit

Providers may not offer partial credit for CPE activities. Rather, providers should assign a unique Universal Activity Number to each CPE activity for which a participant will receive full credit for successful completion or no credit for non-completion. Assignment of Universal Activity Numbers should be differentiated to accurately reflect the CPE activity type (e.g. knowledge versus application), ensure accuracy of the topic designator (e.g. 03-law versus 05-patient safety), and simplify the issuing of credit.

Policy 6.0 Record keeping

The provider shall maintain and assure the availability of records adequate to serve the needs of the learners and others requiring such information for a period of six years. The provider should assure the security of its records by having appropriate backup systems and contingency plans.

Note: The provider's and ACPE's records may be used by state boards of pharmacy to verify a pharmacist's participation in an activity and, therefore any problems noted with record keeping should be corrected immediately.

Policy 7.0 Awarding Credit

Providers are required to submit activity and participant information online via CPE Monitor®. CPE Monitor®, the collaborative service from the Accreditation Council for Pharmacy Education (ACPE) and the National Association of Boards of Pharmacy (NABP), allows CPE Providers to authenticate, store, and streamline data reporting and compliance verification for participating boards of pharmacy. The CPE tracking system creates a direct link for sending CPE data from ACPE-accredited providers to ACPE and then to NABP, ensuring that all reported CPE units are officially verified by ACPE-accredited providers.

ACPE credit awarded to U.S. licensed pharmacists and pharmacy technicians should be uploaded to CPE Monitor®. If the participant would like a paper statement of credit, they may print the official statement of credit from their NABP e-profile. If providers elect to distribute statements of participation, either paper or electronically, the provider must include a disclaimer to inform the participants that it is not the official record. The official record of credit will be the information in CPE Monitor®. The disclaimer statement should read:

"This statement contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE) via CPE Monitor®. ACPE policy states paper and/or electronic statements of credit may no longer be distributed directly to learners as proof of ACPE credit. The official record of credit may be located in the learner's e-profile in CPE Monitor®."

Pharmacists and pharmacy technicians should obtain a unique identification number from NABP (www.nabp.pharmacy) to be used when registering for a CPE activity or claiming CPE credit from an ACPE-accredited provider. For a given Universal Activity Number, the provider will be offered a variety of mechanisms to upload each participant's NABP e-profile ID number, month and day of birth (MMDD), and date of participation within 60 days of the learner engaging in the CE activity via CPE Monitor®. For completion of a Certificate Program, the provider will upload each participant's NABP e-profile ID number, month and day of birth (MMDD), Certificate Program Number (CPN), and date of participation within 60 days of the learner completing the Certificate Program via CPE Monitor®. After CPE units are processed by ACPE and NABP, pharmacists and pharmacy technicians will be able to login to a comprehensive electronic profile to access information about their completed CPE and Certificate Programs.

Procedures 7.0
7a. Technical Specifications Guide for CPE Monitor®
The provider is asked to reference the Technical Specifications Guide to assist in the upload process for participant information.

7b. Statements of Credit for Non-U.S. licensed Pharmacists and Pharmacy Technicians and/or Health Care Professionals Other than Pharmacists/Pharmacy Technicians
For non-U.S. licensed pharmacists and pharmacy technicians and/or other health care professionals, the provider shall give evidence to each learner, in the form of a statement of credit of successful completion of the CPE activity within 60 days of participation in the CPE activity. Completed and signed statements of credit are distributed only following the completion of the activity within the time frame stated by the provider (e.g. on promotional materials). Incomplete or blank statements of credit must not be distributed.

All statements of credit must include the following informational items:
- The name of the learner;
- The title and date(s) of the activity;
- Type of activity: knowledge, application, or certificate program;
- The appropriate target audience designation ("P" or "T")
  o Separate statements of credit must be issued to either pharmacists or pharmacy technicians
  o If non-pharmacist attends the activity, a statement of credit with a "P" designation should be issued;
- The accredited provider sponsoring or joint providing the activity;
- The official ACPE logo;
- The amount of credit awarded;
- The assigned ACPE Universal Activity Number;
- The date the CPE Administrator signed the original statement of credit (either hand-written or electronically generated).

The provider is instructed not to use the term "certify" or "certification" on its statements of credit to prevent any confusion with certification processes.

7c. Administrative Warning

If providers do not submit activity and participant information online via CPE Monitor®, the provider will be placed on Administrative Warning, probation or an adverse action, defined as withdrawal, denial or removal of accreditation may be taken.

Administrative Warning is an accreditation status assigned administratively when a provider does not comply with administrative requirements for maintaining accreditation. If staff determines that a provider has failed to meet its administrative obligations as listed above, the provider will be notified in writing of each delinquency and given ten (10) days to fulfill all outstanding requirements, after which continued failure to comply will result in the imposition of Administrative Warning. Administrative Warning will be removed once all administrative requirements have been met. Failure to cure any such delinquency within the designated time period will result in a review for Board action at the next regularly scheduled Board meeting and may result in the provider being subjected to an adverse action.

Administrative Warning is an administrative classification and is not subject to reconsideration or appeal. During a period of Administrative Warning, a provider continues to be recognized as being accredited according to the last status decision and is maintained in the Directory listing of accredited providers. In addition, the provider will be listed as being on Administrative Warning in all published documents that specify accreditation status.

If the provider's accredited status is not restored, the education activities produced during the provider's term of accreditation will not be recognized as accredited when offered to new audiences. At such time, the provider will be notified in writing and removed from the ACPE directory of accredited providers.

7d. Awarding Late Credit

All pharmacists and pharmacy technicians maintain their own license and/or certification and it is their responsibility to follow up with the provider if any CE credit discrepancies are found. It is then at the provider's discretion to award or deny credit to a late claiming participant, i.e. after 60 days from engaging in the CPE activity, as it is the provider's CE activity and the provider needs to ensure the requirements necessary for credit are successfully completed. A provider may request access to CPE Monitor® if the activity in question occurred within the previous 6 months and with an appropriate reason for access, i.e. power outage, etc.

Providers who request access to CPE Monitor® to upload late ACPE credit will incur a late fee as follows:
- Provider's first three (3) requests: the provider will receive a waiver and will be provided with education and guidance.
- Upon the fourth request and thereafter, the provider will incur a late fee.
- If a provider requires both a retroactive ADF change in the Provider Web Tool and override to amend a credit, only the ADF change fee will be charged. The provider will not be charged twice.
- Providers will be given five (5) business days to submit late credits to CPE Monitor® to allow time to rectify credit information if needed.
- Providers will be required to fill out the *CPE Monitor® Post-60 Day Credit Request Form* in order to request an override:

- o Once a user submits this form, an email will be sent to the current CPE Administrator who is listed in the Provider Web Tool. Once the CPE Administrator submits the associated fee, ACPE staff will implement this request and the provider will be notified. This request cannot be granted unless payment is received.
    - o This automatic form will allow for tracking of override data, managing the number of override requests given to each provider, and application of fees.
- A provider may charge a fee to participants wanting to claim late credit. This is a business decision that is entirely up to the provider to implement a fee policy for late credit. ACPE does not have a policy denying the ability to charge participants attempting to claim late credit.
- For all CPE Monitor® and Provider Web Tool related questions, overrides, or additional information, providers may contact ceinfo@acpe-accredit.org or cpemonitor@acpe-accredit.org.

Policy 8.0 Financial Resources
The budget and resources for CPE shall be adequate to sustain the activities undertaken and their continued improvement, the maintenance and security of records of CPE activities and statements of credit, and for the training and professional development of the CPE administrator and the provider's staff. The provider should document adequacy of resources by having an audited financial statement or appropriately certified income and expense statement.

Policy 9.0 Provider Web Tool
The Provider Web Tool is a secure, web-based application designed for ACPE-accredited providers to submit and update Activity Description Forms and update contact information using the Provider Verification Form.

Procedures 9.0
9a. Change in Administrator
1) When a change in administrator, address or contact information occurs, the provider must submit an online Provider Verification Form via the Provider Web Tool prior to the change taking place.
    a. Login to the Provider Web Tool
    b. Click on "Provider Verification Form"
    c. Click on "Make Changes"
    d. Enter the changes into the appropriate fields
    e. Click on "Submit"
2) If there is an administrative change, the provider should also develop a means by which the new administrator becomes familiar with ACPE standards, policies and procedures, including required participation in an ACPE Administrator's Workshop or the ACPE CPE Webinar Series.

Two unique individuals are to serve in the roles of CPE Administrator and secondary contact for the accredited provider. Contact information for both individuals is to be listed in the Provider Web Tool. Providers are responsible for ensuring accuracy of information and making changes as necessary via the Provider Verification Form.

9b. Accreditation Certificate
Providers may print their Certificate of ACPE Accreditation by clicking on the option: "Print Certificate".

9c. *Activity Description Forms*

Providers are required to submit Activity Description Forms (ADFs) via the online Provider Web Tool at least 14 days prior to the initial release date of an activity. The online Web Tool allows the provider to enter information relevant to the activity, including the following:

- ✓ Release year
- ✓ Sequence number
- ✓ Learner designation (Pharmacists – P or Pharmacy Technicians – T)
- ✓ Title of the activity
- ✓ Learning objectives
- ✓ Topic designator (see below)
- ✓ Contact hours or Continuing Education Units (CEUs)
- ✓ Release and expiration dates
- ✓ Joint Providership information
- ✓ Live dates/locations for live activities
- ✓ Format
- ✓ Home study format
- ✓ Receipt of grant support

The Activity Description Forms are retained in a database accessible at all times by ACPE staff. Providers that produce CE content must review the material at least once every three years or more frequently if indicated by new scientific developments. If a UAN expires and the provider desires to continue the activity, the provider should assign a new UAN. This new UAN ensures that the provider reviewed the content for currency and accuracy and updated the content if necessary. Accredited providers can access their Activity Description Forms and make certain modifications. Providers are required to update their forms as necessary and to monitor the submission of the forms on a regular basis to ensure compliance.

9d. *Universal Activity Numbers*

A Universal Activity Number (UAN) is an identification number that is assigned to each CPE activity developed and provided, or joint provided, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 0197), the joint provider designation number (0000 for no joint provider, 9999 for all joint providers), the year of the CPE activity development (e.g. 21), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g. 001), and the topic and format designators (see below).

Provider Number:
Identification number of the provider responsible for issuing statements of credit and updating the ACPE activity database.

Joint Provider Designators:
0000 - no joint providership
9999 - joint providership with an organization

Format Designators:
L - Live activities
H - Home study and other mediated activities
B - Both for Certificate Programs

Topic Designators – activities are related to:

- 01: Disease/Drug Therapy Related - Covers all activities that address drugs, drug therapy, and/or disease states.
- 02: HIV/AIDS Therapy Related - Covers all activities that address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS.
- 03: Law - Covers all activities that address federal, state, or local laws and/or regulations affecting the practice of pharmacy.
- 04: General Pharmacy Topics - Covers all activities that address topics relevant to the practice of pharmacy other than those included in the classifications of drug therapy related, HIV/AIDS therapy related, and law.
- 05: Patient Safety - The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors.
- 06: Immunizations - Covers all activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying the reporting adverse drug events and providing necessary first aid.
- 07: Compounding - Covers all activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental test and control, record keeping, error detection and reporting, and continuous quality improvement processes.
- 08: Pain Management/Opioids - Covers all activities that address any component regarding the treatment and management of pain, including the prescribing, distribution and use of opioid medications, and/or the risks, symptoms, and treatment of opioid misuse/addiction.

Target audience designator

If a CPE activity's target audience is exclusively for *pharmacists* the designation, "P" will be used.

If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation, "T" will be used.

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Activity Number with respect to the provider identification number, joint provider designation, year of release, sequence number, format and topic designator; however, the target audience designator in the number will be specific to each audience, either a "P" or "T." For example:

> 0197-0000-21-001-L05-P (activity number to be used for pharmacists)
> 0197-0000-21-001-L05-T (activity number to be used for pharmacy technicians)

9e. *Certificate Program Numbers*

A Certificate Program Number (CPN) is an identification number that is assigned to each Certificate Program developed and provided by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 0197), the year of the Certificate Program development (e.g. 21), and the sequential number of the Certificate Program from among the new CPE activities developed during that year (e.g. 001). Example: 0197-21-001-CP.

9f. Late Activity Description Form Policy
ACPE will assess late fees for assisting in changes to an Activity Description Form and/or assistance with an Activity Description Form never submitted through the Provider Web Tool after the activity has occurred. ACPE will charge a fee per activity to assist with changes. Payment will need to be received in advance of any changes.

Changes include, but not limited to:
Credit hour changes, title modifications, release/expiration date, type of activity, typos, sequence number, topic designator, joint providership information, adding additional format and backdating activity information.

Policy 10.0 Fees
Upon favorable action by the Board on a provider's completed application, and annually thereafter as long as accreditation is maintained, the provider shall pay an annual fee intended to defray operational costs in accordance with the Board's non-profit corporate status. Continuation of accredited provider status is contingent upon payment of this fee. Providers on probation and providers with inactive status must pay the annual fee.

Procedures 10.0
The fee schedule is posted on ACPE's website and is accessible to providers at all times. A provider's annual fee is assessed based on the number of activities offered, the number of CEUs allocated to each activity, and the number of learners. Providers will be placed in one of five fee levels determined by the number of Educational Service Units the provider offered over the course of the year (assessed electronically by the Annual Activity report in CPE Monitor®).

Fees are subject to change at any time throughout the year. The Board may adjust the fees, set effective dates for such adjustments at any regular or special meeting; provided however, no change in fees shall become effective no less than thirty (30) days following written notice by ACPE to all accredited providers.

Policy 11.0 Organization Name Change or Merger
If an organization undergoes a name change or merger, that organization is required to submit to ACPE legal documentation of that change in the form of an amendment to the articles of incorporation or other legal documentation. Once the provider has done so and ACPE staff have confirmed the change, ACPE will update its records accordingly.

Policy 12.0 Substantive Change Policy
Definition of Substantive Change
Substantive change involves a significant modification, expansion, or contraction of the nature and scope of an accredited provider. ACPE's definition of substantive change includes, but is not limited to:

1. Any change in the established mission or goals of the provider;
2. Change in the legal status, governance, ownership or resources of the program;
3. Change in CPE administrator;
4. Change in secondary contact (e.g. supervisor);
5. Change in organizational structure;
6. Any other changes that the CPE administrator feels require notification of ACPE.

Procedures for Reporting Substantive Change
If the provider is reporting a change of CPE administrator or change in secondary contact, the provider must complete the Provider Verification Form in the Provider Web Tool. For other substantive changes, the provider should notify ACPE in writing within 30 days of the change. Notification to ACPE should provide documentation that the program will continue to comply with standards. The circumstances provided may present the need for review and reconsideration of accreditation in accord with standard evaluation and operational procedures or appropriate monitoring.

Non-Compliance with Substantive Change Reporting
It is the responsibility of an accredited provider to follow the Substantive Change policies and procedures of ACPE and to inform ACPE of such changes in accord with those procedures. If a provider fails to follow this substantive change policy and its procedures, the accreditation of the program may be placed in jeopardy. If an accredited provider is unclear as to whether a change is substantive in nature, they should contact ACPE staff for consultation.

Policy 13.0 Regularly Scheduled Series
A regularly scheduled series (RSS) is a series of multiple live continuing pharmacy education sessions that occur on an ongoing, scheduled basis (e.g. weekly, monthly, quarterly). Examples of CPE activities that are consistent with the definition of regularly scheduled series include grand rounds, tumor boards, morbidity and mortality (M&M) conferences, and journal club. Regularly scheduled series are distinct from CPE activities, which are repeated offerings of the same educational activity to different audiences. Based on needs assessment and identified knowledge and/or practice gaps of the participants, regularly scheduled series are primarily planned as multiple educational sessions for the same audience (e.g. professional staff of a hospital or health care system). Providers that offer these types of CPE activities must verify that they have a system in place to monitor these activities' compliance with ACPE Accreditation Standards and Policies.

Procedures 13.0
When entering a regularly scheduled series into the Provider Web Tool, select 'yes' Regularly Scheduled Series to be distinguished from other CPE activities. Each series should be entered under one Universal Activity Number (UAN) with the date, location, and content area of each session occurrence recorded. The date of expiration for any regularly scheduled series may be no longer than 1 year from the date of release. In order for the series to be distinguished in the Provider Web Tool, the activity title will be preceded with the designator 'RSS' (for example, RSS: Pediatric Grand Rounds).

In addition, each session within the series must have the same:
- number of contact hours
- overall learning objectives
- activity type, e.g. knowledge, application
- target audience
- topic designator
- format (live only)

Monitoring
Accredited providers who offer regularly scheduled series will be asked to demonstrate compliance with ACPE Accreditation Standards and Policies by sampling a percentage of sessions within the series.

Policy 14.0 Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)

The FDA required REMS program is a strategy set in place to assist in ensuring that the benefits of opioid analgesics outweigh the risks before being prescribed to patients. The REMS program requires that training be made available to all health care providers (HCPs) who are involved in the management of patients with pain, including nurses and pharmacists. The goal of REMS-compliant programs is to combat the current prescription drug abuse epidemic. This will be done by ensuring that REMS-compliant activities meet the following accreditation requirements:

- All activities must be delivered by an accredited continuing education (CE) provider
- Will incorporate all aspects of the FDA Opioid Analgesic REMS Education Blueprint for Health Care Providers Involved in the Treatment and Monitoring of Patients with Pain
- Will include a post-course knowledge assessment
- Are subject to independent audit of content and compliance with applicable accrediting standards

Procedures 14.0
1. All components of the FDA approved blueprint must be incorporated into the accredited CE activities.
2. Manufacturers of the opioid analgesics, known as REMS Program Companies (RPC), support funding for all REMS-compliant CE activities.
3. The activities should meet the above requirements, contain keywords (opioid, REMS) and be entered into the Provider Web Tool. Under the General Activity Information tab, select 'yes' REMS to be distinguished from other CPE activities.
4. All RPC-supported REMS-compliant training activities from accredited CE providers will be made available and listed on the REMS website
5. Monitoring: Accredited providers who offer RPC-funded opioid analgesics REMS training will be asked to demonstrate compliance with ACPE Accreditation Standards for Continuing Pharmacy Education and Policies by being subject to independent audit.

SECTION VI – COMMUNICATIONS: COMMENTS AND COMPLAINTS

Policy 1.0 Conflict of Interest (for representatives participating in or observing the CPE accreditation process)

Due to the sensitivity of ACPE's activities, ACPE Board members, CPEC members, field reviewers, professional staff, consultants, and other representatives participating in or observing the CPE accreditation process maintain a policy regarding conflict of interest or the appearance thereof.

Procedures 1.0
ACPE Board members and staff; as well as prior to each review cycle by field reviewers, consultants, and other representatives participating in or observing the CPE accreditation process sign conflict of interest statements yearly. When a conflict of interest exists, the ACPE Board member, CPEC member, and/or staff person declares the conflict, and abstains from discussion and voting by leaving the meeting room; others with conflicts leave the meeting room. Field reviewers without conflicts are selected for evaluation of providers' documents. Copies of the ACPE Conflict of Interest Policy are available on request.

In addition, the following statement must be incorporated into oral presentations and or slide presentations when an ACPE Board or CPEC member is making such presentation

in their individual capacity on a subject related or generally related to ACPE continuing education activities.

Disclaimer:

This presentation represents my personal views and opinions with regard to the subject matter at issue. I am not making this presentation in my capacity as a member of the ACPE Board or Continuing Pharmacy Education Commission of ACPE. The information contained herein has neither been reviewed by, nor is it endorsed by, ACPE.

For further information regarding ACPE, please refer to the website located at www.acpe-accredit.org .

Policy 2.0 Complaint Regarding a CPE Provider

ACPE has an obligation to assure itself that any institution that seeks or holds an accreditation status for its CPE program conducts its affairs with impartiality, non-discrimination, honesty and frankness. Complaints from other institutions, learners, faculty, or the public against a CPE provider shall be placed in writing in detail by the complainant and submitted to the Executive Director at ACPE office. A complaint against a CPE provider must be related to the standards or the policies and procedures of ACPE and must be submitted in writing to the Executive Director. Under existing practices, when a complaint is received, it is referred to the affected provider for response. If, thereafter, based upon the complaint and the response, the Executive Director determines that a complaint is not related to the standards or policies, the complainant is so advised in writing with a copy to the CPE provider, and the matter is treated as resolved.

Any complaint related to the Standards or the Policies and Procedures shall be referred by ACPE to the institution for response. Such complaint shall be resolved pursuant to the procedures set forth in *Procedures 2.0* below. Requests for confidentiality shall be respected to the extent any such information is not necessary for the resolution of the complaint.

Procedures 2.0

The ACPE Executive Director, or his/her designate, shall promptly determine the facts surrounding the issue, determine the validity of the complaint, and resolve the issue based upon the complaint, the response, and information from such further investigation deemed necessary; provided, however, where the Executive Director deems it necessary or appropriate, the matter shall be considered at a special meeting or the next regular meeting of the ACPE Board. The time frame for resolution is generally within six months. The complainant shall be advised of the decision or action as soon as possible promptly after a decision has been made.

When ACPE has cause to believe that any institution with which it is concerned is acting in an unethical manner or is deliberately misrepresenting itself to learners or the public, it will investigate the matter and provide the institution an opportunity to respond to the allegations. If, on the basis of such investigation, after notice to the institution and opportunity for institutional response, ACPE finds that an institution has engaged in unethical conduct or that its integrity as an accredited provider has been seriously undermined, ACPE will either:

(A) request that the institution show cause, within a stated time period, why adverse action should not be taken, or
(B) in extreme cases, immediately discontinue its relationship with the institution by denying or withdrawing accreditation status.

Anonymous complaints pertaining to accreditation matters are retained and, depending on circumstances, may or may not be forwarded to the CPE provider involved, depending somewhat on the severity of the complaint. This decision is made by the Executive Director.

Responses to anonymous complaints will be:

To Whom It May Concern:

Please be advised that we have received the information which you forwarded to the attention of ACPE.

In accordance with ACPE Policies and Procedures, a complaint against an accredited continuing pharmacy education provider, as related to ACPE standards, shall be placed in writing and signed by the complainant(s) and should contain specific evidence of non-compliance with ACPE Standards or Policies and Procedures to ensure that the matter can be resolved in a timely manner. ACPE will respond to such a complaint in accordance with ACPE Policies.

For further information regarding the Standards and Policies and Procedures of ACPE, please refer to our website at www.acpe-accredit.org.

Sincerely,
ACPE Staff

Where a complainant has threatened or filed legal action against the institution involved, ACPE will hold his or her complaint in abeyance pending resolution of the legal issues and the complainant is so advised.
If the Executive Director finds a complaint to be extremely serious in nature charging egregious conduct that may warrant adverse action by ACPE, or involves an interpretation which the Executive Director believes should be made by the ACPE Board, the complaint will be submitted to the ACPE Board for determination at a special meeting or the next regular meeting of the ACPE Board. Extraordinary remedies available for complaints covering extreme cases are set forth.

A record of complaints regarding a specific CPE provider, including learner complaints received or made available, is kept for consideration on file at the ACPE office. Such records of complaints are considered during scheduled evaluations, or a special evaluation, as the case may require.

Policy 3.0 Record of Learner Complaints Available to ACPE

Accredited CPE providers have an obligation to respond to any written complaints by learners lodged against the CPE provider that are related to the standards or ACPE's policies and procedures. The accredited provider shall establish, implement and maintain a learner complaint procedure that affords the complainant fundamental procedural due process.

Procedures 3.0
The CPE provider should communicate the complaint policy to learners (e.g., include in activity materials, reference their website in activity announcement literature, etc.). The CPE provider, shall maintain a file that contains the written complaint, a written record of each step of the complaint procedure and the outcome, except as otherwise prohibited by state or federal law. The files shall be made available for inspection to ACPE during

evaluations or otherwise at ACPE's written request. The findings of this inspection, and the resulting implication(s) to the accreditation of the CPE provider program, shall be noted.

Policy 4.0 Notice of Review or Consideration

ACPE lists in the Report of the Proceedings the accredited providers' schedule for review or consideration of accreditation with notice for third party comments concerning qualifications for accreditation. Third party comments must be in writing and submitted by the deadline indicated in the newsletter. ACPE's process for considering third party comments includes provision for the Provider's response.

Policy 5.0 Assistance in Accreditation Matters

ACPE staff and its consultants provide one-on-one guidance and conduct administrator workshops, on matters pertaining to continuing pharmacy education. Staff guidance is available through various formats, including discussions at the ACPE office (no fee), ACPE CPE webinars, and at the site of the institution (with a consultative fee), and administrator workshops conducted throughout the year. The ACPE Board of Directors and staff also provide assistance in the advancement and improvement of pharmacy education through active cooperation with professional organizations and societies in support of sound educational policies and procedures.

SECTION VII – REFERENCES

GLOSSARY - The Glossary includes words and phrases appearing in the standards, the Policies and Procedures, ACPE communications, reports, and Action and Recommendations and are intended to act as a guide to Providers in the compliance with the standards and the implementation of continuing education programs

Accreditation
A voluntary process in which an institution, organization or agency submits to an in-depth analysis to determine its capacity to provide quality continuing pharmacy education in accord with standards, policies and procedures.

Acquired Immune Deficiency Syndrome (AIDS) Therapy Related
CPE activities which address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS.

Active Learning
A process whereby pharmacists and/or pharmacy technicians are actively engaged in the learning process, rather than "passively" absorbing lectures. Active learning involves reading, writing, discussion, and engagement in solving problems, analysis, synthesis, and evaluation. Faculty usually takes a more guiding role.

Activity
An educational event, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met. An activity is designed to support the continuing professional development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Each CPE activity should promote problem-solving and critical thinking while being applicable to the practice of pharmacy as defined by the current *Definition of Continuing Education for the Profession of Phamacy* (Appendix A). The CPE activities should be designed according to the appropriate roles and responsibilities of the pharmacists and/or pharmacy technician.

Accredited Provider
An institution, organization or agency that has been recognized by the Accreditation Council for Pharmacy Education, in accord with its policy and procedures, as having demonstrated compliance with the standards which are indicative of the provider's capability to develop and deliver quality continuing pharmacy education.

Assessment
The Latin root *'assidere'* means to sit beside. In an educational context it is the process of observing learning, such as describing, collecting, recording, scoring, and interpreting information about a pharmacist's and/or technician's learning. Assessments are used to determine achievement of objectives.

Case Study or Scenario
A description of a situation that requires problem-solving and/or investigation by the learner, e.g. application of learned material to provide a solution to the problem.

Commercial Bias
A personal judgment in favor of a specific proprietary business interest of a commercial interest.

Commercial Interest (Ineligible company)
A 'commercial interest' (ineligible company) is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not 'commercial interests.'

Commercial Support
Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CPE activity.

Conflict of Interest (with regard to *Standards for Commercial Support*)
When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. ACPE considers financial relationships to create actual conflicts of interest in CPE when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CPE about the products or services of that commercial interest.

Contact Hour
A unit of measure of educational credit which is equivalent to 60 minutes of participation in an organized learning experience.

Continuing Education Unit (CEU)
An educational credit unit of measure where 0.1 CEU is equivalent to one contact hour.

Continuing Pharmacy Education (CPE)
Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

Continuing Professional Development (CPD)
A self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning that is applied into practice. It involves the process of active participation in formal and informal learning activities that assist in developing and maintaining competence, enhancing professional practice, and supporting achievement of career goals.

Curricular-based
CPE activities that are designed to be building blocks of knowledge, skills and attitudes for a specific disease state, task, etc.

Disease State Management/Drug Therapy
Covers CPE activities that address disease states, drugs and/or drug therapy related to disease states.

Enduring Materials (Home Study)
Enduring materials are home study activities that are printed, recorded or computer assisted instructional materials that do not provide for direct interaction between faculty and learners.

Evidence-based Content
The content of the provider's CPE activities is based on evidence as accepted in the literature by the healthcare professions.

Evidence-based Medicine
The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. (Centre for Evidence-Based Medicine)

Faculty
A person(s) who guides and delivers or writes the content of a CPE activity.

Financial Relationships
Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

Formative Evaluation
An evaluation process in which outcomes data and analysis are used to modify (form or reform) an activity with an eye to improving it before the activity is completed or repeated.

Goal
A concise written statement of what the provider intends to achieve for pharmacy and/or pharmacy technician education at a certain point in the future. The CPE goal should address how a provider will assist pharmacists and/or pharmacy technicians to maintain and enhance their professional competencies to practice in various settings.

Joint Providership
An accredited provider works with another organization for the purpose of developing a continuing pharmacy education activity.

Law
CPE activities which address federal, state, or local laws and/or regulations affecting the practice of pharmacy.

Live Activities
CPE activities that provide for direct interaction between faculty and learners and may include lectures, symposia, live teleconferences, workshops, etc.

Mission
A statement that is consistent with the program goals and specifically indicates the provider's short-term intent in conducting CPE activities including the intended audience(s) and scope of activities.

Needs Assessment
Identification of educational needs of the pharmacists and/or pharmacy technician that serve as the basis for planning CPE activities.

Non-commercialism
Continuing pharmacy education activities that provide an in-depth presentation with fair, full disclosure of conflicts of interest as well as objectivity and balance. Appropriate topics and learning activities shall be distinguished from those topics and learning activities that are promotional or appear to be intended for the purpose of endorsing either a specific commercial

drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area that it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice that it addresses).

Objectives
Statements that describe what the pharmacists and/or pharmacy technician can expect to know or be able to do after completion of the CPE activity. Objectives are preferably written in behavioral terminology and should suggest outcome measures for an activity's success or effectiveness.

Outcome
The end result of a learning activity measured by evaluation or change in practice.

Patient Safety
The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

Pharmacists' Patient Care Process
Developed by a work group from 11 national pharmacy organizations to promote a consistent approach to the process of care. This document was endorsed by the Joint Commission of Pharmacy Practitioners in 2014.
http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf

Pharmacy Technician
An individual working in a pharmacy who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Program
The overall CPE activities of an accredited provider.

Regularly Scheduled Series (RSS)
A series of multiple live continuing pharmacy education sessions that occur on an ongoing, scheduled basis (e.g. weekly, monthly, quarterly) for the same audience. Examples of CPE activities that are consistent with the definition of regularly scheduled series include grand rounds, tumor boards, morbidity and mortality (M&M) conferences, and journal club.

Relevant Financial Relationships
ACPE focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CPE activity.

Self Assessment or Self Study
A comprehensive review and assessment process of the provider's CPE program to document accomplishments, assess areas for improvement and outline a plan for making those improvements.

Summative Evaluation
An evaluation process in which outcomes data and analysis are used to show the degree to which goals are attained at the conclusion of an activity.

Target Audience
Group of individuals for which an educational activity has been designed (e.g. pharmacists, technicians, or both).

Universal Activity Number (UAN)
A Universal Activity Number is an identification number that is assigned to each CPE activity developed and provided, or joint provided, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 0197), the joint provider designation number (0000 for no joint provider, 9999 for all joint providers), the year of CPE activity development (e.g., 17), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic, target audience and format designators (see below).

Joint Provider Designators:
0000 - no joint providership organization
9999 - joint providership with another organization

Format Designators:
L - Live activities
H - Home study and other enduring activities
B - Both for Certificate Programs

Topic Designators - activities are related to:
01 - Disease State Management/Drug Therapy
02 - HIV/AIDS Therapy
03 - Law (related to pharmacy practice)
04 - General Pharmacy
05 - Patient Safety
06 - Immunizations
07 - Compounding
08 - Pain Management/Opioids

Target audience designator
P - Pharmacist
T - Pharmacy Technician

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Activity Number with respect to the provider identification number, joint provider designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a "P" or "T." For example:

0197-0000-21-001-L05-**P** (activity number to be used for pharmacists)
0197-0000-21-001-L05-**T** (activity number to be used for pharmacy technicians)

Accreditation Council for Pharmacy Education
Definition of Continuing Education for the Profession of Pharmacy

What is the definition of continuing education?
Continuing education for the profession of pharmacy is a structured[2] educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

What does 'applicable to the practice of pharmacy' mean?
In general, for guidance in organizing and developing CPE activity content, providers should ensure that, as for all health care professionals, pharmacists and pharmacy technicians should develop and maintain proficiency in six core areas*:
- delivering patient-centered care,
- working as part of interprofessional teams,
- practicing evidence-based medicine,
- focusing on quality improvement,
- using information technology, and
- developing and maintaining safe and effective medication use processes**.

*Adapted from Institute of Medicine's Health Professions Education: A Bridge to Quality, April 2003.
**Added competency by ACPE CPE Pharmacy Technician Group

The following guidance should be utilized by ACPE-accredited providers as guides in developing CE activity content appropriate for pharmacists and/or pharmacy technicians:

Pharmacist competencies. Specific pharmacist outcomes have been developed by the American Association Colleges of Pharmacy's Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes (2013):

Domain 1 – Foundational Knowledge
> 1.1. Learner (Learner) - Develop, integrate, and apply knowledge from the foundational sciences (i.e., pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient centered care.

Domain 2 – Essentials for Practice and Care
> 2.1. Patient-centered care (Caregiver) - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).
> 2.2. Medication use systems management (Manager) - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

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[2] Continuing education whereby the components comply with the ACPE *Standards for Continuing Pharmacy Education*

2.3. Health and wellness (Promoter) - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

2.4. Population-based care (Provider) - Describe how population-based care influences patient centered care and influences the development of practice guidelines and evidence-based best practices.

Domain 3 - Approach to Practice and Care

3.1. Problem Solving (Problem Solver) – Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.

3.2. Educator (Educator) – Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.

3.3. Patient Advocacy (Advocate) - Assure that patients' best interests are represented.

3.4. Interprofessional collaboration (Collaborator) – Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

3.5. Cultural sensitivity (Includer) - Recognize social determinants of health to diminish disparities and inequities in access to quality care.

3.6. Communication (Communicator) – Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.

Domain 4 – Personal and Professional Development

4.1. Self-awareness (Self-aware) – Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.2. Leadership (Leader) - Demonstrate responsibility for creating and achieving shared goals, regardless of position.

4.3. Innovation and Entrepreneurship (Innovator) - Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.

4.4. Professionalism (Professional) - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

Pharmacy Technician Competencies. Specific pharmacy technician knowledge statements (numbers 1.0 – 9.0) have been developed by the Pharmacy Technician Certification Board (PTCB) (2013):

1.0 Pharmacology for Pharmacy Technicians

1.1 Generic and brand names of pharmaceuticals

1.2 Therapeutic equivalence

1.3 Drug interactions (e.g., drug-disease, drug-drug, drug-dietary supplement, drug-OTC, drug-laboratory, drug-nutrient)

1.4* Strengths/dose, dosage forms, physical appearance, routes of administration, and duration of drug therapy

1.5 Common and severe side or adverse effects, allergies, and therapeutic contraindications associated with medications

1.6 Dosage and indication of legend, OTC medications, herbal and dietary

2.0 Pharmacy Law and Regulations

2.1 Storage, handling, and disposal of hazardous substances and wastes (e.g., MSDS)

2.2 Hazardous substances exposure, prevention and treatment (e.g., eyewash, spill kit, MSDS)

2.3 Controlled substance transfer regulations (DEA)

2.4 Controlled substance documentation requirements for receiving, ordering, returning, loss/theft, destruction (DEA)

2.5 Formula to verify the validity of a prescriber's DEA number (DEA)

2.6 Record keeping, documentation, and record retention (e.g., length of time prescriptions are maintained on file)

2.7 Restricted drug programs and related prescription-processing requirements (e.g., thalidomide, isotretinoin, clozapine)

2.8 Professional standards related to data integrity, security, and confidentiality (e.g., HIPAA, backing up and archiving)

2.9 Requirement for consultation (e.g., OBRA'90)

2.10 FDA's recall classification

2.11 Infection control standards (e.g., laminar air flow, clean room, hand washing, cleaning counting trays, countertop, and equipment) (OSHA, USP 795 and 797)

2.12 Record keeping for repackaged and recalled products and supplies (TJC, BOP)

2.13 Professional standards regarding the roles and responsibilities of pharmacists, pharmacy technicians, and other pharmacy employees (TJC, BOP)

2.14 Reconciliation between state and federal laws and regulations

2.15 Facility, equipment, and supply requirements (e.g., space requirements, prescription file storage, cleanliness, reference materials) (TJC, USP, BOP)

3.0 Sterile and Non-Sterile Compounding

3.1 Infection control (e.g., hand washing, PPE)

3.2 Handling and disposal requirements (e.g., receptacles, waste streams)

3.3* Documentation (e.g., batch preparation, compounding record)

3.4* Determine product stability (e.g., beyond use dating, signs of incompatibility)

3.5 Selection and use of equipment and supplies

3.6* Sterile compounding processes

3.7* Non-sterile compounding processes

4.0 Medication Safety

4.1 Error prevention strategies for data entry (e.g., prescription or medication order to correct patient)

4.2 Patient package insert and medication guide requirements (e.g., special directions and precautions)

4.3 Identify issues that require pharmacist intervention (e.g., DUR, ADE, OTC recommendation, therapeutic substitution, misuse, missed dose)

4.4 Look-alike/sound-alike medications

4.5 High-alert/risk medications

4.6 Common safety strategies (e.g., tall man lettering, separating inventory, leading and trailing zeros, limit use of error prone abbreviations)

5.0 Pharmacy Quality Assurance

5.1 Quality assurance practices for medication and inventory control systems (e.g., matching National Drug Code (NDC) number, bar code, data entry)

5.2 Infection control procedures and documentation (e.g., personal protective equipment [PPE], needle recapping)

5.3 Risk management guidelines and regulations (e.g., error prevention strategies)

5.4 Communication channels necessary to ensure appropriate follow-up and problem resolution (e.g., product recalls, shortages)

5.5 Productivity, efficiency, and customer satisfaction measures

6.0 Medication Order Entry and Fill Process
       6.1* Order entry process
       6.2* Intake, interpretation, and data entry
       6.3* Calculate doses required
       6.4 Fill process (e.g., select appropriate product, apply special handling requirements, measure, and prepare product for final check)
       6.5 Labeling requirements (e.g., auxiliary and warning labels, expiration date, patient specific information)
       6.6* Packaging requirements (e.g., type of bags, syringes, glass, pvc, child resistant, light resistant)
       6.7 Dispensing process (e.g., validation, documentation and distribution)

7.0 Pharmacy Inventory Management
       7.1 Function and application of NDC, lot numbers and expiration dates
       7.2 Formulary or approved/preferred product list
       7.3* Ordering and receiving processes (e.g., maintain par levels, rotate stock)
       7.4 Storage requirements (e.g., refrigeration, freezer, warmer)
       7.5 Removal (e.g., recalls, returns, outdates, reverse distribution)

8.0 Pharmacy Billing and Reimbursement
       8.1 Reimbursement policies and plans (e.g., HMOs, PPO, CMS, private plans)
       8.2* Third party resolution (e.g., prior authorization, rejected claims, plan limitations)
       8.3 Third-party reimbursement systems (e.g., PBM, medication assistance programs, coupons, and self-pay)
       8.4 Healthcare reimbursement systems (e.g., home health, long-term care, home infusion)
       8.5 Coordination of benefits

9.0 Pharmacy Information System Usage and Application
       9.1 Pharmacy-related computer applications for documenting the dispensing of prescriptions or medication orders (e.g., maintaining the electronic medical record, patient adherence, risk factors, alcohol drug use, drug allergies, side effects)
       9.2 Databases, pharmacy computer applications, and documentation management (e.g., user access, drug database, interface, inventory report, usage reports, override reports, diversion reports)

10.0 Verbal Communication Skills for Pharmacy Technicians
       10.1 Effective and professional verbal communication skills with multidisciplinary healthcare members and patients/customers (e.g., effective listening, feedback, using proper verbal syntax, and questioning)
       10.2 Effective telephone communication techniques/etiquette which comply with organizational protocols in both receiving and initiating calls
       10.3 Identify nonverbal gestures (e.g., body language) which can positively or negatively affect verbal communication
*denotes content including calculations.

How will CPE activities for pharmacists and pharmacy technicians be designated?

Announcement materials (e.g., brochures, advertisements, e-mail blasts, or other announcements) should clearly and explicitly identify the target audience that will benefit from the content of the CPE activity. If the CPE activity is designed to address an educational need

and/or practice gap for pharmacists and pharmacy technicians, separate learning objectives may or may not be needed. If the content is related to a pharmacist and pharmacy technician to work as a team, one set of objectives may exist with each team member's roles and responsibilities defined.

In addition, a Universal Activity Number is an identification number that is assigned to each CPE activity developed and provided, or jointly provided, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 0197), the joint provider designation number (0000 for no joint provider, 9999 for joint providers), the year of CE activity development (e.g., 21), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

Joint Provider Designators:
     0000 - no joint providership
     9999 - joint providership with another organization

Format Designators:
     L - Live activities
     H - Home study and other mediated activities
     B - Activities that contain both live and home study components (Certificate programs)

Topic Designators – activities are related to:
If a CPE activity's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:
- 01-P Disease State Management/Drug Therapy
- 02-P HIV/AIDS Therapy
- 03-P Law (related to pharmacy practice)
- 04-P General Pharmacy
- 05-P Patient Safety
- 06-P Immunizations
- 07-P Compounding
- 08-P Pain Management/Opioids

If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation "T" will be used as follows:
- 01-T Disease State Management/Drug Therapy
- 02-T HIV/AIDS Therapy
- 03-T Law (related to pharmacy practice)
- 04-T General Pharmacy
- 05-T Patient Safety
- 06-T Immunizations
- 07-T Compounding
- 08-T Pain Management/Opioids

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Activity Number with respect to the provider identification number, joint provider designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a "P" or "T." For example:

0197-0000-21-001-L05-**P** (activity number to be used for pharmacists)
0197-0000-21-001-L05-**T** (activity number to be used for pharmacy technicians)

Have questions?

If you have any questions as to what constitutes continuing education for the profession of pharmacy, please contact the ACPE staff at ceinfo@acpe-accredit.org or phone 312-664-3575.

Please note: ACPE-accredited providers should be aware that the roles of pharmacy technicians are evolving and vary according to state and workplace setting. Thus it is important to conduct an appropriate educational needs assessment and practice gap analysis to guide continuing education programming.

Appeal Procedure for an Adverse Accreditation Action (Probation, Denial or Withdrawal)

1. **Notification of Adverse Action:** Notification of an adverse accreditation (accredited with probation, denial or withdrawal of accreditation) action by the Board shall be delivered electronically to the continuing education administrator and the secondary contact (e.g. supervisor). Such notification shall provide a statement of the reasons for the adverse accreditation action, along with notice of the right to appeal and the time constraints for initiating such an appeal as detailed in these Policies and Procedures.

2. **Right to Appeal**
   After receipt of notice of an adverse accreditation action, the chief executive officer of the institution involved may appeal the decision of the Board to an Appellate Commission on the grounds that the decision of the Board was arbitrary, prejudiced, biased, capricious, or based upon incorrect facts or incorrect interpretation of facts. The accreditation status of the provider existing prior to the entry of the adverse accreditation action shall continue, pending the disposition of the appeal, and such status shall continue to be reflected in the Directory until the appeal procedure is finalized. Notice of appeal by the provider shall be in writing and delivered personally or by certified mail to the offices of ACPE within 30 days after receipt of notification of the adverse accreditation action of ACPE. Such notice of appeal shall specify and set forth the facts supporting the grounds on which the appeal is based.

   Any notice of appeal not filed within the 30 day period shall result in a dismissal of the appeal.

   Both parties of the appeal have the right to representation by counsel throughout the appeals procedure.

3. **Appellate Commission**
   Upon receipt of said notice, ACPE shall proceed to constitute the Appellate Commission and, after consulting with officers of the associations set forth in Section 4, shall notify the individuals of their appointment to the Appellate Commission and shall inform them of their responsibilities thereto. ACPE shall notify the provider that initiated the appeal that the Appellate Commission has been created and inform it of the names of members of the Appellate Commission. The Appellate Commission can be convened only on notice of appeal as described above. All reasonable expenses incurred by the Appellate Commission including but not limited to travel expenses (e.g., transportation, accommodations, and meals) shall be paid by the provider that initiated the appeal. Notice of appeal shall be accompanied by a fee established by the ACPE Board based on actual cost and expenses, to be used against expenses. Any necessary additional expenses shall be promptly paid by the provider that initiated the appeal, and any surplus of the deposit shall be promptly returned to the provider. The provider shall be provided with an itemized list of the expenses of the Appellate Commission.

4. **Members of the Appellate Commission**
   4.1 The Appellate Commission shall consist of the current chief elected officer of the American Association of College of Pharmacy; the American Pharmacists Association; the National Association of Boards of Pharmacy; and two (2) members selected by ACPE from former members of the ACPE Board of Directors. The appeals panel must include an administrator (such as a continuing education administrator of an ACPE-accredited provider), pharmacy educators, pharmacy practitioners, and a public member (such as a former member of the Public Interest Panel or a former ACE appointee to the ACPE Board), and additional members will be added to the panel if the individuals appointed to the panel under

the guidelines outlined above do not provide such representation. Prior to sitting as a member of the Appellate Commission, each member shall have been trained on ACPE's policies and procedures.

4.2 In order to ensure currency, a special training session will be held for all Appellate Commission members prior to the convening of the Commission.

4.3 In the event that any chief elected officer shall be ineligible, refuse, or be unable to serve on the Commission for any reason at any time, the executive committee (or such other appropriate committee or board) of the organization he or she is representing shall designate an alternate member. Any chief elected officer or alternate member who shall be designated as a participant on the Commission shall remain a member of the Commission until the Commission is discharged, even if his or her successor in the elective office of the respective association is installed in the interim and even if such individual is no longer affiliated with the respective association.

4.4 No former ACPE Board of Directors member shall be appointed to the Appellate Commission by ACPE who participated in any manner while a Board member of ACPE with respect to the adverse action taken by the Board against the appealing party or who, under the policies of ACPE, has an apparent or real conflict of interest with the appealing party.

4.5 No member of the Appellate Commission shall be a member of the Board or Staff of the Accreditation Council for Pharmacy Education, nor shall any member have an affiliation with the institution involved that would create an apparent or real conflict of interest (e.g., alumnus, present or former faculty member).

4.6 Each Commission member will execute an agreement attesting to the fact that he or she has no conflict of interest with the appealing institution or the pharmacy program of that institution and agrees to hold confidential all matters pertaining to the appeal procedure, including but not limited to, all documents, all information and testimony received prior to and at the hearing, and the Commission's deliberations, unless a release of all or any part of such information is mutually agreed to by the parties.

5. Convening of the Appellate Commission
5.1 Promptly after receipt of the notice of appeal, ACPE shall appoint the two former Board members to the Appellate Commission, and, after consulting with officers of the associations set forth in Section 4, shall notify the additional three individuals of their appointment to the Appellate Commission. ACPE shall notify the institution that initiated the appeal that the Appellate Commission has been created and inform it of the names of the members of the Appellate Commission. The Appellate Commission can be convened only on notice of appeal as described above. All reasonable expenses incurred by the Appellate Commission, including, but not limited to, travel expenses (e.g., transportation, accommodations, and meals), shall be paid by the provider that initiated the appeal. Notice of appeal shall be accompanied by a fee established by the ACPE Board based on actual costs and expenses to be used against expenses. Any necessary additional expenses shall be promptly paid by the provider that initiated the appeal, and any surplus of the deposit shall be promptly returned to the institution. The institution shall be provided with an itemized list of the expenses of the Appellate Commission.

5.2 ACPE shall advise the members of the Appellate Commission of their responsibilities promptly upon identification of the members. Once convened, the Commission shall

designate a chairperson who shall conduct the meetings of the Commission and shall act as the presiding officer at any hearings.

6. **Appeals Procedure**
6.1 Within thirty days of the receipt by ACPE of the notice of the appeal, the institution and ACPE shall present written statements of their respective positions to the Commission. The parties will each advise the Commission of the witnesses it will call at the hearing and will also submit copies of the documents it intends to introduce into evidence. A hearing shall be held at a date mutually agreed upon by the parties and the Commission but not more than ninety (90) days after receipt of the notice of appeal by ACPE, at which time evidence may be presented first by the appealing institution, followed by ACPE. Evidence presented at the hearing shall be restricted to a review of documents and testimony relevant to the standard(s) on which the adverse accreditation action was based, or a review of the process and procedure used to arrive at an adverse action, as appropriate. Witness testimony shall be in person. No telephonic (or other electronic means of transmission) testimony shall be permitted. All documentation and testimony must be relevant to the conditions existing at the program during the dates on which the site visit was made and on which the adverse action was taken. Improvement in conditions and corrections of deficiencies made subsequent to the adverse action shall not be considered. The hearing shall be recorded. Either party may, at its expense, request such recording be transcribed.

6.2 The appealing institution shall have fifteen (15) days following the completion of the hearing to file a brief, and ACPE shall have 15 days thereafter to file a response brief, each supporting the arguments presented by the respective parties. Within an additional thirty days, the Commission shall render a decision. The Commission may (i) affirm, (ii) remand, (iii) amend, or (iv) reverse the adverse action taken by the Board. In a decision to remand the adverse action to the Board for further consideration, the Commission must identify specific issues that the Board must address. The Appellate Commission shall provide a written report of the Commission's findings, which shall be submitted to the Board, the Executive Director of ACPE, the chief executive officer of the institution, and the Continuing education administrator of the provider concerned.

7. **Final Action by ACPE**
7.1 The decision of the Appellate Commission shall be considered by the ACPE Board of Directors at its next special or regular meeting of the Board. The Board shall take final action consistent with the decision of the Appellate Commission. A report of the final decision shall be forwarded to the continuing education administrator of the appealing institution, the supervisor of the provider, and members of the Appellate Commission.

7.2 The Appellate Commission shall be discharged by the Board at the adjournment of the regular or special Board meeting following the final action by the Board.

8. **Forum for Litigation**

8.1 Court: Any litigation instituted by (i) any provider ACPE concerning any action taken by ACPE involving the accreditation process or (ii) any litigation instituted by ACPE against any provider involving the accreditation process shall be brought in Cook County, Illinois, in the Circuit Court of Cook County or in the Federal District Court for the Northern District of Illinois.

8.2 Personal Jurisdiction, Right of Removal, and Applicable Law: Each such provider and ACPE consent to personal jurisdiction by these courts. Nothing herein shall restrict the right

of a provider or ACPE to remove such litigation from state court to federal court where permitted by law. Illinois law shall be applicable.

8.3 Prerequisite to Litigation: No litigation shall be instituted by a provider involving an adverse action taken by ACPE until after the appeal procedure shall be instituted by such provider and concluded in accordance with these Policies and Procedures.

Competency Areas for CE Administrators for the Health Professions
Adopted by the Alliance for CE for the Health Professions July 2013

Competency Area 1: Use of Adult and Organizational Learning Principles
Use evidenced-based adult and organizational learning principles to improve the performance of healthcare professionals, the healthcare team and the organizations in which they work, in order to improve patient outcomes
Competency Statement

Competency 1.1	**Apply** adult learning principles in CEhp activities/interventions and overall program planning by… A. **Identifying** sources and resources about applicable and appropriate adult learning principles and practices that can be used to support healthcare professionals, and healthcare teams', learning and change. B. **Describing** how effective use of applicable and appropriate *adult* learning principles can facilitate learning and change in healthcare professionals. C. **Designing** CEhp activities/interventions based on best practices and emerging research.
Competency 1.2	**Apply** organizational learning principles in CEhp activities/interventions and overall program planning by… A. **Identifying** sources and resources about applicable and appropriate organizational learning principles and practices that can be used to support program and organizational learning and change. B. **Describing** how effective use of applicable and appropriate *organizational* learning principles can facilitate learning and change in the organizations in which healthcare professionals work. C. **Developing** one's CEHP program and/or organization based on best practices and emerging research.

Competency Area 2: Designing Educational Interventions
Implement and improve independent, fair, balanced, and evidenced-based educational interventions that produce expected results for learners and the organizations in which they work.
Competency Statement

Competency 2.1	**Implement** CEhp activities/interventions to address healthcare professionals' practice gaps and underlying learning needs by…. A. *Identifying* data and other sources that can help reveal healthcare professionals' practice gaps and learning needs. B. *Using* data and information related to healthcare professionals' practice gaps and learning needs to design CEHP activities/interventions. C. *Developing* learning objectives for CEhp activities that clearly describe the intended behavior/action of the learner after engaging in the CEhp activity/intervention. D. **Creating** CEhp activities/interventions using formats that are selected based on objectives and expected results E. **Creating** Interprofessional CEhp activities for the healthcare team, when appropriate.

Competency 2.2	**Develop** CEhp activities/interventions with content that is valid, independent from the influence of commercial interests, balanced and evidenced based by… A. ***Implementing*** appropriate process(es) to help ensure CEhp content is valid independent from the influence of commercial interests, and free from commercial bias. B. ***Utilizing*** strategies to ensure CEhp content is modified prior to an activity, and processes are reviewed for future activities, if problems are detected with the balance, independence, or validity of a CEhp activity's content.

**Competency Area 3: Measuring the Effectiveness of CEhp Activities and the impact of the Overall CEhp Program**
	Use data to evaluate the effectiveness of CEhp activities/interventions and the impact of the overall CEhp program.
	Competency Statement
Competency 3.1	**Use** evaluation and outcomes data to: (1) assess the educational outcomes/results of the CEhp activities/ interventions on participants' attitudes, knowledge levels, skills, performance and/or patient outcomes, (2) determine unmet learning needs and (3) assess the quality and success of CEhp activities/interventions. A. **Identifying** the level(s) of outcome associated with objectives and expected results of the CEhp activity/intervention B. **Selecting** assessment methods and tools that are appropriate for the goals and objectives of the CEhp activity/intervention, based on the CEHP practice setting and resources (e.g., time, expertise, staff, budget, stakeholder expectations). C. **Analyzing** assessment data in order to draw conclusions about the effectiveness of the CEhp activity/Intervention, based on expected results. D. **Analyzing** assessment data in order to identify learning needs that future CEhp activities/interventions can address.
Competency 3.2	**Use** evaluation and outcomes data to evaluate the impact of the CEHP program meeting its mission and relevant organizational goals. A. ***Outlining*** steps to evaluate the impact of the CEhp program and its effectiveness in meeting mission and relevant organizational goals. B. ***Utilizing*** activity evaluation data, and other relevant information, to assess the impact of the overall CEhp program and the extent to which the CEhp mission and relevant organizational goals were met. C. ***Identifying*** areas for improvement within the CEhp program and individual CEhp activities based on the overall CEhp program evaluation process.

	Competency Area 4: Collaborating and Partnering with Stakeholders
	Collaborate and partner with stakeholders to help meet the CEhp mission.
	Competency Statement
Competency 4.1	**Collaborate** with internal stakeholder groups that can help maximize the impact of CEhp activities/interventions and meet the CEhp mission by… A. **Identifying** opportunities for internal collaborations that can help the CEhp program meet its mission (e.g., conduct an internal stakeholders analysis) B. **Implementing** an ongoing, collaborative communication plan with internal stakeholders C. **Evaluating** the extent to which the collaboration helped achieve a CEhp activity/intervention's goals and objectives D. **Evaluating** the extent to which the collaboration helped the CEhp program meet its mission
Competency 4.2	**Collaborate** with external stakeholder groups and key partners that can help maximize the impact of CEhp activities/interventions and meet the CEhp mission by… A. **Identifying** opportunities for external collaborations that can help the CEhp program meet its mission (e.g., conduct an external stakeholders analysis) B. **Implementing** an ongoing, collaborative communication plan with external stakeholders C. **Evaluating** the extent to which the collaboration helped achieve a CEHP activity/intervention's goals and objectives D. **Evaluating** the extent to which the collaboration helped the CEhp program meet its mission E. **Maintaining** compliance with applicable regulations when collaborating with external stakeholders

	Competency Area 5: Manage and Administer the CE Program
	Manage and administer the CEhp office operations to meet personnel, financial, legal, logistical, accreditation, CE credit, and/or regulatory standards
	Competency Statement
Competency 5.1	**Execute** CEhp activities and the CEhp program following sound and applicable business policies and practices by…. A. *Implementing* basic accounting, financial management, and human resource practices in compliance with organizational policies and procedures. B. *Creating* and/or interpret CEhp activity/intervention and CEhp program budgets, along with income and expense statements. C. *Producing* CEhp activities/interventions and administer the CEHP program in compliance with local, regional, state and federal laws and regulations. D. *Integrating* effective meeting planning and hospitality management practices into the planning and production of CEhp activities. E. *Utilizing* current and appropriate databases, software, and other technologies in the execution of CEHP activities /interventions and the overall CEhp program.

Competency 5.2	**Execute** CEhp activities and the overall CEhp program in compliance with applicable accreditation and/or regulatory policies and requirements by… A. *Adhering* to the accreditation and/or regulatory policies and requirements that are applicable to an overall CEHP program based on its organization type and location. B. *Adhering* to the accreditation and/or regulatory policies and requirements that are applicable to a CEHP activity/intervention based on its format and content. C. *Identifying* how other accreditation and/or regulatory policies and requirements (not directly applicable to the organization) impact partnerships and collaborations in CEhp activities/interventions. D. *Utilizing* materials from the implementation of CEhp activities and the administration of the overall CEhp program to demonstrate compliance with applicable accreditation and/or regulatory policies and requirements.
Competency 5.3	**Utilize** effective management and communication skills when working with organizational leaders, staff, volunteers, peers, and learners by… A. *Implementing* effective communication skills in written correspondence, face-to-face interactions, and public speaking. B. *Utilizing* effective management skills to delegate, supervise, and evaluate staff. C. *Setting* and communicate expectations of staff and volunteers, providing feedback, and offering support to accomplish goals. D. *Promoting* teamwork and team-building in the administration of the overall CEhp program.

Competency Area 6: Providing Leadership for the CEhp Program		
Provide Leadership for the CEhp Program		
Competency Statement		
Competency 6.1		**Conduct** all affairs with high standards of professionalism and ethics by… A. *Adhering* to ethical standards for CEhp professionals and related fields B. *Providing* resources to help others learn about ethics and professionalism in CEhp C. **Providing** mechanisms and support to help other identify and address ethical dilemmas
Competency 6.2		**Model and Inspire** a vision of present value and future direction for CEhp – externally and internally by… A. *Engaging* staff in scanning the current and emerging environment for its impact on CEhp B. *Recognizing* current and potential new connections between one's own CEhp program with the current and emerging environment for CEhp, healthcare professionals, and stakeholders C. *Implementing* a mission-aligned strategic plan that is a bridge to the organization's vision that includes goals, objectives, tasks and milestones for success.

Competency 6.3	**Develop and model** a learning organization by… A. *Creating* mechanisms and practices that involve stakeholders in developing solutions to identified problems B. *Linking* principles of continuous quality improvement to CEhp activities, the CEhp program, and overall organizational improvement C. *Utilizing* collaborations with internal and external stakeholders to support organizational learning and improvement D. *Creating* an environment that embraces learning and change
Competency 6.4	**Be an advocate** for the CEHP program, its mission, activities, staff and volunteers by… A. *Recognizing* the success and potential areas of improvement of one's own CEhp program B. *Encouraging* opportunities for staff to participate in professional activities that can highlight and expand their abilities C. *Recognizing* the achievements of staff and volunteers D. *Sharing* experiences and achievements with the CEhp community through publications and presentations

Competency Area 7: Engage in self-assessment and lifelong learning
Continually assess individual performance and CEhp program impact and make improvements through relevant learning experiences.
Competency Statement

Competency 7.1	**Engage** in assessments and professional development to help identify and then close *one's own* knowledge, competence, and performance gaps by.… A. *Participating* in self-assessments and stay abreast of the CEHP environment to identify gaps in one's own CEhp knowledge, competence and performance. B. *Creating* an individual learning plan for improvement with personal goals and objectives that would address the identified gaps. C. *Participating* in professional development opportunities that would address identified gaps. D. *Modifying* one's own practice of CEhp to close identified gaps. E. *Seeking* out opportunities for feedback on new and/or modified practices
Competency 7.2	**Engage** in assessments and professional development to help maintain and/or improve *the performance of the CEhp program* by… A. *Comparing* the CEhp program's performance to standards of practice and/or emerging trends to identify areas of improvement. B. *Creating* an improvement plan for the CEhp program with goals and objectives that would address needed and desired changes. C. *Participating* in training and learning opportunities that help support implementation of the improvement plan. D. *Making* modifications to the CEhp program to address areas of improvement E. *Seeking* out opportunities for feedback on new and/or modified CEhp program practices

Competency 7.3	**Actively participate** in the profession of CEhp in order to model lifelong learning by…
	  A. *Exploring* opportunities to volunteer for professional and/or regulatory organizations in CEhp
	  B. *Sharing* best practices and experiences at local, regional, and/or national meetings of CEhp professionals
	  C. *Disseminating* best practices, experiences, and/or findings from one's own research and scholarship in CEhp via journals, newsletters, and other publications
	  D. *Engaging* in CEhp social media communications

Competency Area 8: Engaging in Systems Thinking in CEhp
Approach the practice of CEhp from a system-thinking perspective, recognizing that a team of healthcare professionals that are part of a complex healthcare system delivers patient care.
Competency Statement

Competency 8.1	**Integrate** into the design and assessment of educational activities/interventions a systems-based approach to identifying and closing gaps in healthcare by…
	  A. *Evaluating* quality and performance gaps for systems-based issues (e.g., structures and processes) that can be addressed within CEhp activities/interventions
	  B. *Addressing* systems-based issues that are barriers to change and the implementation of new knowledge and skill
	  C. *Assessing* improvements in team performance.
	  D. *Developing* CEhp content that supports collaborative practice within the inter-professional healthcare team

Guidance Document for Certificate Programs
(Adapted from ACPE *Standards and Quality Assurance Procedures for ACPE-accredited providers of Continuing Pharmacy Education offering Certificate Programs in Pharmacy*)
March 2009, Version 1.0, updated 2018

Introduction:

Continuing pharmacy education (CPE) activities are categorized into three types: knowledge, application, and certificate programs. The CPE activity type(s) conducted should be consistent with the provider's mission and appropriate to meet the identified pharmacist and/or pharmacy technician needs.

Types of CPE activities:

- Knowledge-based CPE activity: These CPE activities are primarily constructed to transmit knowledge (i.e., facts). The facts must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 15 minutes or 0.25 contact hour.
- Application-based CPE activity. These CPE activities are primarily constructed to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 60 minutes or one contact hour.
- Certificate Programs. [Previously named practice-based] These CPE activities are primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors. The information within the certificate program must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component (live and/or home study) and a practice experience component (designed to evaluate the skill or application). The provider should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the stated professional competencies. The minimum amount of credit for these activities is 15 contact hours.

Providers are encouraged to guide pharmacists and/or pharmacy technicians to the best combination of CPE activity types to meet their learning, professional development, and practice needs. Providers are not required to conduct all three activity types.

Certificate programs:

The following procedures must be practiced in order to conduct certificate programs [Previously named practice-based activities]. These procedures will supplement the 2009 *Policies and Procedure Manual: A Guide for ACPE-accredited Providers.*

As noted above, certificate programs are intended to enhance one's practice by demonstration of a skill or implementation of a program. Examples of certificate program based activities include Establishment of a Diabetes Monitoring Program in a Pharmacy, Administration of Immunizations, Implementation of a Medication Therapy Management Program, etc.

Guidance 1.0. Certificate Program Planning Document

Each provider should plan for the development, delivery, and evaluation of each certificate program. Due to the multiple components of a certificate program, a Planning Document should be completed by the provider for each CPE activity. This written plan should include the following core elements:

A. title of the activity;
B. description of the targeted audience(s);
C. description of the educational needs assessment;
D. goals of the activity;
E. professional competencies to be addressed and outcome expectations with expected levels of performance (may refer to *ACPE's Definition of Continuing Education for the Profession of Pharmacy)*;
F. requisites for learner participation;
G. instructional design to be used (see Guidance 2.0 Instructional Design below);
H. activity length stated in contact hours and/or continuing education units (CEUs);
I. faculty, practice, technological, financial and other resources required for development, delivery and evaluation, commensurate with enrollment;
J. means by which the expertise of faculty and others will be utilized to develop, present and evaluate the content and materials;
K. schedule for periodic review of content and materials;
L. means by which the activity will be evaluated;
M. means by which the participants will be evaluated and the minimum level of achievement required for successful completion; and
N. determination of the manner for awarding continuing education credit upon completion, or, where feasible, partial completion of the activity.

Guidance 2.0 Instructional Design
Providers who conduct certificate programs should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the outcome expectations for the stated professional competencies. The length of the certificate program activity should be determined, primarily, by its stated goals, professional competencies, and outcome expectations. In keeping with the definition of certificate programs, a minimum amount of credit for these activities is 15 contact hours. Each certificate program must include a minimum of two components:

1. A didactic component such as live seminars, home study Internet-based materials, etc. and,
2. A hands-on component such as practice experiences, simulations, and/or such activities so as to assure demonstration of the skill or application of the stated professional competency.

Guidance 3.0 Evaluation of Participant Achievement
The provider should evaluate the achievement of each participant in the certificate program. This evaluation process should include both formative and summative evaluation, and should require demonstration of the predetermined minimum level of performance on the outcome expectations for the stated professional competencies.

Formative assessment may include self-reflection and diagnostic components (e.g. pretest) and may be remedial (i.e. focusing on correction or improvement). Formative assessment may take place one or more occasions throughout the learning process.

Summative (end of program) assessment is used to evaluate learner's accomplishment of the intended learning outcomes and generally takes place at the completion of the education/training component of the program. Any generally accepted assessment method may be utilized for conducting the summative assessment.

Participants should also be provided opportunities to engage in organized self-assessment activities. Feedback from the evaluations should be provided to the participant in a timely manner.

NOTE: *If an assessment-based certificate program is promoted by the provider as being appropriate for regulatory purposes or for decision making related to hiring, promotion, and other key employment-related outcomes (e.g., hospital privileging for physicians), the assessment(s) should be developed and evaluated/scored in a manner that is consistent with generally accepted measurement principles and legally defensible. The assessment(s) also should be administered in a secure, proctored environment.*

Guidance 4.0 Documentation of Completion
At the discretion of the provider, additional documentation of successful completion of the certificate program, such as a certificate to place in one's workplace, may be provided to participants who have demonstrated the predetermined minimum level of performance. ACPE does not have requirements for the items to be included on such a certificate.

Guidance 5.0 Award Credit
Upon completion of the requirements for credit of the Certificate Program, the provider should:
1. Award ACPE CE credit to the pharmacist and/or pharmacy technician via CPE Monitor®.
2. Award completion of the ACPE Certificate Program via CPE Monitor®.