MAERB
ACCREDITATION ELEVATING EDUCATION

Program Director Handbook

What Every Program Director Needs to Know

MEDICAL ASSISTING
EDUCATION REVIEW BOARD

August 2026

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List of Changes

Outlined below you will find a list of revisions, additions, and deletions to the *Program Director Handbook*. MAERB began charting those changes with the revisions published in August 2024. The minor changes, such as sentence structure, word refinement and grammar, are not noted. Rather the focus is on the large substantial changes.

Curriculum Map There were more details added about how to use the Working Curriculum Map.	p. 12
Practicum A paragraph was added about the requirement to inform students how practicum hours were included in the program.	p. 13
Dual Credit/Dual Enrollment A section was added about CAAHEP-accredited programs offering dual credit and/or dual enrollment.	p. 16
Transfer Credit/Advanced Placement/Credit for Experiential Learning There is a new extended section about the requirement for Transfer Credit/Advanced Placement/Credit for Experiential Learning.	p. 17

Introduction

The Medical Assisting Program Director provides the "glue" that holds the medical assisting program together. Directing a health care program is not an easy job, but it is rewarding, especially when you are the leader of a successful program that is accredited and trains students to enter the work force as competent medical assistants who protect patient safety and support patient health care.

This handbook was created to help Program Directors and other interested parties understand accreditation and maintain their programs. The goal of this handbook is to provide an easy reference to common questions asked by Program Directors. The handbook is not all-inclusive, but we hope that you will feel free to provide feedback as we strive to improve communication and assistance to those who are on the "front line" in the world of medical assisting education.

Throughout the handbook, you will find references for many resources available to you on the MAERB website (www.maerb.org). Most of the documents there are reviewed and revised at least annually. We do not include these documents within this handbook, but we encourage you to use the handbook in conjunction with the website to access all the materials that you need.

The Medical Assisting Education Review Board (MAERB)

The Medical Assisting Education Review Board (MAERB) is a Committee on Accreditation (CoA) for the Commission on the Accreditation of Allied of Health Education Programs (CAAHEP). MAERB is not an accrediting agency; it is an entity that reviews medical assisting programs and makes recommendations regarding accreditation issues to CAAHEP.

Within those accreditation processes, the MAERB fulfills the following functions:

- Ongoing review of program compliance and achievement of outcome thresholds
- Development and revision of the MAERB Core Curriculum for Medical Assistants
- Accreditation workshops for medical assisting educators
- Workshops for MAERB/CAAHEP Surveyors to promote consistent review of programs
- Details for medical assisting educators with current information about CAAHEP and MAERB policies and practices for accreditation

Also, MAERB periodically reviews the Standards and curriculum for Medical Assisting programs and makes recommendations regarding the Standards and curriculum to CAAHEP.

MAERB is comprised of educators, administrators, and practitioners within the field of medical assisting and allied health administration. The members of MAERB represent the approximately 330 CAAHEP-accredited programs. Each member serves as a Liaison to numerous institutions and works with the MAERB staff to review the pertinent materials. The Liaison is not in direct contact with the institutions that are assigned to them; instead, the Liaison works directly with the MAERB office. In addition to reviewing programmatic materials and making recommendations to CAAHEP, the MAERB members participate in the development and implementation of MAERB governing documents, strategic plans, committee work, and publications.

Legal Status

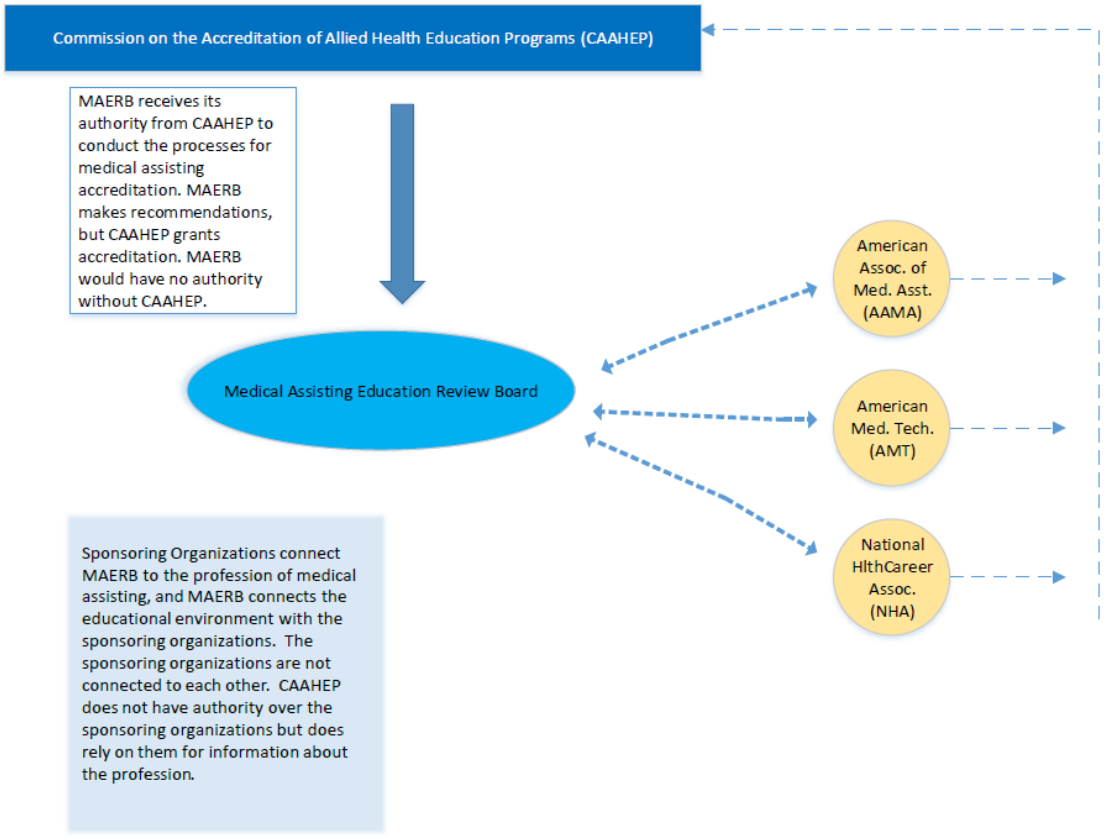
The Medical Assisting Education Review Board (MAERB) is independently incorporated in the state of Illinois and holds 501(c)(3) status.

Sponsoring Organizations

Within CAAHEP's structure, CoAs are required to have sponsoring organizations that provide information about the profession. The majority of the CoAs within CAAHEP's umbrella have several sponsors. The goal in establishing sponsoring organizations is to serve as a formal mechanism for acquiring information for those who represent the profession.

The American Association of Medical Assistants (AAMA) is MAERB's founding and primary sponsoring organization, and the relationship between MAERB and AAMA is a close and productive one. In 2018, MAERB acquired two other sponsoring organizations, American Medical Technologists (AMT) and National HealthCareer Association (NHA). Representatives from each sponsoring entity attend the open sessions of the MAERB's Annual Meeting scheduled for the summer to provide information about the MAERB's communities of interest.

The diagram below indicates the relationship between all the entities described above.



The MAERB Office

The MAERB office is located virtually. All programs currently accredited with CAAHEP, as well as those going through the process of initial accreditation, are assigned to a MAERB staff member, who serves as the Program Manager for the program and to whom any questions or concerns should be directed. If you do not know the identity of your Program Manager, please contact the MAERB office. The Program Manager has information readily available regarding the programs and should be the first contact with questions regarding your program. The MAERB Executive Director works closely with the Program Managers to ensure that questions about accreditation are answered promptly and consistently. In addition, the office remains in frequent contact with the MAERB Liaisons to rely on their expertise. The MAERB staff work together to ensure consistency and accuracy in response to the questions that they receive. Programs that apply for initial accreditation are assigned to a Program Manager after they submit the RAS to CAAHEP, fill out the MAERB Survey, and pay the initial accreditation fee.

Important Contacts

The MAERB Office is open from 8:00 am – 4:30 pm EASTERN, Monday – Friday.

Below you will find a list of the MAERB Office Staff.

Executive Director: Sarah R. Marino smarino@maerb.org 312-392-0136

Assistant Director/Program Manager: Jim Hardman jhardman@maerb.org 312-392-0148

Program Manager: Shannon Cannon scannon@maerb.org 312-392-0149

MAERB Virtual Receptionist: 312-392-0155

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CAAHEP Phone: 727-210-2350

CAAHEP Website: www.caahep.org

Overview of CAAHEP Programmatic Accreditation

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the largest programmatic accreditor in the health sciences field. Collaborating with its Committees on Accreditation (CoAs), CAAHEP reviews and accredits over 2100 educational programs in 31 health science occupations. CAAHEP is the accreditor that MAERB reports to on matters of accreditation.

The Medical Assisting Education Review Board (MAERB), one of CAAHEP's CoAs, works with approximately 330 medical assisting programs, conducting all the processes leading up to the accreditation decisions. A CAAHEP-accredited medical assisting program provides its students with an education consistent with CAAHEP's *Standards and Guidelines for Accreditation of Educational Programs in Medical Assisting*. In addition, MAERB provides a Core Curriculum that an accredited program must teach and assess. CAAHEP programmatic accreditation requires accredited programs to submit annual reports as to undergo a comprehensive review periodically, along with notifying the CoA of significant program changes. This *Handbook* provides details about the specific requirements in later sections, but this overview offers a brief synopsis of the process.

The 330 medical assisting programs accredited by CAAHEP are not uniform in their design and approach to teaching the curriculum content. They have different types of program sponsors, with a range of academic models. As is outlined in CAAHEP *Standards and Guidelines*, Standard I states that a program sponsor can be 1) a post-secondary institution, 2) a hospital or medical center, 3) a branch of the United States Armed Forces, or 4) a consortium. It is important to look closely at Standard I, as there are qualifications that program sponsors in different categories must possess.

Some medical assisting programs are in the academic program division of their school, while others are in the continuing education department. Many of the programs offer academic credit, but there are also other programs that are not credit-bearing. As an educational accreditor, CAAHEP requires, as outlined in Standard I.B., that, if a program does not offer academic credit, there must be an articulation agreement with an accredited post-secondary institution. MAERB Policy 233 outlines those requirements.

Accredited programs submit information to MAERB on an annual basis through online completion of an Annual Report Form (ARF), focusing specifically on program outcomes. These include retention/graduation, job placement, credentialing participation and passage rate, as well as employer and graduate satisfaction. MAERB has created thresholds to measure success and compliance with the outcomes. Those outcomes are reviewed every year by MAERB staff. Programs are required, according to the 2022 *Standards and Guidelines*, to annually publish on their website their five-year average of either retention, job placement, or exam passage.

In addition, programs are responsible for providing MAERB clear, accurate, and complete information about the program, by submitting information about substantive changes (personnel, curriculum, location, modality and so on), so that those can be reviewed to ensure that the changes comply with the *Standards and Guidelines*.

As part of the comprehensive review, every program conducts an in-depth self-study process paired with an onsite visit at least once every ten years, even though MAERB may request a comprehensive

review at any time. The involvement of key faculty and administrators in the review process is essential to gain full benefit of the process.

CAAHEP Standards and Guidelines

To achieve and maintain CAAHEP accreditation, a program needs to comply with CAAHEP's *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting.* The medical assisting *Standards and Guidelines* were initially adopted in 1969, and there have been several revisions over the years, as the medical assisting profession and educational environment have evolved.

MAERB is charged with reviewing and suggesting revisions to the *Standards and Guidelines* to CAAHEP at least every five years. This review and revision process involves the MAERB's communities of interest: educators from CAAHEP-accredited medical assisting programs and sponsoring organizations (AAMA, AMT, and NHA). The 2022 *Standards and Guidelines* were adopted in March 2022; The 2022 *Standards and Guidelines* were rolled out in April 2022 to the community. All CAAHEP-accredited medical assisting programs are required to comply with the 2022 *Standards and Guidelines.*

In addition, the MAERB Core Curriculum in Appendix B was updated in the 2022 *Standards and Guidelines*. Programs are required to demonstrate their compliance with the MAERB Core Curriculum in the 2022 *Standards and Guidelines*.

The 2022 *Standards and Guidelines* identify the minimum requirements that a program must meet to become and remain accredited and for the graduates to be prepared to enter the practice of medical assisting. There are five main sections of the *Standards and Guidelines*:

I. Sponsorship
II. Program Goals
II. Resources
IV. Student and Graduate Evaluation/Assessment
V. Fair Practices

Appendix A of the *Standards and Guidelines* provides directions for application, maintenance, and administration of accreditation. These include administrative requirements for reporting and payment of fees and the system of Administrative Probation if the requirements are not met. The process for requesting inactive status is also found in Appendix A. Additionally, the responsibilities of CAAHEP and MAERB are set forth in Appendix A.

As discussed above, Appendix B of the *Standards and Guidelines* is the MAERB Core Curriculum, which details the cognitive objectives and psychomotor and affective competencies that must be taught and assessed in a program for accreditation to be granted and maintained. It is important to note that all graduates must **successfully** achieve **all** the psychomotor and affective competences.

MAERB Core Curriculum

The MAERB has developed a Core Curriculum (Appendix B) that works directly with the *Standards and Guidelines.* The discussion below refers very specifically to the *2022 MAERB Core Curriculum*, which is in Appendix B of the *Standards and Guidelines.* In Standard III.C, it is stated that the "program must demonstrate that the curriculum meet or exceeds the *MAERB Core Curriculum*." The *MAERB Core Curriculum* is divided into the following five specific academic subjects:

- Foundations for Clinical Practice
- Applied Communications
- Medical Business Practices
- Medical Law and Ethics
- Safety and Emergency Practices

Within those five specific areas, there are a total of 12 content areas: Anatomy, Physiology, & Pharmacology; Applied Mathematics; Infection Control; Nutrition; Concepts of Effective Communication; Administrative Functions; Basic Practices Finances; Third-Party Reimbursement; Procedural and Diagnostic Coding; Legal Implications; Ethical Considerations; and Protective Practices.

Each of the 12 content areas is divided into two specific learning domains: cognitive and psychomotor. The items listed within the cognitive domain are referred to as "objectives," while the items listed within the psychomotor are "competencies." The reason for that distinction is consistent with educational terminology:

- "objectives" are ideas, concepts, and information that need to be learned and acquired intellectually;
- "competencies" are skills that need to be performed.

In addition, the *MAERB Core Curriculum* includes an affective domain with eight specific affective competencies. These affective competencies are not intended to be measured in isolation, but are designed to be bundled, based upon each program's unique design, with any of the psychomotor competencies in the *MAERB Core Curriculum*. Some affective skills such as "A.1 Demonstrate critical thinking skills" might be a stand-alone assessment. The majority, however, require incorporation with clinical skills.

MAERB defines the three domains in the following manner:

- **Cognitive**: Knowledge; objectives; mental information; comprehending information, organizing ideas, and evaluating information and actions.
- **Psychomotor**: Manual or physical skills; competencies; use of basic motor skills, coordination, and physical movement.
- **Affective**: Behaviors/competencies related to feelings, attitudes, interest, attention, awareness, and values.

It is required of any CAAHEP-accredited program that **all** the cognitive objectives and the psychomotor and affective competencies be taught and assessed. Traditionally, the cognitive objectives are measured via exams, written work, group projects, and video overviews, while the psychomotor and affective competencies are practiced and then evaluated. Programs, however, have successfully provided creative other options.

As stated above, students must be taught specific cognitive objectives. The instructor presents the material, reviews it, and then evaluates the students' understanding of the material by giving a quiz, test, exam, or any other assignment that is evaluated. These evaluation measurements are up to the discretion of the instructor, but they must be made known beforehand to the students in the syllabus or an appropriate addendum.

Psychomotor and affective competencies are treated differently than the cognitive domain, as they involve the performance of a skill which is then evaluated/measured by the instructor. Ideally, the instructor presents the material and then demonstrates the skill (for example, taking an oral temperature). The students should then have an opportunity to practice the skill before being evaluated.

To be "checked off" on the skill, the student must demonstrate an understanding of each step that is required to do the skill appropriately, such as washing one's hands prior to the procedure and so on. Oftentimes, if students do not achieve competency on the first attempt, they are given a second or third opportunity to pass the skill, after additional practice. As with the assessment of the objectives, the students need to be informed of the method of evaluation, what constitutes a passing score, and how many attempts they are allowed and that information must be included in the syllabus. In addition, the program needs to keep a written record of the psychomotor and affective competencies that have been achieved.

Any *MAERB Core Curriculum* psychomotor and affective competencies that a student will perform at the practicum must have been taught and achieved prior to the student performing them at the practicum. Students need to successfully achieve all the psychomotor and affective competencies prior to graduation, and this achievement needs to be documented by the program for each student.

Educational Competencies for Medical Assistants (ECMA)

MAERB produces *The Educational Competencies for Medical Assistants (ECMA)* as a resource for the programs, and it can be used in a variety of ways by educators, practitioners, and physicians. The intended purpose of this document is to provide suggested evaluation methods for meeting each of the entry-level psychomotor and affective competencies as found in the current *Standards*. It is not intended to be an exhaustive listing of all the possible methods of evaluation for each competency within MAERB's Core Curriculum; rather this document provides ideas and evaluation methods that can be used to meet the competencies. The *ECMA* does not provide information about the cognitive objectives.

In the *ECMA*, the current entry-level competencies are clearly identified in a column format. Listed under each entry-level competency are suggested methods of evaluation, which are provided as a curricular guide for educators in developing associated cognitive objectives, performance objectives, assessment tools, and teaching materials and methods. The scope and depth to which they are included in a medical assisting program is an individual program's decision. This decision should be based on periodic feedback from the various communities of interest, such as requirements from the local employers, student and graduate recommendations, and advisory committee suggestions.

The suggested evaluation methods in the *ECMA* serve as a **guide** for medical assisting educators in developing these competencies within a specific program.

In addition, MAERB has created several possible options for bundling the affective competencies with the psychomotor competencies. Rubrics are also included to provide helpful guidelines for instructors to share with students to ensure that the students understand how they are to be evaluated.

Syllabi

As is outlined in Standard III.C, the Medical Assisting program syllabi, or an appropriate addendum, need to include a course description, course objectives, methods of evaluation, course activities sequence and timeline, and the objectives and competencies required.

It is vitally important to clearly identify on all syllabi the *MAERB Core Curriculum* cognitive objectives and the psychomotor and affective competencies that are being taught and assessed in that given course.

Relevant Resources:

Master Competency Checklist: This optional tool can help with keeping track of the individual student's achievement of the competencies. If you don't use MAERB's template, you must create your own template that includes all the same information.

MAERB Policy 212: This policy outlines the requirements for the programmatic summative measures.

MAERB Policy 220: This policy outlines the document retention requirements.

Site Visit Documents: This is a resource that can help a Program Director to understand the documents that need to be retained, as well as to prepare for the actual visit.

Syllabus Template: This is a template that outlines all the necessary components that are a part of a medical assisting syllabus, along with some general advice. It is optional but designed in conjunction with Standard III.C.1.

Curriculum Map

On the MAERB website under the Resource tab on the Sites visits and Program Resources page, there is a Working Curriculum Map Template designed to help you keep track of where you are teaching the MAERB Core Curriculum. The Working Curriculum Map template is an unlocked document that you can use to indicate what course you teach a specific cognitive objective and psychomotor and affective competency. You can also delineate what type of assessment tool you are using to assess the specific objective or competency.

As a Program Director, you should also keep an up-to-date curriculum map, as that is the easiest method for ensuring that you are teaching the entire MAERB Core Curriculum. Keeping a curriculum map provides you with a big-picture overview of your program's curriculum and allows you to review the sequence and to identify any redundancies, inconsistencies, misalignments, or gaps in your program's curriculum. If you wish, you may include an up-to-date curriculum map in your Student Handbook, and you may also use the map as an addendum to your syllabus, so that you don't have to revise your syllabi every time you want to make a small change to your map.

In addition, keeping the Working Curriculum Map updated helps you at the time of your comprehensive review when you need to submit a curriculum map with their Self-Study report. The Self-Study Report Template outlines that requirement and provides the required Curriculum Map Template that is to be used for the site visit. You cannot use your Working Curriculum Map template in the Self-Study, but you can copy and paste the information. Even if you are not currently preparing for a site visit, we

recommend that you keep an up-to-date curriculum map to ensure that your program covers all the cognitive objectives and the psychomotor and affective competencies of the *MAERB Core Curriculum*.

Relevant Resources:

> **Working Curriculum Map Template**: There is an Excel Curriculum Map template on the website that you can use to map out the curriculum with your program.

Practicum

The *MAERB Core Curriculum* is meant to be a central part of your program, and it is to be paired with the practicum experience to provide the students with the opportunity to demonstrate their knowledge of the cognitive objectives and to practice the psychomotor and affective competencies that they have achieved during their coursework.

The 2022 *Standards and Guidelines* outline in Standard III.C that the practicum needs to be at least 160 contact hours in a healthcare setting in which the students can demonstrate the knowledge, skills, and behaviors of the MAERB Core Curriculum in performing clinical and administrative duties. The student must be supervised by an individual who has knowledge of the medical assisting profession. It is required to be completed by graduation. While the students are on the practicum, they must perform a wide range of clinical and administrative skills.

You can also require that the students complete more than 160 hours. In either case, you need to clearly state in your program materials how many hours the students must complete for the practicum, as it is required for current students to know those requirements when they enter the program, as is required in Standard V.A.3.d.

The Practicum Coordinator must "provide oversight of the practicum experience" and "ensure appropriate and sufficient evaluation of student achievement." Under the 2022 *Standards and Guidelines*, **the focus is on the outcomes.** There are several processes that can support the outcome of ensuring that there is both oversight and evaluation of student achievement.

Practicum Coordinators may certainly conduct in-person visits to practicum sites with students, if, based upon the feedback of their communities of interest, they determine that it is best to do so. There are, however, other options, such as the ones listed below:

- Set up a system of regular phone calls/video chats/visit with the practicum site supervisors (documentation: schedule of "contact" with site)
- Have site supervisors evaluate the Practicum Coordinator's support (documentation: surveys from site supervisors)
- Have students evaluate the Practicum Coordinator's support (documentation: surveys from students)

There are several other creative possibilities. It will be important to demonstrate that the Practicum Coordinator is fulfilling the responsibilities of the position, and the methods listed above are just a few options to demonstrate that.

Program Directors also frequently have questions about the appropriateness of sites for students to have their practicum. Standard III.C describes the practicum as follows:

III.C

A supervised practicum of at least 160 contact hours in a healthcare setting, demonstrating the knowledge, skills, and behaviors of the MAERB Core Curriculum in performing clinical and administrative duties, must be completed prior to graduation.

On-site supervision of the student must be provided by an individual who has knowledge of the medical assisting profession.

The 2022 *Standards and Guidelines* do not specify that the students must be placed in an ambulatory healthcare environment, but the Standard does specify that the students must be placed in a healthcare setting in which they are able to demonstrate the knowledge, skills, and behaviors of the MAERB Core Curriculum.

Outlined below are different types of sites and their potential suitability for student placement. The traditional placement is in an ambulatory healthcare environment, but there are some non-traditional and emerging sites that may be appropriate if the students can demonstrate the range of skills which they have been taught. There may be an opportunity to combine sites. Some specialty sites might be appropriate for short-term practicum use, even though students would also need experience at another site to get a full, well-rounded experience to prepare for entry-level medical assisting jobs. Below is a list of sites that do not typically allow students to complete a full range of medical assisting tasks.

Please note that, in certain states where PAs or NPs are allowed to evaluate patients, diagnose, order, and interpret diagnostic tests, and initiate and manage treatments (including prescribing medicine), it is appropriate for students to experience their practicum at a site which is directed by a PA or NP.

Examples of non-traditional and emerging practicum sites that may be acceptable if they are able to provide the full ambulatory health care experience.	Examples of non-traditional and emerging practicum sites that can be used, but they might need to be used in conjunction with other sites if they are not able to provide either the full ambulatory healthcare environment OR a mixture of administrative and clinical skills.	Examples of sites that typically would not allow the students to practice the skills, behaviors and Knowledge of the MAERB Core Curriculum.

• Physician Assistant or Nurse Practitioner offices (in states where they can head their own offices) • Ambulatory Care Clinics based within hospitals • Ambulatory Care military and/or VA facilities • Good Samaritan Clinics (serving low-income population) • Specialty Practitioners (ENT, Cardiologist, OB-Gyn, Plastic Surgery and so on) • Occupational Clinics	• Addiction/Mental Health Clinics • Dialysis Centers • Chiropractic Offices • Laboratories • Dentist Office/Oral Surgery • Rehab facilities • Concierge Services • Child Nutrition Offices • Blood Banks • Pain (management) clinics • Ambulatory Care services in prisons and county jails • Retail Walk-in Clinics • Ambulatory Care School-based Clinics	• Geriatric Day Care • Hospitals • Hospice • Hospitalists Service (Hospital Based) • Emergency Room • Long-term care • Assisted living facilities

The 2022 *Standards and Guidelines* removed the restriction on students receiving payment for the practicum, but that removal does not change the nature of the practicum. In Standard V.C, the following statement is a vitally important safeguard: "All activities required in the program must be educational and students must not be substituted for staff and must be readily identifiable as students."

Essentially, when students are on the practicum, they need to be treated as students, not as staff. To protect the health and safety of patients, the students' work needs to be observed and always monitored. In addition, the students need to be identified as students, with badges or specific uniforms so that there is no misunderstanding on the part of the patients or the staff at the clinic regarding the students' status.

If an institution determines that it is appropriate for students to be paid for practicum work, the institution should check with their legal counsel to ensure that they are potentially covered for any liability. At the same time, it is perfectly appropriate to continue with the practice of an unpaid practicum.

Workforce Development Grants/Apprenticeships

As is discussed in the "Practicum" section above, when the students are completing their practicum, they do need to be treated as students rather than as staff. However, there are programs that fund students' education while the students are simultaneously working as employees, such as workforce development grants and apprenticeship programs.

Many programs have employers use a Workforce Development Grant for current employees to enroll in the medical assisting program, as a tuition assistance program. For the practicum, in general, a good policy is to place the students in a different facility than the one with which they are working as employees so that they can cross-train. However, if that is not possible, the dual role needs to be made

clear to the supervisor at the practicum site so that that person understands that the students need to be treated as students while completing their practicum hours. Large facilities, for example, will often help to place the student in a different site or department, which allows for cross-training.

The apprenticeship issue is a little bit more complicated, as all CAAHEP-accredited programs need to ensure that students participate in a practicum. There are several CAAHEP-accrediting medical assisting programs that include an apprenticeship component, but that apprenticeship component does not remove any of the requirements of a CAAHEP-accredited program. In other words, there is no such thing as a CAAHEP-accredited medical assisting apprenticeship program; rather, there are some CAAEHP-accredited medical assisting programs that have an apprenticeship component.

Even if students are participating in an apprenticeship, they still need to fulfill the practicum requirement of the Standards. If you are being asked about the possibility of incorporating an apprenticeship component into your CAAHEP-accredited program, you should contact the MAERB office and speak to the Executive Director, Sarah Marino. According to MAERB Policy 133, if a program adds an apprenticeship component, it needs to be approved by MAERB prior to implementation.

Dual Credit/Dual Enrollment

Many CAAHEP-accredited medical assisting programs either offer courses for high school students, frequently held at the local high school or allow high school students to enroll in the CAAHEP-accredited medical assisting program. These two different activities have different implications for accreditation, and it is important to provide some definitions for this discussion, noting that sometimes there can be variations within different states regarding these definitions:

- **Dual Credit:** Academically qualified high school students enroll in a college-level course at their high school. Students can earn high school credit and college credit at the same time.
- **Dual Enrollment:** Academically qualified high school students can enroll in college courses and your program and take courses at the same time.

Dual Credit

Many medical assisting programs offer a course at a local high school for high school students. Frequently those courses contain didactic information, but they are useful because, if the high school student wants to enter the CAAHEP-accredited medical assisting program, you can accept that course as equivalent to the course that your postsecondary students have taken.

In such cases, typically, the medical assisting program provides the curriculum and the required cognitive objectives to the high school, and the course is taught at the high school, covering the same material. It is conceivable that an instructor from the medical assisting program teaches the course but that can vary.

In this scenario, there is no need to submit a Faculty Qualifications Attestation Form or include these students in your Annual Report Form Data because these students are not formally enrolled in your program. After graduating from high school, the student can then enroll in your medical assisting program and then the proper accreditation protocol can be offered.

Dual Enrollment

Other programs offer high school students admission into the CAAHEP-accredited medical assisting programs. In one model, students can complete 100% of the CAAHEP-accredited medical assisting program while still enrolled in high school; in another model, students can complete a portion of the medical assisting program while in high school and then complete the remainder of the program after graduation. The students can take those courses either at the high school or at the CAAHEP-accredited medical assisting program location.

If the high school students are formally enrolled in the CAAHEP-accredited medical assisting program, it is important that all the accreditation requirements are fulfilled:

1. They need to be considered official students of your medical assisting program (just like those who enroll in your program at your post-secondary institution).
2. They need to be subject to the same admission and progression policies that govern students at your school.
3. They need to be taught by your program's medical assisting faculty and a Faculty Qualifications Attestation Form needs to be submitted.

The dual enrollment students must be included in the Annual Report Form that you submit, as MAERB does not distinguish between dual enrollment students and students who are enrolled in your post-secondary program.

Transfer Credit/Advanced Placement/Credit for Experiential Learning

According to the CAAHEP *Standards and Guidelines*, every accredited program must have a written policy on Advanced Placement (AP), Transfer of Credit (TC), and Credit for Experiential Learning (CEL).

MAERB Policy 140 outlines that programs can design their own policies, and those policies can be either institutional or program specific. If you have those policies, the published, written policy must be accessible to all current and prospective students, and they need to be applied consistently.

You may offer AP credit, TC credit, and/or CEL credit for any course within your curriculum, even for the practicum experience, but you need to ensure the following:

- that you receive accurate documentation from the students
- that students have been taught and assessed on the entire MAERB Core Curriculum prior to graduation
- that the students have achieved all the psychomotor and affective competencies prior to graduation

Programs may grant credit-for-experiential-learning (CEL) for the practicum, based on the student's past work experience in the field. However, whatever credit your program decides to grant, it must be based on your written policies, and those policies need to apply to all students. In addition, the written policies need to be openly published and faithfully followed.

You are not required to offer AP, TC, or CEL credit, but, if you do not, you still need to inform students in writing that you do not offer those options.

Simulation

Even though there is no discussion of simulation tools in the CAAHEP *Standards and Guidelines*, the MAERB frequently receives questions about simulation in education. There are several tools available for the medical assisting classroom, and the COVID-19 pandemic considerably enhanced the accessibility of online simulation. Program Directors frequently use simulation, through role-playing scenarios and online/in-person tools, so that students can achieve certain competencies.

With the use of online simulation, if any of the psychomotor competencies found in the following content areas "Anatomy, Physiology, & Pharmacology," "Infection Control," and "Protective Practices." of the MAERB Core Curriculum are taught online, program directors need to submit a special report, *Teaching Invasive Practices through Distance Education (TIPCDE),* to ensure that specific safety standards are being followed. MAERB Policies 132 and 235 provide some guidelines for that submission.

At this time, MAERB does not allow for simulation to be substituted for practicum hours for the following reasons:

- The students are already required to achieve the *MAERB Core Curriculum* psychomotor competencies in the program prior to the practicum. Simulation tools are frequently used to gain that achievement.
- The simulation environment is totally controlled, which does not allow for the organized chaos of a working environment.
- Simulation allows for only limited ability to deal with the unexpected and to solve problems.
- Simulation does not allow for negotiation with personalities.

MAERB will revisit this topic in the future, as there is always evolution.

Policies and Procedures

The MAERB is governed by CAAHEP's *Policies & Procedures*, a document that is available on the CAAHEP website (www.caahep.org). To make those policies more specific to medical assisting educators, MAERB has developed its own MAERB *Policies and Procedures for CAAHEP Accredited Medical Assisting Programs Manual*. In addition to overlapping with CAAHEP's *Policies and Procedures*, the MAERB *Policies and Procedures Manual* defines key accreditation terminology, expands upon the *Standards and Guidelines*, provides the rationale for specific accreditation decisions, outlines accreditation activities such as progress reports and voluntary withdrawal of accreditation, and includes procedures for reporting program changes. It is vitally important that every Program Director has a good knowledge of MAERB's *Policies and Procedures*.

The MAERB board regularly reviews and revises the MAERB's *Policies and Procedures Manual*, and Program Directors are informed via email when revisions are adopted.

Initial Accreditation Packet

The Initial Accreditation Packet is designed very specifically for Program Directors who are applying for initial accreditation for their medical assisting program. The information in that packet works in conjunction with the *Program Director Handbook.*

The *CAAHEP Standards and Guidelines* are your best resource for developing a quality program. Outlined below are some of the key factors in building and maintaining a quality medical assisting program, related

specifically to the *Standards and Guidelines*; at the same time, this overview is not a replacement for the complete *Standards and Guidelines*.

- Develop a clear formulation of the program's goals, with specific references to the communities of interest that the educational program serves and a regular assessment of those goals and documented contributions from those communities of interest. See Standard II for further elaboration.
- Ensure an adequate budget to supply sufficient resources, such as equipment and supplies, to students and faculty. Incorporate annual Resource Assessments to assess the appropriateness and effectiveness of the required resources with an action plan to correct deficiencies. See Standard III.A for a complete list of resources and Standard III.D for details about resource assessment.
- Put into place a qualified Program Director, Practicum Coordinator and faculty who provide the students with an education that ensures achievement of the entry-level knowledge, skills, and behaviors for medical assistants. See Standard III.B.1-3 for the details about the specific qualifications for and responsibilities of personnel.
- Provide well-balanced and structured course offerings that include cognitive, psychomotor, and affective domains and the required Core Curriculum objectives and competencies for the entire medical assisting curriculum, presented in a logical sequence. Syllabi should include learning goals, course objectives, and competencies required for graduation. See Standard III.C for further explanation.
- Provide practicum experiences that enable students to apply the cognitive objectives and practice the psychomotor and affective competencies that they have learned, to develop clinical proficiency, and to assume responsibility for the performance of clinical and administrative procedures in an ambulatory health care setting under the supervision of qualified, trained, and knowledgeable personnel. See Standard III.C for details about minimum hours.
- Develop methods of evaluation that document the measurement of all cognitive objectives and psychomotor and affective competencies; in addition, there needs to be a tool to record the achievement of all the psychomotor and affective competencies. See Standard IV.A.1-2 for the definition and guidelines for this process.
- Demonstrate ongoing evaluation of program effectiveness through implementation of outcomes assessment and submission of the Annual Report Form (ARF), with the results of the evaluation reflected in the review and timely revision of the program. The required outcomes include retention, job placement, graduate satisfaction, employer satisfaction, and national credentialing participation and pass rate. See Standard IV.B.1-2 for specific details and definitions.
- Set up a system of transparency in providing information to students and communities of interest about the accreditation status along with the academic and student policies, fees, outcomes, and other relevant information. In addition, there needs to be clearly articulated non-discriminatory practices in accordance with specific legal requirements. The program needs to provide notifications about changes to MAERB in a timely fashion. See Standard V for an overview of the many specifics in this area.

Preparedness Plan

In the CAAHEP *Standards and Guidelines*, Standard I.B.2, it is clearly stated that the program sponsor must have a "preparedness plan in place that assures continuity of education services in the event of an

unanticipated interruption." The *Guideline* associated with that *Standard* focuses on specific types of interruptions, but the central point is the interruption itself. While the focus is on the institution, MAERB's policy 227 states explicitly that the medical assisting program also needs to have a plan that focuses on the continuity of services for the medical assisting program in the case of loss of key personnel or any other resources that might potentially interrupt educational services.

In other words, there are two parts required within the preparedness plan, one section that focuses on the institution and another section that focuses on the program. Outlined below are the two different parts of the preparedness plan.

Institutional Preparedness Plan: This preparedness plan is where the program sponsor outlines what steps will be taken if the traditional method of conducting education is interrupted. For example, how will the program sponsor continue to provide education if the students are not able to access the campus to attend classes due to a natural disaster, a fire, or a flood? What will the program sponsor do if students are not able to access the technology needed for education goals due to cyberhacking or a long-term power failure? Basically, program sponsors need to have that preparedness plan to adequately support their students. This plan is an organizational document.

Programmatic Preparedness Plan: Policy 227.II focuses specifically on the medical assisting program and may be a separate document or part of a larger document. Basically, the program needs to have a preparedness plan in the case of the loss of any of the program resources. Some institutions might refer to this as a succession plan. For example, if a Program Director were to leave suddenly due to an emergency, are there mechanisms in place to ensure that documents necessary for the program are retained and accessible? Is the information about the program and its educational and accreditation requirements in a central place for easy access? If the students could not access the labs to perform the necessary competencies, what mechanisms are in place to ensure that the students are still able to achieve the competencies? This plan can be maintained and refined by the current Program Director and the supervisor. This material will be submitted to MAERB by the program at the time of the comprehensive review.

Myth Busters

MAERB often hears comments from our community that have taken on mythic status. In other words, those ideas and beliefs circulate and become part of the story of CAAHEP accreditation, but, like most myths, those ideas are based far more on fiction than on truth.

Below you will find the myths, in no particular order. If you want to share a myth that you have discovered and would like to learn more details about it, contact Sarah Marino (smarino@maerb.org).

1. **One citation on a site visit means that the program will be recommended for probation.**

   That is typically not true. Policy 335 in the *MAERB Policy and Procedures Manual* outlines when a program may be considered for probation. A Probationary recommendation following a site visit may occur in the following instances:
   a) The program director is not fully qualified.
   b) The practicum component is not at least 160 hours and is not based in a workplace that allows students to practice the skills that they have learned in the program.

c) The program did not demonstrate that it is teaching the cognitive, psychomotor, and affective domains of the MAERB Core Curriculum in enough detail to achieve substantive learning.

In addition, when a program is recommended for probation due to a site visit, the program has two to eight months to provide additional documentation to address the deficiencies prior to the probationary recommendation going to CAAHEP.

2. **Graduate and Employer Surveys are required to be paper surveys sent out by mail.**

   It is true that Graduate and Employer Surveys need to be sent out, but they do not need to be paper, and they do not need to be sent out by mail. For example, the program can use an online survey mechanism (or some other mechanism) to send out the required questions on the survey forms. In addition, program directors or other staff can call graduates or employers and get the information over the telephone, filling out the form in proxy. In that instance, the person conducting the telephone survey would fill out the form, indicating on the form that it was a telephone interview. Then, the person conducting it would date and sign it. The information can also be gathered in person, using the same formal documentation process.

3. **Students need to perform all the psychomotor and affective competencies at the practicum.**

   It is true that, as Standard III.C states, students need to demonstrate the "knowledge, skills, and behaviors of the *MAERB Core Curriculum* in performing clinical and administrative skills," but it does not dictate that the entire MAERB Core Curriculum be covered on the Practicum, as it is unlikely that any given site will be able to offer that. Rather, the goal is to ensure that students, during the practicum experience, be given the opportunity to perform or observe a significant portion of the *MAERB Core Curriculum*.

4. **If the program director, in completing the annual resource assessment, indicates that a resource needs improvement, that means the program is out of compliance with the Standards.**

   The Resource Assessment, which is described in Standard III.D, is CAAHEP's quality improvement tool, and it is very important that CAAHEP-accredited medical assisting programs annually review their resources to ensure that they are being used effectively. The fact that something needs to be improved doesn't necessarily indicate a lack of compliance. If the resource is available and is sufficient, the program is complying. It might be, however, that the use of that resource can be improved, which is commonly referred to as quality improvement.

5. **The assessment tools in published textbooks that are aligned to the *MAERB Core Curriculum* are always valid.**

   It is true that there are several textbooks that claim that their assessment tools are aligned with the *MAERB Core Curriculum*, and they use the verbatim language and numbering system from the *MAERB Core Curriculum*. Nevertheless, it is the program's responsibility to evaluate those tools to make sure that they are fully covering the *MAERB Core Curriculum,* as there are times in which the assessment tools in the published textbooks are inaccurate or incomplete. With the

affective competencies, sometimes those are listed as being embedded in a psychomotor checkoff list, but it is not quite clear how it is embedded. In other words, published textbooks can be a good beginning for considering assessment tools for your program, but the tools within those textbooks should be regularly evaluated by the Program Director.

6. **Advisory Committee Meetings always need to have all the participants in the same room.**

   In the perfect world, it would be good to have all participants present for your annual advisory committee meeting. However, participation may be by phone or videoconference. Knowing how difficult it is to get perfect attendance, Program Directors should follow up with missing members by mail with copies of the minutes and a request for feedback on the topics discussed and the decisions made.

7. **During a site visit, the Site Surveyors' primary objective is to find problems with the program.**

   It's important to consider the function and purpose of the site visit. Prior to the site visit, there is a self-study completed, where programs evaluate themselves within the context of the CAAHEP *Standards and Guidelines.* During that entire evaluation process, programs often find areas in which they are not in compliance. The purpose of the self-study process is to correct those omissions so that they can document that they are complying with the CAAHEP *Standards and Guidelines*.

   The site visitors review the submitted self-study, with the objective being to ensure that the program is in compliance and is representing itself accurately within the self-study. As such, the site visitors are looking closely at the self-study and the CAAHEP *Standards and Guidelines*. The Surveyors play an educational role, helping the program to achieve compliance.

8. **Providing honest feedback to the MAERB office regarding the conduct of the Surveyors will result in some form of punishment, such as an extra citation or slower accreditation decisions.**

   The evaluations submitted by the program are utterly confidential. The MAERB staff review those evaluations to determine the future use and placement of site surveyors, but the MAERB staff make no accreditation decisions whatsoever. The goal of surveyor evaluations is also to learn what type of future training will best help the Surveyors to do their jobs.

   It is very important for programs to give honest and straightforward evaluations of the site surveyors so that the integrity of the accreditation process is ensured and maintained.

9. **MAERB/CAAHEP requires programs to offer transfer of credit.**

   MAERB/CAAHEP does not dictate anything regarding program's policy on *transfer of credit*. However, every accredited program must have a written policy regarding the topic of the *transfer of credit*. There are many CAAHEP-accredited programs that do not allow for transfer of credit; in that case, the program's policy should simply state that.

   On the other hand, other programs allow for transfer of credit, and those programs need to explain their policies. CAAHEP will evaluate to make sure that a program is applying its transfer

of credit consistently. Also, programs will be asked how they can ensure that a student who has transferred into the program has achieved all the psychomotor and affective competencies, so Program Directors need to ensure that they can answer that question.

Annual and Ongoing Responsibilities

Annual Responsibilities

There is a pattern to your yearly duties as a Program Director, and, in this section, we outline the annual responsibilities to provide you with an overview of the accreditation duties that occur throughout the year. This schedule will vary, as some of your programs are on quarters and others are on semesters. For example, some programs have advisory committee meetings twice a year, while others have an advisory committee once a year. Moreover, some programs complete their Annual Report Form (ARF) in the fall, while others submit their ARF in the spring. It is recommended that you create a chart for your activities as a Program Director, relying on this list, so that you have a calendar that is personalized to the activities of the program.

Yearly

Advisory Committee

- Recruit advisory committee members.
- Set advisory committee meeting date.
- Gather information for advisory committee meeting.
- Conduct advisory committee meeting.
- Email advisory committee members with minutes and a request for additional feedback, particularly for missing members.
- Review responses and start to prepare for the next meeting.

Annual Resource Assessment

- Collect and analyze the required three surveys.
- Review budget and staffing.
- Analyze student evaluations, practicum evaluations, and any other relevant data.
- Fill out MAERB's required Resource Assessment Form.

Annual Report Form (Fall or Spring)

- Regularly review your ARF Tracking Tool for completion and accuracy.
- Gather advisory committee meeting minutes and Resource Assessments for submission.
- Update and doublecheck student exam data.
- Submit your ARF, adding data for the new year and updating previous years.
- After you receive the review letter, post the ARF outcome on the website.

Practicum Sites

- Recruit new sites, as appropriate.
- Review current sites for
    - Continued appropriateness of the site
    - Currency of the Affiliation Agreement

Preparedness Plan

- Review the institutional and medical assisting program plan to ensure that it is up to date.

Policy Update

- Review all the materials that the *Standards and Guidelines* require you to publish to ensure that students are informed of the policies of the program.

Every Academic Term

- Review personnel and determine if there is a need to submit a Faculty Attestation Form or Practicum Coordinator workbook for any newly hired personnel.
- Review syllabi and/or addenda to ensure that the *MAERB Core Curriculum* is covered.
- Update your Curriculum Map, if applicable.
- Gather practicum evaluations from students and the sites.
- Review gradebooks and competency tracking mechanism for appropriate completion.
- Gather student evaluations of courses.

Monthly/Every Two Months

- Send out Graduate and Employer Surveys, following the time frame required in Policy 205.
- Update your ARF Tracking Tool with the appropriate status for students and graduates.
- Add items to the advisory committee meeting agenda, as relevant.

Document Retention and Record Keeping

Medical Assisting student records must be maintained for CAAHEP accreditation purposes, as is detailed in Standard IV.A.1 & 2 and outlined in *MAERB Policy 220*. (There may be other or additional requirements required for your institutional accreditation.)

The explanation below is a brief overview of document retention and record keeping.

As outlined above in the section about the ARF and discussed in MAERB Policy 205, it is necessary to keep five years of raw data to support the aggregated information reported on your most recent ARF. The raw data must be organized by the year of graduation, except for the Retention data, which is organized by admission cohort. You are also required to keep an updated ARF Tracking Tool.

In terms of documentation to support compliance with the *MAERB Core Curriculum*, you will need to retain the materials indicating that you taught and assessed the cognitive objectives and the psychomotor and affective competences for the most recently assessed group of students for each of the courses that include any of those objectives and competencies. For example, if you teach specific cognitive objectives and psychomotor and affective competencies in your MA 101 (hypothetical) course in the fall of 2026, and it will not be taught again until fall 2027, you will need to keep the materials illustrating that you taught and assessed those objectives and competencies, along with the course syllabus.

For the cognitive objectives, the documents that you include to indicate measurement of the objective will be the blank exam with the test questions that relate to the specific objective highlighted and any other required assessments, if applicable. For the psychomotor and affective competencies, the

documents you include to indicate measurement will be a copy of the blank skills assessment tool used to assess student achievement of each psychomotor and affective competency.

In addition to the blank assessment tool, it is necessary to keep the student records for each of the most recently assessed courses.

Likewise, you will need to retain documentation that the students have achieved all the psychomotor and affective competencies prior to graduating from the program and that the students have completed a practicum of at least 160 hours and during that practicum have been able to practice and observe a variety of clinical and administrative skills and affective behaviors.

Programs will need to keep documentation that the students have achieved the psychomotor and affective competences using electronic or paper tracking mechanisms for the most recent graduate cohort. The competencies need to be listed in their entirety and the students' achievement of each competency needs to be dated and signed off.

Also, programs need to retain the practicum evaluations and practicum timesheets for the most recent graduate cohort.

Outlined below is a chart that explains the timeframes required for certain documentation focused specifically on documentation that needs to be retained for specific time periods.

Number of years retained	**Documentation**
3 most recent years	Advisory Committee Minutes
Current	Budget
3 most recent years	Annual Resource Assessment
3 most recent years	Raw data (surveys, documents, meeting minutes) to support the Resource Assessment
Five years that matches the current ARF	Raw data for the following: participation and performance on national credentialing exams, program attrition/retention statistics, graduate satisfaction survey, employer satisfaction survey, positive job placement rates. Programs are required to keep the raw data for every year that is represented on the ARF.
Most recent graduate cohort	Practicum Evaluations Practicum Timesheets
Most recent graduate cohort	Tracking Mechanism for Psychomotor and Affective Competencies.
Most recent course cohort	Syllabi, blank assessment tools, gradebooks and other student records

Outcomes Assessment: Annual Report Form (ARF)

Submission of an Annual Report Form (ARF) is required of all CAAHEP accredited medical assisting programs, and this requirement is clearly articulated in Standard IV.B and elaborated upon in *MAERB Policy 205.* The ARF is used for reporting the outcomes identified in the *Standards*: retention, job

placement, graduate participation and satisfaction, employer surveys sent and satisfaction, and medical assisting credentialing. The data is represented for a five-year period. If your program is in the initial accreditation period, there will be fewer than five years visible on your ARF.

You will need to gather and organize your data continually throughout the year to make the process easier, using the required ARF Tracking Tool (see details below). In addition, you should systematically organize the data so that you are preparing in advance for your comprehensive visit, even if your site visit is several years in the future. In gathering and organizing your data, you need to remember that you will be organizing your data based upon the following chart:

Outcomes/Section of ARF		**Method of Organizing and Reporting Material**
Retention		Based on Admission Cohort Year
Students Graduate from the program, and the Program Directors report on the categories below.		
Job Placement		Based on Graduation Year
Graduate Survey		Based on Graduation Year
Employer Survey		Based on Graduation Year
Graduate Analysis		Based on Graduation Year
Exam Participation and Passage		Based on Graduation Year

In other words, you will organize your retention data by admission cohort. To define the admissions cohort, many medical assisting programs have an official admissions policy, while other programs establish a trigger course in accordance with MAERB Policy 205. If you have a formal admissions process that is unique to your medical assisting program, you must use it to define your admission cohort. A formal admission process means that you can either accept or deny admission to students. Simply having pre-requisites for entrance into your program does not constitute a formal admission process. For those programs that do have a formal competitive admissions process, they must use the formal competitive admissions process to define their admission cohort.

The trigger course is used for programs that do not have any formal, competitive admission process. The trigger course is identified as the first course in which the psychomotor and/or affective

competencies are performed by students and measured by the instructor. There might be programs in which students perform a few of the psychomotor competencies in the pre-requisites prior to the trigger course; if that is the case, the program will need to review and reassess those competencies. For those programs that don't have a formal admissions process, the trigger course is the baseline for collecting and reporting Retention data.

If a program uses a trigger course, once a specific group of students has taken and passed that course, they are then considered to be part of the admission cohort. The students may have already taken other courses in the program (such as an introductory medical assisting course or medical terminology, for example), but, until students pass that trigger course, they are not counted as part of the program's enrollment (for retention purposes) and should not be entered on the program's ARF tracking tool nor reported on the program's ARF.

Each year, the program is expected to 1) update the previous years' data and 2) add the data for the current, designated year. Programs are assigned either a fall or spring date to submit information for the ARF. To allow the program time to collect data on employment, the program reports on the data from the previous year. Outlined below is a helpful outline.

Year of ARF Submission	Year of Admission Cohort/s and Graduate Cohort reported on— previous years need to be updated.	Year of Tracking Tool – The requirement is that the information included in the tracking tool represents the program as of the date of submission.	Year of Advisory Meeting Minutes and Resource Assessment—The requirement is that the materials be completed in the year outlined below and submitted in the following year.
ARF submitted in October 2026/February 2027	2025	Data from 2019 – 2025, preliminary data from 2026	2025 calendar year or 2025-2026 academic year
ARF submitted in October 2027/February 2028	2026	Data from 2019 – 2026, preliminary data from 2027	2026 calendar year or 2026-2027 academic year
ARF submitted in October 2028/February 2029	2027	Data from 2019 – 2027, preliminary data from 2028	2027 calendar year or 2027-2028 academic year
2029 ARF submitted in October 2029/February 2030	2028	Data from 2019 – 2028, preliminary data from 2029	2028 calendar year or 2028-2029 academic year
2030 ARF submitted in October 2030/February 2031	2029	Data from 2019 – 2029, preliminary data from 2030	2029 calendar year or 2029-2030 academic year

As a courtesy, Program Directors receive an email one month prior to the ARF going "live" within their cycle, reminding them of the upcoming ARF submission and providing the specific date the ARF will be available online. There are detailed instructions available on the website. Also, the MAERB staff create video recordings each year to provide a detailed instruction plan for filling out the ARF.

In addition, Program Directors need to submit the following information online with their ARF, based on specific MAERB Policies: 1) an updated ARF Tracking Tool; 2) the annual Advisory Committee Meeting Minutes; 3) the program's annual Resource Assessment grid.

- **Policy 205**: Program Directors will be required to submit their ARF Tracking Tool that has been updated to match the top row of data that will be included on the current ARF as well as include preliminary data up to the date of submission.
- **Policy 230**: Program Directors will be required to submit the annual Advisory Committee Meeting Minutes that correspond to the top year of the online ARF
- **Policy 225**: Program Directors will be required to submit their Annual Resource Assessment grid that corresponds to the top year of the online ARF. The Resource Assessment should be signed and dated at the time of its completion, not at the time of its submission to MAERB.

Presently, programs will be given seven weeks to complete the annual ARF and can pause and restart at any time prior to official submission. Program Directors are encouraged to complete their ARF by the end of week five so that they can ask their Program Director to review the ARF prior to submission. That review, however, must be requested at least two weeks prior to the ARF deadline.

If you submit the ARF after the deadline, there is an automatic administrative fee of $250. Upon submission of the ARF, the MAERB staff reviews the ARF for completion and for meeting the outcome thresholds. If errors are discovered within the ARF tracking tool or online ARF, they will need to be corrected, and you will need to pay an administrative fee. Again, good data collection and consistent updating of your own records will help to prevent any problems. The *ARF Instructions* document provides you with illustrative details as well as some typical problem areas.

Relevant Resources:

MAERB Policy 205: MAERB has established thresholds for each of the outcomes which must be achieved for a program to remain in good standing. The thresholds are identified and defined in MAERB Policy 205. In monitoring the data, the MAERB focuses on the data of the most recent three years. In addition, the program is required to submit its Tracking Tool.

MAERB Policy 210: "Reporting ARF Outcome(s)" provides you with information about posting the outcome and what type of outcome should be posted.

MAERB Policy 225: Program Directors will be required to submit their annual Resource Assessment grid that corresponds to the top year of the online ARF. The Resource Assessment should be signed and dated at the time of its completion, not at the time of its submission to MAERB.

MAERB Policy 230: Program Directors will be required to submit the annual Advisory Committee Meeting Minutes that correspond to the top year of the online ARF.

ARF Tracking Tool & ARF Tracking Tool Video: The ARF Tracking Tool began as a mandated tool in 2019. You should maintain only one Tracking Tool, containing continuous years of data.

Outcome Thresholds Chart: This handout provides information about the outcome thresholds that the program is required to meet as well as descriptions about what is appropriate raw data.

In addition, it provides a few hypotheticals to understand how the ARF is monitored by the MAERB staff and Board members.

ARF Instructions & Video (updated annually): This detailed set of instructions covers both the technical aspects of inputting the data into the form, as well as an outline of some of the major problems and issues that arise with the ARF.

NEW: Diagnosing the Annual Report Form: A video that outlines the steps that a Program Director can take to review the information that was inputted into the ARF in order to avoid potential errors.

NEW: ARF Review Checklist: A handout that accompanies the video **Diagnosing the Annual Report Form** that outlines the steps for Program Directors to review the data that was inputted into the ARF in order to avoid potential errors.

The ARF Tracking Tool

Program Directors are required to submit an updated ARF Tracking Tool when they submit their online ARF each year. The ARF Tracking Tool is not meant to be a substitute for maintaining the raw data itself. In accordance with MAERB Policy 205, you will still need to keep 6 years of the raw data that supports the aggregated numbers that you report on your most recent ARF, including annotated rosters and completed graduate and employer surveys you report annually on your online ARF.

By keeping your records updated throughout the year on your ARF Tracking Tool, you should be able to complete the online ARF quickly and easily.

You should not start a new ARF Tracking Tool every year. Instead, you should add the data on a regular basis. You will then be able to use that data to fill out your ARF by using the Excel Filter function.

Relevant Resources:

MAERB Policy 205: MAERB has established thresholds for each of the outcomes which must be achieved for a program to remain in good standing. The thresholds are identified and defined in MAERB Policy 205. In monitoring the data, the MAERB focuses on the three most recent years of data.

ARF Tracking Tool: If you don't have a copy of your program's ARF Tracking Tool, contact the MAERB office. If you are a newly accredited program or a program that is seeking initial accreditation with CAAHEP, the ARF Tracking Tool template (Excel) is posted on the website.

Video: ARF Tracking Tool: MAERB holds webinars twice a year on how to use the ARF Tracking Tool and updates the recording on the website.

ARF Tracking Tool Instructions: This instruction sheet is updated annually and provides an overview of how to fill out the ARF Tracking Tool and common errors.

Outcomes Assessment: Publication of an Outcome

You are required annually to publish on your website the retention, job placement, or exam passage outcome data from the Annual Report Form. The chosen outcome that is published needs to be the five-year cumulative average. If you do not yet have five years of outcomes, then you will post the

percentage for the total number of years that are included on your ARF. The information is required to be posted on the program's website. It is not acceptable to provide this information only in internal documents. In other words, it is not enough to include it ONLY in your advisory meeting minutes.

If your program offers two different CAAHEP-accredited awards, then you will need to report an outcome for each award. Programs with fall ARFs will typically receive an ARF review letter from MAERB in December/January. Programs with spring ARFs will receive an ARF review letter from MAERB in March/April. You will be given instructions about updating the outcomes information in that letter, as you are required to share that location with the MAERB Office. After receiving the letter, the posted outcome(s) should be promptly updated.

In doing so, you are conforming to the 2022 *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*, Standard V.A.4 that states the following:

> The sponsor must maintain **and make accessible to the public on its website** a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the Medical Assisting Education Review Board.

MAERB has put in place *MAERB Policy 210* that outlines the requirement for publishing the ARF outcome. In accordance with this policy, CAAHEP-accredited medical assisting programs are required to annually publish either their retention, job placement, or exam passage outcome from their Annual Report, and the outcome needs to be published on the program's website. The chosen outcome published needs to be the five-year average of the specific outcome. Initial accreditation programs will need to post the first-year outcome and, after that, the cumulative average of 2-4 years.

The data should not be updated until the program receives its official letter from MAERB acknowledging the status of the Annual Report Form. In that letter, the Program Director will be provided with a link to an online form in which the outcome will be reported.

The MAERB Office will collect those links in spring on an annual basis. For specific information about the design of the posting, where it should be posted, and specific phrasing examples please see *MAERB Policy 210.*

Relevant Resources:

> **MAERB Policy 210**: "Reporting ARF Outcome(s)" provides you with information about posting the outcome and what type of outcome should be posted.

Resource Assessment

In Standard III.D, it is explicitly stated that the program must assess the appropriateness and effectiveness of its resources on an annual basis, documenting that in the Resource Assessment Form. This task is typically assigned to the Program Director; at the same time, many Program Directors work collaboratively with other units because programmatic accreditation is an institutional responsibility.

MAERB collects the annual Resource Assessment Form from all programs with the submission of the ARF. The goal is to ensure compliance with the Standards. In addition, MAERB will store the Resource

Assessment Form so that, if there is any loss of materials or change in leadership, it will be part of the institutional history. MAERB will not review the completed Resource Assessment Form each year, as that is done by the Surveyors during the site visit that occurs approximately every 10 years. Program Directors can contact the MAERB office if they have any questions about this requirement.

It is left to the discretion of the Program Director precisely when during the academic or calendar year this assessment will take place. The mandated surveys of resources must be administered, and the Resource Assessment Form must be completed and signed either by the end of the academic year or calendar year that is being assessed or during the two months after the end of the designated time frame, based upon MAERB Policy 225.

The Program Director can approach the assessment in a variety of ways. MAERB provides three survey templates (of students, faculty, and advisory committee) to be used, but programs can use any other tool that they wish to fulfill this required component. The important goal, however, is to ensure that any concerns can be identified immediately and that a specific action plan can then be developed and followed.

MAERB has a required Resource Assessment form (Word document) for programs to use for their annual resource assessment.

You are expected to maintain the three most recent years of a completed Resource Assessment Form, along with the raw surveys and other information that you used to evaluate the resources. The Surveyors will be looking at these items during your next comprehensive review.

Relevant Resources:

MAERB Policy 225: This policy outlines the requirements for the annual resource assessment and the Resource Assessment Form that is required to document your annual assessment.

Resource Assessment Form: This form outlines the standard resources necessary for a Medical Assisting program and provides an outline to assess those resources. Use of this exact template is required of all programs.

Student Survey of Program Resources: MAERB provides a survey template in which the students evaluate the resources within the program.

Advisory Committee Survey of Resources: This survey is designed for members of your advisory committee by which they evaluate the resources of the program as well as the advisory committee itself.

Faculty Survey of Program Resources: This survey is designed for the instructional staff to evaluate the resources of the program.

Advisory Committee Meetings

You will note that there are frequent references to the medical assisting communities of interest, as defined in Standard II.B. The communities of interest include the following: students, graduates, medical assisting faculty, sponsor administration, employers, physicians (MD, PA, DO, NP), and the public. There must be at least one representative from each of those seven groups, and they should be

assigned tasks based upon their knowledge, expertise, and interests. Outlined below are some areas of expertise that can be contributed by specific members.

- Students can provide guidance about the achievement of specific learning goals and domains.
- Graduates can provide input on how the program prepared them for employment and suggestions for improvement in that area.
- Medical Assisting faculty can make suggestions about curriculum, based upon their experience teaching the material.
- The Dean, or Chairperson to whom the Program Director directly reports, represents the sponsoring administration, and they can provide guidance on program effectiveness and implementation of changes.
- Employers (including office managers and nurses) can specifically guide the program on how to best prepare graduates for employment, based upon the trends in the field.
- Physicians (i.e., MD, PA, DO, NP) provide input, with an understanding of the medical assisting scope of practice.
- Public members can speak about their experience within the broader healthcare system.

The public member has traditionally been, for many of the medical assisting programs, the most difficult to find. They should be an informed person with a community focus who has never been employed in a healthcare environment. Public members cannot be current or past practitioners within a profession whose educational programs are accredited by CAAHEP (see www.caahep.org for the list). In addition, the public member cannot be affiliated in any capacity (faculty, staff, and administrator) with a school that has a CAAHEP-accredited program.

The role of the advisory committee is to provide guidance and direction in validating and revising the program and program goals, based on the communities of interest's needs and expectations. One of the goals of the advisory committee is to allow you to determine the specific needs and expectations of those communities of interest. While some programs formally survey their advisory committee, other programs conduct that conversation at the meeting and then record it in their minutes.

In addition, you will need to solicit their help in the assessment and revision of the program goals and learning domains. Also, it is very important that you seek their input about program changes in response to external expectations. And, finally, the advisory committee should be informed of the program's performance on the outcomes and should have the opportunity to provide feedback on those outcomes.

While the *Standards* require only one advisory committee meeting per year (whether academic or calendar year), there may be periods in which that is not sufficient. It is vitally important to keep minutes of advisory meetings as well as lists of attendees to document the type of input that you receive. It is expected that the committee will meet at least once every twelve months.

Along with the items discussed above, here is a list of other agenda items:

- Share the feedback that you receive from the graduate and employer surveys and seek input about methods of addressing any specific areas of concern.
- Share your Annual Report (ARF) and discuss the outcomes.

- Share the Resource Assessment grid and ask for help in creating action plans for any deficiencies.
- Seek input on needed curriculum revisions.

If there are members within your communities of interest who do not attend a specific meeting, you need to send them the meeting minutes and solicit their feedback on those minutes. The absent members may not reply to your request, but you have given them the opportunity to do so. You should document that you have taken this course of action, including saving your emails to them.

MAERB collects the annual Advisory Meeting Minutes from all programs concurrent with the submission of the program's ARF. The goal is to ensure compliance with the Standards. In addition, MAERB will retain those minutes so that, if there is any loss of materials or change in leadership at your school, the documents will be part of MAERB's institutional history for your program. The MAERB staff will not review the Advisory Committee Meeting Minutes, as that is done by the Surveyors on the site visit, but Program Directors can contact the MAERB office if they have any questions about the requirement.

When your program prepares its Self-Study Report, which occurs approximately every ten years, you will need to submit three of the most recent years of advisory committee minutes with the Self-Study Report; during the visit, the Surveyors will expect to meet with current members of the advisory committee.

Relevant Resources:

MAERRB Policy 230: This policy outlines the required composition of the advisory committee.

Advisory Committee Agenda Template: This template provides an outline of items covered during the advisory committee meeting, designed as a guide for the Program Director. It is available on the MAERB website.

Ongoing Responsibilities

Change is necessary, and some of those changes require information to be reported to the MAERB office so that their files are complete. In addition, other changes are important because both MAERB and CAAHEP's databases need to be updated. Below you will find a list of changes that require you contact MAERB. Most of these changes will not occur on an annual basis but reporting them is part of your ongoing responsibilities.

Program Changes

As is outlined in Standard V.E and Appendix A of the *Standards and* Guidelines, programs and, by extension, institutions are responsible for providing MAERB/CAAHEP with regular updates. In this section, the focus will be on the substantive changes that are most reported to the MAERB office. There are fees for some of these changes, and these are outlined in the *Accreditation Fee Schedule*; failure to pay any fee by the final due date will result in the program being assessed a late fee. If the fee is not paid after the second notice, the program will be placed on Administrative Probation by CAAHEP. *MAERB Policy 330* outlines the definition of Administrative Probation.

Medical Assisting Personnel Changes

The program/institution needs to report any changes in the Program Director and Practicum Coordinator to MAERB. These workbooks need to be downloaded from the MAERB website and filled out completely. In addition, documentation is necessary to support the qualifications for each respective position. Programs also need to ensure that faculty who teach courses specific to the medical assisting program fulfill the requirements for faculty outlined in the CAAHEP *Standards and Guidelines*.

Program Director

Based upon policy 240, the Program Sponsor must inform the MAERB office in writing of the vacancy of the Program Director and appoint a permanent, acting, or interim Program Director within 14 days. If the new Program Director is either interim or permanent, MAERB must receive a completed Program Director Workbook within a month of the appointment. There is a fee associated with the change of the Program Director.

If the Program Director is also functioning as the Practicum Coordinator, no Practicum Coordinator workbook needs to be completed, as the Program Director can provide the relevant information in the Program Director Workbook. However, a Practicum Coordinator job description will still need to be provided.

The Program Director must document education and/or training received in instructional methodology, to include at least one of the following:

- Completion of a workshop/seminar, as documented by a program content outline and certificate of completion, including the number of hours completed
- Completion of an in-service workshop, as documented by a content outline and proof of successful completion, including number of hours completed
- Formal course taken in the field of education, as demonstrated on an official transcript

The topics that relate to instructional methodology include things such as learning theory, curriculum design, test construction, teaching methodology, or assessment techniques. MAERB Policy 251 outlines the requirements for instructional methodology for both the Program Director and faculty.

There are occasions when a Program Director needs to take a temporary leave of absence (defined as between 1 and 6 months in length), due to a medical or maternity leave or a sabbatical. For a leave that is longer than 6 months, a fully qualified Interim Program Director will need to be in place by the end of 6 months.

Regarding this temporary leave of absence, the program must notify the MAERB office, briefly detailing the nature of the leave, the anticipated start and end date of the leave, and the contact information (name, title, email address, and phone number) of the person who is to receive MAERB correspondence during the period of absence. The MAERB office will then temporarily adjust its records to send the correspondence to that contact.

During the period of absence, the PD that is on leave will not be receiving any email correspondence from MAERB during the leave period, so each program will need to internally work out for itself how and when to best share with the PD and/or the supervising dean all email communication from MAERB.

Any reports (such as Self Studies, Progress Reports, Annual Report Forms (ARFs), or any other requested Report) that are due to be submitted to the MAERB office during the leave period will continue to be due by the same due date, unless granted a waiver or extension by the MAERB office.

When the Program Director returns from the temporary leave, the program should notify the MAERB office either by email or letter of the return. The MAERB Office will then change its records to indicate that the Permanent Program Director has returned, and all correspondence will then resume.

Practicum Coordinator

Based upon policy 245, it is necessary to report all changes in the Practicum Coordinator position to MAERB within 14 days of the change. It is required that there be at least one Practicum Coordinator for the CAAHEP-accredited medical assisting program, but multiple people can serve as Practicum Coordinators. There is a fee associated with the addition of a Practicum Coordinator.

Faculty

Based upon Policy 250, Medical Assisting Faculty, in collaboration with the Program Director, need to fill out a Faculty Attestation Form, attesting that they have the necessary qualifications and are fulfilling the appropriate responsibilities. The Faculty Attestation Form needs to be submitted to the MAERB office. At the time of the submission, there is no need to submit additional documentation. It is important, however, that the qualifications be documented and kept on file with your program's records, as the documentation will need to be submitted with the Self-Study at the time of your next comprehensive review. Also, MAERB may ask for an updated list of faculty members and request copies of completed Faculty Attestation Forms and the documentation for review at any point in time.

Relevant resources: MAERB Policy 240, 245, 250, 251, and Faculty, Practicum Coordinator, and Program Director workbooks.

Chief Executive Officer & Dean **(more accurately, the individual to whom Program Director reports)**: Changes in these positions can be made using this link, which is also available on the MAERB website and requests the following information:

- name
- listing of highest academic credential
- title
- business email address
- business telephone number
- pronouns (if desired)

This information is then included in the MAERB and CAAHEP databases.

Curriculum Changes

Programs are required to report all curriculum changes to MAERB, including a brief description of the change and electronic copies of revised syllabi. If the change includes the addition or deletion of a course or is one that represents a significant departure in content, it is recommended that the change be reported prior to implementation. In addition, if there is a minor shift in the number of credit/clock hours, resequencing, renaming, or renumbering of a course or a change in modality (i.e., online or hybrid delivery), those changes also need to be reported. Sometimes, all that's needed is a detailed

letter with any revised syllabi. In other instances, a Curriculum Change Form will need to be completed and submitted to MAERB. The Curriculum Change Form is available on the MAERB website. MAERB Policy 235 details what needs to be submitted, and you may certainly call your Program Manager if you have any questions.

Relevant Resources:

MAERB Policy 235 and Curriculum Change Form

Addition or Change in Degree/Credential

If an institution wishes to either add an additional award (certificate/diploma or degree) option for which it will be seeking CAAHEP accreditation or wants to switch the accredited award from one option to another, the institution will need to work with its MAERB Program Manager. The process entails submitting *a Request for Accreditation Services* form online and completing either an *Additional Award* or a *Change of Award* Self-Study Report. Before beginning to work on either of these special Self-Study Reports, please talk with your Program Manager.

Relevant Resources:

MAERB Policy 120 and Additional Award or Change of Award Self-Study Report.

Program Sponsor Changes

These changes can include changes in ownership, a transfer of sponsorship, or any negative or adverse decision affecting the school's institutional accreditation. In these situations, the first step would be to send a written description of the situation to the Program Manager, who will, in consultation with the Executive Director, outline the correct path to follow; the path can vary, depending upon the precise details.

Relevant Resources:

MAERB Policies 255 and 260

In addition, it is necessary for institutions to notify MAERB if the school will be changing its name or if the program is moving to a different location.

Comprehensive Review

As is evident from the preceding sections, there is a great deal of contact between the individual programs and the MAERB office to maintain CAAHEP accreditation. In addition, every program goes through a comprehensive review at least once every ten years. MAERB, however, can request a comprehensive review at any point in time within the ten-year cycle. The findings from the comprehensive review generate a recommendation from MAERB to CAAHEP, either for granting accreditation or for a negative recommendation.

Because the Initial Accreditation Packet provides specific details for Program Directors who are seeking initial accreditation, the focus in this section is designed for Program Directors of currently accredited programs. If you are a new Program Director of a currently accredited program and you do not have any

record of when your program's next review is scheduled, contact your Program Manager for that information.

For those programs already CAAHEP-accredited, the MAERB office will contact you approximately 16 months prior to the semester in which your visit is scheduled to take place to arrange a specific site visit date. You will be asked to submit three dates within a specific time frame, either fall or spring, depending on the program's assigned time. During the site visit, classes must be in session during the first day of the visit so that students are available. In addition, administrators, such as the president and dean/associate dean, and medical assisting faculty, must be available during the visit. You will then receive a confirmation letter (or a request for additional dates) in which you are informed of the specific date of the site visit and the due date for the Self-Study Report (SSR).

In programmatic accreditation, the primary focus is on the curriculum and instruction, including assessment of student learning and the program outcomes of students and graduates. The visits are scheduled to last for a day and a half (and sometimes two days for programs with multiple programs or campuses). Generally, there are two Surveyors who conduct the visit; in some instances, for schools with multiple campuses, there may be a team of three or more Surveyors. After the initial contact from MAERB, you will receive confirmation of the site visit dates as well as details on how and when to submit the SSR. You will also be asked about food and lodging options and transportation services that are available in the area.

Preparing an SSR is a collaborative initiative that involves the medical assisting program along with representatives from across the institution. MAERB offers Self-Study Workshops on a regular basis with both virtual and face-to-face options. There is a fee for the Self-Study Workshop. Attending a Self-Study Workshop between 12 to 24 months prior to the scheduled onsite visit allows you to build upon that knowledge as you put together your Self-Study Committee and prepare the SSR.

One of the first steps that a Program Director should take is to establish a budget for the comprehensive review process so that there is clarity and transparency for the process within the larger institution. It is important to consider the following: accreditation fees (see the *Accreditation Fee Schedule* for details); the cost of materials to set up the resource room; costs for any additional administrative support; the travel and lodging expenses that relate to attendance at a Self-Study Workshop; the cost of any additional capital investments for the program and so on. Establishing a developed budget will help the Program Director to plan. You will receive an invoice from MAERB approximately four months prior to the due date of your Self-Study and the payment is due at the same time as your Self-Study. There is no problem if it is submitted prior to the due date.

In addition to creating a budget, the Program Director will need to put together an ad hoc Self-Study Committee to ensure that the information necessary to develop the Self-Study Report is available. The Committee should include the following people: medical assisting faculty; advisory committee members; support faculty; the dean/administrator, who serves as the direct supervisor of the Program Director; support staff (librarian, career services, student services, financial services and so on); students; and graduates.

While Self-Study Committees can vary considerably depending upon the size of the program and the institutional context, generally, all Self-Study Committees have the following goals:

- Establish timelines and set deadlines
- Determine how often meetings are needed to report on progress
- Plan the timeline to meet the date for submission of the Self-Study Report
- Allow time for proofreading and making necessary changes prior to submission of the draft SSR to institutional administrators for approval
- Determine areas of responsibility for gathering material and completing the Self-Study
- Review the Self-Study Template found on the MAERB website
- Assign specific responsibilities for gathering and compiling information
- Enable a critical and informed look at the program, using the *Standards* as a guide.
- Analyze the Resource Assessment Form (see website for the form and a sample)
- Analyze the annual outcomes (Retention/Attrition reports, Job Placement, MAERB Graduate and Employer surveys, Credentialing Exam results)
- Analyze how well the program meets its goals and learning domains
- Determine if the needs and expectations of the communities of interest have changed; and, if anything has changed, document how the program responded
- Determine the strengths and weaknesses of the program
- Determine any action(s) necessary to bring the program into compliance with the *Standards*

Self-Study

There is a Self-Study Template available on the MAERB website for programs to fill out and submit to the MAERB Office.

Reviewing the Self-Study Report Template found on the MAERB website is a very good beginning to the process, as understanding the components of the Self-Study will ensure a smooth self-study process. The Self-Study Report (SSR) requires you to look critically and comprehensively at your program and to compile the data that has been collected over the last several years. It is an evaluative inventory of resources, assessments, and curriculum.

As the Program Director, it will be very important for you to read the directions completely, and your next step will be to proceed through each section of the Self-Study, which is organized by Standard. In responding to the specific areas of the Self-Study, you will need to demonstrate that the program is compliant with the current *Standards and Guidelines*. The SSR template is designed specifically to correspond to the *Standards and Guidelines,* as well as to the *MAERB Core Curriculum*. In addition to filling out the form, you are required to submit multiple appendices for additional documentation.

In the SSR template there are specific instructions that outline the appendices. MAERB has developed a naming protocol to help you to name the documents that are necessary to be attached. The naming protocol is embedded within the instructions on the SSR template.

Four months prior to the site visit, you will submit your Self-Study Report to the password-protected *Submissions* page on the MAERB website. The directions for doing so are on the *Resources* tab of the MAERB website (www.maerb.org) in the *"Site Visits and Program Resources"* section. The instructions are titled, "Submitting Documents, MAERB website."

Concurring with the submission of your Self Study, you will also need to submit payment to MAERB for the comprehensive review and accreditation application fees. You will be receiving a combined invoice

for the two fees, covering the application fee and a few for site visit expenses, four months prior to the due date of the Self-Study. Instructions for submitting the fees will be outlined on the invoice.

Along with submitting the Self-Study Report and paying the invoice, you will also need to submit a *Request for Accreditation Services (RAS).* To submit the *RAS*, you will need to go to the CAAHEP website and fill out the appropriate form: https://www.caahep.org/program-directors/request-for-accreditation-services1. It will be automatically transmitted to the MAERB office, and you will be contacted if any further information is needed.

A few months prior to the established site visit date, the MAERB office will contact you with the names of and brief background about the Surveyors. It is important to respond as quickly as possible if you perceive any conflict of interest. If there is no conflict of interest, you should simply affirm your approval of the team members.

After the MAERB office receives your SSR, your Program Manager will review it to ensure that all the parts are complete. It is then sent to a MAERB Liaison, who reviews it to provide any necessary directions to the site visitor. Approximately eight weeks prior to the site visit, the MAERB office sends your Self-Study to the site Surveyors. At any point in this review process, you might be contacted with questions and requests for further clarification and documentation.

Relevant Resources:

> **Self-Study Report Template:** You will be downloading a zipped folder, and you will need to remove the documents from this zipped folder and save them all to your desktop. You will find the Self-Study template, along with required forms for appendices. The Self Study is the lengthy report that you will complete during the year prior to the site visit. There are two templates available, one for initial accreditation and one for continuing accreditation, so be careful to choose the right one.
>
> **Submitting Documents, MAERB Website:** These instructions outline the process for submitting the Self-Study Report on the password-protected *Submissions* page of the MAERB website.

SharePoint Site

When the MAERB provides the Site Surveyors with your Self-Study, we will also provide you with the contact information of your Surveyors, along with other supplementary information. We provide that information approximately 8 weeks prior to your site visit. To access the information, you will receive a link to a SharePoint Site via email from the MAERB office. The site is designed for you to share documents with your Surveyors. Please test the MAERB SharePoint site and sign in immediately. If you have any problems, please contact Sarah Marino (smarino@maerb.org) for help.

The SharePoint site access is designed for the Program Director and the Site Surveyors. The MAERB staff also have access to the MAERB SharePoint site, but that is purely for administrative purposes. We will not add your supervisor or any instructional staff to the SharePoint site, as the goal is to ensure privacy and confidentiality. The goal of using a protected SharePoint site is to develop a safe space for Program Directors to share their program's materials.

Relevant Resources:

SharePoint Instructions: This document outlines the instructions for accessing the SharePoint site that was created for your site visit.

Visit Schedule

Approximately 4-6 weeks prior to the visit and after receiving the Self-Study and other program materials, the Team Coordinator will contact you to set up the schedule for the visit as well as review the travel specifics. The MAERB office will have provided the Surveyors with the lodging and travel options that you sent when you confirmed your site visit date. The Surveyors' travel and lodging plans should be discussed at this time. The program is responsible for the transportation of the team to and from the airport (frequently there are shuttles available) and to and from the hotel.

In addition, the Team Coordinator will want to work with you and review the schedule for the visit. The Site Visit Agenda Template lists all the specific components required during the site visit. It will be necessary for you to identify the people who will be participating in the visit, such as the advisory committee, current students, graduates, faculty, support staff and administrators. You should also create for the Site Surveyors a list of the names and titles of all the people at the institution and from your advisory committee. It is more difficult to do so for the students and graduates, but, if it is possible, you should do so. Your responsibility will be to set up all appointments and meetings. In addition, there is always a formal Open Interview and an Exit Interview with the Medical Assisting program faculty and the administrative leadership.

During that initial email contact with the Team Coordinator, it will be very important for you to review the documentation that is required for the site visit. You will find that the Team Coordinator will be a useful resource in clarifying the documents that are necessary for the site visit.

You will also need to make plans for the Surveyors to be provided with access to lunch each day and other snacks and amenities.

Relevant Resource:

Site Visit Documents: This document outlines the materials that need to be shared with the MAERB office within the two-month time period prior to the site visit. The handout outlines the time frame required for the availability of those materials, along with the method for submitting them.

Site Visit Agenda, 2022 Standards: This document outlines the people that are associated with your program with whom the Surveyors will want to meet. In addition, it outlines some of the required meetings, such as the opening session, the curriculum discussion, and so on. You can use this template to develop your agenda.

Resource Room

During the site visit, you will need to provide a private room on campus for the Surveyors, and they should have access to the materials outlined in the *Site Visit Documents* handout. As noted, some of the materials need to be available prior to the site visit and those timelines are outlined in the handout. You should set up a temporary office so that the Surveyors can accomplish their tasks as efficiently and effectively as possible. You should check with the Team Coordinator ahead of time to find out what

specific technology needs the Surveyors will have. The Site Surveyors typically bring their own computers.

Additional Documentation for The Site Visit

Submission of ARF Raw Data

Currently, accredited programs undergoing comprehensive reviews need to submit their ARF Raw Data one week prior to the start of the site visit, using the SharePoint site that has been set up for the institution. Programs applying for initial accreditation programs have nothing to submit, as they have not yet completed an Annual Report Form (ARF).

The MAERB office will review the material and contact the Program Director if there are any discrepancies or concerns. You will need to review the document on the MAERB website, *Site Visit Documents* for details on what needs to be included and how it needs to be organized.

MAERB Core Curriculum

At the site visit, the Site Surveyors will be discussing the coverage and assessment of the MAERB Core Curriculum. You will need to have available for the site Surveyors all the syllabi and course content outlines, tests, checkoff sheets, assignments for every course in the medical assisting curriculum. It may be that some of the courses are currently being taught, and you also may need to provide information about courses that were taught in the past. Those materials can be stored in paper folders, electronic folders, digital learning resources, or a learning management system. You will need to have the instructors available to explain the materials to the Site Surveyors, as they will sample the materials while they are on site. You will also need to have the textbooks and other instructional materials available.

Prior to the site visit, the Surveyors will ask you for five samples of assessment tools for them to review. They will have specific requests based upon their review of the course list, curriculum map, and syllabi provided in your Self-Study. The goal in asking for these samples is, first, to look in detail at how the program assesses the MAERB Core Curriculum and, second, to use the samples as a method for continuing the conversation at the site visit. During the curriculum meeting at the site visit, you will be showing the Surveyors additional materials, so the samples will not be the only assessment tools that they review.

During the site visit, you will have scheduled a meeting with the Site Surveyors and all the instructional staff teaching the MAERB Core Curriculum. At that meeting, the Surveyors will ask questions about how the MAERB Core Curriculum is taught and will also be asking to see additional materials.

Your task is to ensure that you can easily locate all the curricular materials. As outlined above, you can organize and store the material in a variety of different ways, as the Surveyors will not be searching through the material for the information that they request; instead, you will be showing them that material.

Resource Room

As you are finalizing your work on the Self-Study, you will want to start compiling the additional documentation that you need to provide to the Surveyors during their visit.

Your most important resource will be the *Site Visit Documents: Preparing the Required Materials for the Site Visit* handout. It includes a detailed explanation of naming protocols and how to organize the material electronically. You can use this document as a checklist, ensuring that you have all the material available. There are other materials necessary in the Resource Room; this document will help you identify them.

The Surveyors will have reviewed all the syllabi when they review the SSR. If you have updated your syllabi in any way, you should provide the updated syllabi to the Surveyors. In addition, you should have a copy of your Self-Study Report available electronically in the resource room for the Surveyors.

You will need to make sure that you also have the textbooks available for all the classes so that the material can be double-checked by the survey team.

In addition to the SharePoint site that the MAERB office will establish with you, some Program Directors are also using the SharePoint site to share the materials that are required during the site visit itself. This "extra" use of SharePoint, however, is optional, as you might want to keep that information in a secure area on your institution's server or in paper folders.

Relevant Resources:

> *Site Visit Documents: Preparing the Required Materials for the Site Visit*: This document outlines the ARF materials that need to be submitted to MAERB, using the *Submissions* tab on the website as well as the material that needs to be available to the Surveyors in the resource room.
>
> ***MAERB Policy 220***: This policy outlines the document retention requirements.

Medical Assisting Clinical Spaces

The site visitors will want to see the resources that are available to the students. They will want tours of the medical assisting classrooms and laboratories. They will look at library resources, with the understanding that many of them exist online. Due to time constraints, Surveyors are not required by MAERB to visit a practicum site.

The clinical equipment and supplies for the students are examined very closely, as the psychomotor competencies are at the heart of the program. As Standard III.A indicates, the program resources must be sufficient to ensure the achievement of the program's goals and outcomes. As a result, the program needs certain equipment to ensure that students can demonstrate the relevant competencies. However, there are often a variety of ways that a given competency can be achieved. In addition to examining the space for sufficient resources, the Surveyors also consider Standard V.C, which focuses on safeguarding the health and safety of all the participants associated with the educational activities of the students.

As an issue that essentially touches on both Standard III.A and V.C, many programs receive donated expired supplies. There may be valid uses for those expired materials. Most medical materials, such as needles, fluids, disinfectant solutions, catheters, sutures, and so on, are imprinted with an expiration date. Beyond this date, the manufacturer does not guarantee the sterility, safety, or stability of the item. The storage of expired medical supplies **MUST** have some safeguards set up, so they are not inadvertently used on live human subjects. It is never acceptable to use any expired items invasively.

NOTE: It is never acceptable for programs to use expired medications, but they may use "mock meds" or "demo meds" in simulations only.

The method for indicating that materials are expired can vary according to the set-up of the lab. Here are a few examples:

- Separating the expired materials from the non-expired materials by putting the expired materials in a box and marking as "expired."
- If the materials are already in their own packaged box, marking the packaged box as "expired."
- If space does not allow for clear separation, the use of color-coded labels or dramatic Xs to indicate that supplies are expired, with a legend posted in the clinical space that explains the purpose of the label is appropriate or the use of labels that specify the following: "NOT FOR USE ON HUMAN SUBJECTS."
- A clearly outlined instructional plan for the order of the cabinets to ensure that students know what materials are expired and unexpired and when they can be used.

The storage in the lab is central to safeguarding the health and safety of all the participants in the program; at the same time, you could also have your students help you with the organization of those materials as you practice creating inventories.

A. **Acceptable practice** for expired medical supplies in the following instances:
   - Instructing students in a simulated environment
     - Example: Instructor is demonstrating the technique of administration of parenteral medications on injection pads. The use of expired medical supplies is acceptable for the demonstration of skills when not performing on live human subjects.
   - During student-simulated practice times
     - Example: Student practicing the technique of venipuncture on a simulated human arm, prior to assessment of competency. The use of expired medical supplies is acceptable for the practice of skills when not performing on live human subjects.
   - Assessing student skills for technique only
     - Example: CLIA-waived tests have quality controls built in or available separately. Expired tests and controls may be used as long as they are being used to assess the technique of completing the test correctly and not for the purpose of performing a quality control measure.

B. **Unacceptable practice** for expired medical supplies in the following instances:
   - Any invasive procedures on live human subjects, i.e., injections, venipuncture, capillary puncture (including any solutions that are injected, needles that are used, etc...)
     - Example: Students learning to administer parenteral medications initially practice on injection pads, but then they inject fellow students. Students must use in-date supplies when using live human subjects.
   - If the use of an expired supply would result in an inability to assess that the student was successful in achieving competence.

- Example: Students are being assessed on performing a quality control measure using a liquid control solution with a chemistry analyzer. The liquid control must be in-date as it is critical to the assessment of the competency of the student.

Relevant Resources:

Checklist: Lab Equipment and Supplies: This document provides a list of the clinical competencies and the equipment and supplies typically associated with those competencies. It is not a definitive list, but it does enable you to think about how the students are achieving the competencies and what equipment and supplies are necessary.

During the Visit

The survey team meets the night before at the local hotel to discuss its initial findings after the Surveyors' individual review of your Self-Study and prior to seeing the material available at the campus. You will need to arrange transportation of the Surveyors to the campus in the morning and to the hotel in the evening, but those are details to discuss in your initial conversations. Also, the team will rely on you, or whomever you designate, to serve as a guide during the visit. You should provide your cell number so that the Surveyors can contact you if they have any questions or they are looking for more information.

Quite frequently, Surveyors will request more documentation during the visit itself. Providing this additional documentation during the site visit supplements the materials that have already been submitted and allows for elaboration if there are any omissions.

As outlined above, the Surveyors will also find it very helpful if you provide them with a list of names and titles of the people with whom they are going to meet, so that they can use that resource to complete their report.

At the end of the visit, there is a formal *Exit Interview*, during which the Surveyors share their findings. The findings will include the list of deficiencies, if applicable, and a summary of the program's strengths. The findings relayed during the *Exit Interview* are tentative, and any deficiency may later be added or deleted from the final report, also called the *On-Site Survey Report (OSSR).* The findings from the *Exit Interview* are only relayed orally, and the program will not receive anything in writing at that time.

Relevant Resource:

Site Visit Agenda, 2022 Standards: This document outlines the people with whom the Surveyors will want to meet on your campus associated with the program. In addition, it outlines some of the required meetings, such as the opening session, the curriculum discussion, and so on. You can use this template to develop your agenda.

After the Visit

You will receive an email from the MAERB office with a link to a survey to evaluate the team who visited the campus. It is very important that you fill out the survey. You can also share that link with other people on the campus who interacted with the Surveyors. The MAERB office relies upon that data to develop surveyor training.

The Surveyors submit their *On-Site Survey Report (OSSR)* to the MAERB office five days after the visit has concluded. There is then a review process by the MAERB staff and the MAERB Liaison. During the review, it is conceivable that deficiencies will be added or deleted, in coordination with the Team Coordinator. You will then be provided with the final copy of the *OSSR* and are asked to review it. In the OSSR, you will find the deficiencies listed as well as the documentation that is required to correct them.

In reviewing the *OSSR*, you are given 21 days to correct any deficiency possible. It is important to include a cover letter if you are making any corrections. In that cover letter, you should outline the deficiencies you are addressing and explain the documentation you are submitting.

In submitting information to correct deficiencies, you will need to supply all the documentation that MAERB requests. For example, if the program was informed that certain sections of the curriculum were missing, then you would need to provide those sections. On the other hand, if MAERB requests material that can only be submitted at a point in time well into the future, such as advisory meeting minutes or Resource Assessments, you should not try to resolve any such deficiencies at this point in the process. In your response to MAERB, you need to consider whether you will be able to demonstrate compliance within the 21 days provided to you.

Material submitted in response to the OSSR for any given deficiency must be complete, and not partial. MAERB will not review incomplete documentation. MAERB will provide you with guidelines for organizing and submitting information, and it is important to follow MAERB's protocols for naming and organizing your files, as MAERB stores that documentation on its servers.

You will need to respond to the *OSSR,* even if you do not provide any additional information to correct deficiencies. If there were no deficiencies listed or you are unable to correct any deficiencies within the 21 days allotted, there needs to be a brief letter of agreement. MAERB will not move forward with the process without formal acknowledgement from the institution and program.

Any response will be reviewed by the MAERB Liaison, and, if appropriate, changes will be made to your report. Based upon the *OSSR* and your official response to it, a recommendation is then created and reviewed by the MAERB members. The MAERB is authorized to add, delete, or modify any deficiency found in the *OSSR* prior to its recommendation to CAAHEP. After Board discussion, the MAERB recommendation is forwarded to CAAHEP for final action and is typically voted upon by CAAHEP within 45 days of the MAERB meeting. You will be notified of the CAAHEP decision following its meeting.

You will receive a formal letter from CAAHEP that outlines the response and lists any citations. If you submitted additional information, please do not assume that the deficiency was removed. Details about its review will be found in the CAAHEP Letter. It is important to remember that, prior to the approval of the CAAHEP Board and the publication of the CAAHEP letter, any omissions in a program's compliance with the CAAHEP *Standards and Guidelines* are referred to as "deficiencies," since only CAAHEP, as the formal accrediting Commission, can issue citations. The CAAHEP notification will indicate the type of accreditation action being recommended, any citations, and the due date of the progress report, if required. Generally, the CAAHEP letter is received four to eight months after the site visit.

This process varies if there is a negative or adverse recommendation, such as probation, withholding accreditation, or withdrawal of accreditation. In those instances, the program can request reconsideration. Please see the section titled "Negative/Adverse Recommendations" below.

In terms of the specific timeframes, programs approved for initial accreditation are given accreditation for a period of no more than five years. Programs with initial accreditation status are asked to provide reports to MAERB throughout the five-year initial accreditation period. At the end of the five-year period, the program with initial accreditation status may be granted continuing accreditation for up to an additional five years, lengthening the time between comprehensive reviews to no more than ten years.

Programs that apply for continuing accreditation may be granted continuing accreditation for a maximum of ten years before another comprehensive review is required. Any program may be required to undergo an early site visit at the discretion of MAERB, based on the program's continued compliance with the *Standards*.

Negative/Adverse Recommendations

In the instance of a MAERB negative or adverse recommendation, such as probation, withholding accreditation, or withdrawal of accreditation, the program will receive a letter from MAERB and be given the opportunity to respond prior to any official notification being forwarded to CAAHEP, as is outlined in MAERB Policy 335. The program has three options at this stage: first, to request reconsideration based upon new data; second, to request voluntary withdrawal of accreditation or withdrawal of the program's application in lieu of a negative or adverse recommendation; or, third, to accept the negative or adverse recommendation.

In requesting reconsideration, the program can provide any material to demonstrate compliance with the CAAHEP *Standards and Guidelines for Medical Assisting Programs*. The program has seven days in which to declare its intention for a request for reconsideration and then a specific period to provide the appropriate documentation. If an institution chooses to request reconsideration, it will need to demonstrate that it is addressing the specific deficiencies completely and effectively and that the appropriate changes have been made. MAERB varies the time frame for the response with the hope that the program will be able to address the major deficiencies. Therefore, whether a program should request reconsideration, as opposed to accepting the pending negative or adverse recommendation, is a decision based on the nature of the deficiencies.

If a program decides to request reconsideration, no recommendation will be sent to CAAHEP until the submitted documentation has been reviewed by MAERB. At the next appropriate meeting, MAERB will determine if the request for reconsideration is successful or not, and the program will be notified of MAERB's decision.

CAAHEP also provides the option for a program to voluntarily withdraw, in lieu of a negative or adverse recommendation. If a program decides to follow that path, it can contact the MAERB office for the correct template to be sent to CAAHEP.

The program's final option is to accept the negative or adverse recommendation. In that instance, the program will be sent a formal letter from CAAHEP with specific instructions and details.

Relevant Resource:

Policy 335: Negative or Adverse Recommendations: Probation and Withdrawal: This policy outlines the process for requesting reconsideration and the criteria for a negative or adverse recommendation.

Progress Reports

Programs that are granted initial or continuing accreditation and that have outstanding citations are asked to submit progress reports, either on February 1, May 1, August 1, or November 1 of a given year, to address those citations. For the progress report, programs are requested to submit documentation that illustrates that they are now in compliance with that specific citation. You will find a document, "Organization of Documents for Submission," on the MAERB website, and it can guide you in an effective method of organizing the information. The progress report is then reviewed by MAERB at its next meeting, and the program is informed of the board's findings. According to *MAERB Policy 325*, programs are granted a maximum of two progress report.

Relevant Resource:

Policy 325: Progress Reports: This policy outlines the requirements for progress reports.

MAERB's Glossary of Accreditation Terms

MAERB was asked to put together a list of terms that are widely used in the accreditation processes for CAAHEP-accredited medical assisting programs. Outlined below you will find our list of the most used terms. MAERB is very open to additional suggestions. In addition, we will keep track of the questions that we receive and continue to add to this list in the future.

Additional Campus (i.e., Satellite): A physical location, separate from the main campus, that offers 100% of the professional didactic and laboratory content of the CAAHEP-accredited medical assisting program and which has applied for and been approved by MAERB as part of a multiple campus program.

Additional Location/Classroom: A physical location, separate from the main campus, that directly offers a portion (i.e., less than 100%) of the professional didactic and/or laboratory content of the CAAHEP-accredited medical assisting program. Programs with an additional location do not need to apply for multiple campus status, but they do need to inform the MAERB office of the location.

Annual Report Form (ARF): Every CAAHEP-accredited medical assisting program must submit an online ARF annually. The ARF is a five-year reporting of the program's outcomes, clearly showing whether the program meets the MAERB-established thresholds for retention, job placement, graduate and employer survey, and credentialing exams.

ARF Tracking Tool: The ARF Tracking Tool is a MAERB-mandated Excel document that accredited programs are required to update regularly and to submit online, concurrent with their ARF. It contains outcome data beginning with no later than 2019 admissions and 2019 graduates and continuing indefinitely into the future. The ARF Tracking Tool's data should mirror the data that is reported on the ARF. If the ARF Tracking Tool's filters are used effectively, the completion of the annual ARF should be a straightforward and easy task.

Commission on Accreditation of Allied Health Education Programs (CAAHEP):
CAAHEP currently accredits over 2100 education programs in 31 health sciences fields. CAAHEP is an accreditor of programs at the entry level of each profession. It is a Section 501(c)(3) tax exempt organization. MAERB, which functions as a Committee on Accreditation (CoA), is one of CAAHEP's 31 allied health fields and makes accreditation recommendations to CAAHEP.

Credentialing: This refers to the passing of an exam by an individual, upon completion of an educational program to demonstrate competency in their chosen profession. Neither CAAHEP nor MAERB is involved in the credentialing of individuals.

Curriculum Change: This is defined as any change, no matter how small, within a CAAHEP-accredited medical assisting program, including, but not limited to, a change in clock or credit hours, the addition or deletion of a course, a change in the mode of delivery for any portion of a course, the renaming, renumbering, or resequencing of a course, or the shifting of curriculum content from one course to another. All curriculum changes, except when transitioning from one set of CAAHEP Standards and MAERB Core Curriculum to another, should be reported to MAERB in accordance with MAERB Policy 235.

Full Distance Education: A method of delivery in which 100% of the instruction within a program is provided remotely, meaning that the instructor and student are physically separated and using technology to interact, but still requiring substantial interaction between the faculty and the student. Instruction may be synchronous or asynchronous. There is currently one CAAHEP-accredited medical assisting program that is full distance education. Several others are close to 100%.

Institutional Accreditation: The process by which an entire school, as opposed to the individual programs within a school, is closely reviewed by external experts and shown to be in compliance with certain standards that are set by the institutional accreditor. CAAHEP and MAERB are involved solely with programmatic accreditation, not institutional accreditation**.**

Medical Assisting Faculty: According to the Guidelines portion of the 2022 CAAHEP Standards, a medical assisting faculty member is any person (whether full-time, part-time or adjunct) who teaches at least one course that is unique to the medical assisting program.

One-Plus-One (1+1) Program: When MAERB refers to a 1+1 program, it refers to a CAAHEP-accredited medical assisting program that offers both a Certificate/Diploma option as well as an Associate Degree option, but only the shorter (i.e., Certificate/Diploma) option is CAAHEP-accredited, since all Associate Degree medical assisting graduates are automatically issued the Diploma/Certificate by the sponsoring institution. It is also used to describe some programs that have a Certificate award embedded within a Diploma award.

Progress Report: A follow-up, written report that is submitted to MAERB by programs that have outstanding citations outlined on their CAAHEP letter that need to be addressed and resolved, following the site visit.

Resource Assessment: The annual process by which the medical assisting program carefully evaluates all its resources, examines the findings, and formally reports them to the MAERB. The goal is ongoing quality improvement of the program.

Self-Study: The extensive process, occurring approximately every 9 ½ years, by which the medical assisting program formally studies and evaluates its own program, resources, curriculum, and policies, with the goal of ensuring that it complies the CAAHEP Standards.

Site Visit: A one-and-a-half or two-day event, occurring approximately every 9 ½ years, at which the medical assisting program is visited by a team of trained surveyors, for the purpose of confirming the program's compliance with the CAAHEP Standards and Guidelines. It results in an official On-Site Survey Report being sent to the program and, ultimately, to a recommendation being sent from MAERB to CAAHEP.

Standards and Guidelines: Standards are the requirements of all CAAHEP-accredited programs. Guidelines, on the other hand, are descriptions, examples, or recommendations that elaborate on the Standards. CoAs develop language for both Standards and Guidelines, both of which are then approved by CAAHEP.

Dean/Supervisor Oversight

CAAHEP and MAERB require that every program has administrative contact in addition to that of the Program Director of the CAAHEP-accredited medical assisting program. For that position, MAERB asks for the identity of the person who is the immediate supervisor of the medical assisting Program Director. That person may hold the title of Dean or may have some other title. For the sake of accreditation shorthand, MAERB refers to that person as the "Dean" contact.

This section of the *Program Director Handbook* is designed specifically for Deans/Supervisors overseeing the medical assisting Program Director, and the goal is to provide direction for the responsibilities that MAERB expects of that position. There will be some duties described that are contained within the *Program Director Handbook*, and others that are very specific to this section, but the goal is to create a simple checklist for Deans/Supervisors.

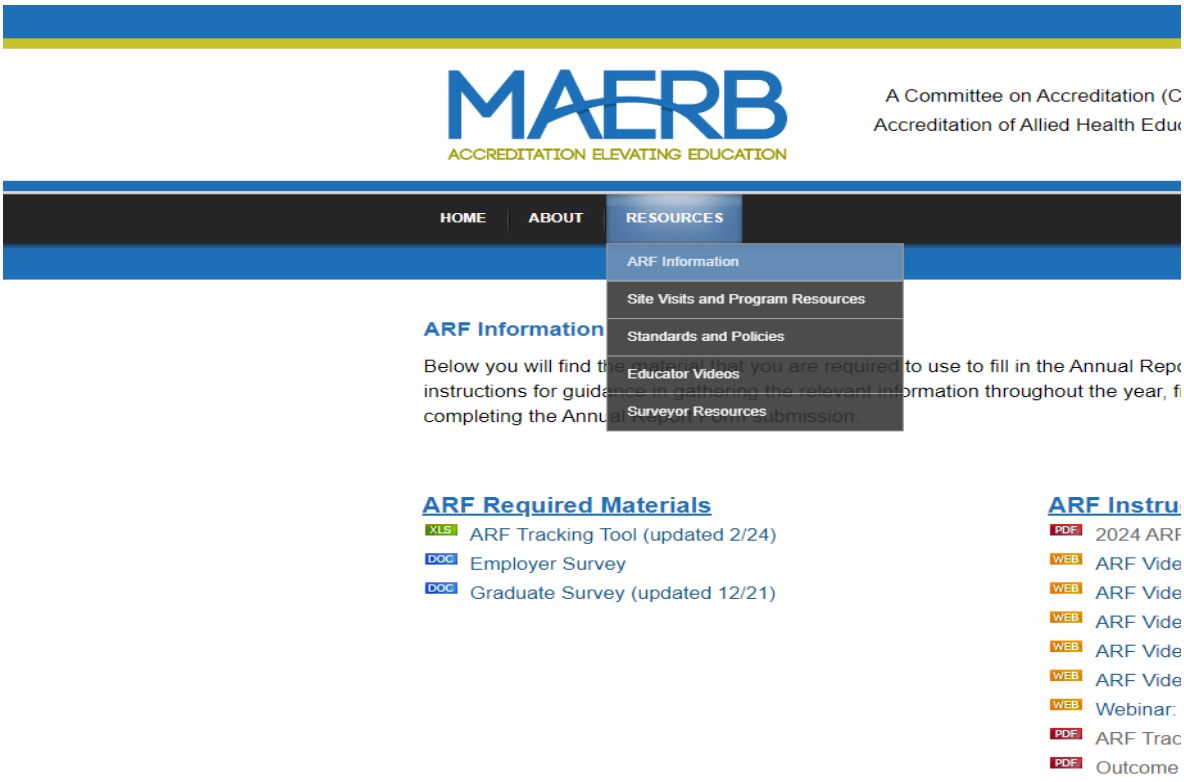
While this topic is covered below in the Standard I discussion, it is important to restate it here. MAERB strongly recommends that all important documents be stored on a shared drive that is backed up so that, if there is any inadvertent deletion due to the removal of a Program Director, you will still have the important documentation required. Those important documents include course records (rosters, gradebooks, tracking tools), course materials, ARF raw data, the program's ARF Tracking Tool, Advisory Committee Meeting Minutes, and Resource Assessments, along with other program material.

The items listed below are incomplete but are based upon the questions that the MAERB Office typically receives. It would be helpful to review this section with your medical assisting Program Director. Please feel free to contact MAERB's Executive Director, Sarah Marino (smarino@maerb.org), if you have any suggested additions.

Important Resources for Deans/Supervisors

Outlined below are some central documents found on the MAERB Website that are useful for Deans/Supervisors overseeing a CAAHEP-accredited program. MAERB has a wealth of information available for Program Directors of CAAHEP-accredited medical assisting programs, and we always welcome input about other appropriate resources. You will be able to access the resources by going to

the MAERB website (www.maerb.org) and clicking on the *Resources* tab. You then have the option of several links.



In this list of resources, the title is linked directly to the webpage where the resource is located. In addition, in the ensure discussion about the CAAHEP *Standards and Guidelines*, there are links embedded in the discussion that either lead you to specific sections of the *Program Director Handbook* or to the MAERB website.

Annual Report Form Instructions: The *ARF Instructions* are designed to provide Program Directors step-by-step guidance in completing the Annual Report Form (ARF). It is updated every year in August, and it can be found on the page titled *"ARF Information."* The ARF is discussed below in Standard IV.

Preparedness Plan, Samples: MAERB solicited samples of preparedness plans from its community, and those samples provide good guidance that institutions and programs can tailor to their own specific situations. It can be found in the section *Program Resources/Accreditation Resources*. The preparedness plan is discussed below in Standard I.

Resource Assessment Form & Resource Assessment Surveys: Program Directors are required to annually assess the program's resources, and they must use the surveys provided and fill out the required form to document that resource assessment. It is required that the Supervisor/Dean sign off on the Resource Assessment Form. The materials are found in the section *"Program Resources/Accreditation Resources."* The Resource Assessment Form is discussed below in Standard III.D.

2022 CAAHEP Standards and Guidelines: The *CAAHEP Standards and Guidelines* are the central governing document for CAAHEP-accredited medical assisting programs. This document is found on the page *"Standards and Policies, 2022."*

MAERB *Policies and Procedures Manual*: The *MAERB Policies and Procedures Manual* is a helpful guide to interpreting the 2022 CAAHEP *Standards and Guidelines*. This document is found in section "Standards and Policies, 2022." The MAERB *Policy and Procedures Manual* is referenced throughout the discussion of the Standards below.

Personnel and Program Changes: This website page contains the forms and documents to submit for program personnel, curricular, and award changes. It is discussed in Standard V.E below.

CAAHEP Standards and the Role of the Dean/Supervisor

Standard I Responsibilities of the Program Sponsor

- The Dean/Supervisor must work with the medical assisting Program Director and the medical assisting program to ensure that the program is able to fulfill all the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting* and meet the needs of the community, an important part of Standard II as well.
- If the program does not award academic credit, it must ensure that there is an articulation agreement (memorandum of understanding, non-credit to credit pathway) so that the students, if they enroll in the academic program specified, receive some academic credit for the medical assisting program that they completed. Please see MAERB Policy 233 in the MAERB *Policies and Procedures Manual.* You will find the manual under the section *"Standards and Policies, 2022.*
- The Dean/Supervisor will need to work with the medical assisting Program Director to ensure that there is a preparedness plan for both the institution and the medical assisting program in case of any emergency that may interrupt students' access to educational services. There are sample preparedness plans posted in the section *"Program Resources/Accreditation Resources."* It is particularly important to ensure the retention of the program materials. Please see MAERB Policy 227 in the MAERB *Policies and Procedures Manual*. You will find the manual under the section *"Standards and Policies, 2022."*

Standard II.B Program Advisory Committee

- Program Directors of CAAHEP-accredited medical assisting programs are required to hold an advisory committee meeting once a year (academic or calendar) with specific representatives of the communities of interest. One community of interest is a sponsor administrator. Typically, the Program Director's direct supervisor best represents that community of interest. The "Program Advisory Committee" section in this *Handbook* outlines the different roles on the advisory committee. Participating in the advisory committee will ensure that you know the value of the program within the community. Please see MAERB Policy 230 in the MAERB *Policies and Procedures Manual.* You will find the manual under the section *"Standards and Policies, 2022."*

Standard III.B Personnel

- If a Program Director leaves the program, the Dean/Supervisor must report that departure and identify a permanent, acting, or interim Program Director within 14 days of the vacancy. In addition, Practicum Coordinator changes or additions, and medical assisting faculty appointments must be reported. Please see MAERB Policies 240, 245, and 250 in the MAERB

Policies and Procedures Manual. You will find the manual under the section *"Standards and Policies, 2022."*

Standard III.D Resource Assessment

- Program Directors of CAAHEP-accredited programs are required to conduct an annual assessment of resources and track that assessment in an annual Resource Assessment Form. Beginning in the calendar year 2024 or the academic year 2023-2024, Program Directors will be required to use MAERB's Annual Resource Assessment Form that is found on the MAERB's website under the *Resources* tab on the *Site Visits and Program Resources* page in the section *Program Resources/Accreditation Resources.* The form requires the signature of the Dean/Supervisor, as well as that of the Program Director. The Program Director will find it very helpful if you review the raw data that he/she compiles in the process of assessing resources and provide helpful support in filling out the annual Resource Assessment Form.

Standard IV.B Outcomes

- Programs are required to submit an Annual Report Form (ARF) on a yearly basis, reporting on the program's outcomes, as defined in the CAAHEP *Standards and Guidelines*. Along with reporting the aggregated numbers, Program Directors are also required to submit their Advisory Committee meeting minutes, the annual Resource Assessment, and an up-to-date ARF Tracking Tool. In addition, Program Directors are required to retain five years of raw data supporting the aggregated numbers reported on the ARF. Deans/Supervisors are informed about the timing of submission of the ARF. After the submission and MAERB's review of the ARF, Program Directors are required to post an outcome on the program's website. Please see MAERB Policies 205 and 210 for additional details in the MAERB *Policy Manual*. Also, on the MAERB website, under the *Resources* tab, you will find the *ARF Information* page that contains the Employer and Graduate Surveys that the program must use, along with *ARF Instructions*, videos, and the ARF Tracking Tool template.

Standard V.E Substantive Change

- Program Directors are required to report substantive changes to the MAERB office. There is a list of required reports outlined in Standard V.E. In addition, there is a list of requirements in Appendix A of the CAAHEP *Standards and Guidelines*. Please see Policies 255, 260, 330, 340, and 345 in the MAERB *Policy Manual* for additional details. For a change in your position or that of the Chief Executive Officer, please see the section "Program Changes" in this handbook on how to report that change.

Conclusion

The production of the *Program Director's Handbook* has been a collaborative process. The MAERB members have contributed their collective experience as Board members, educators, practitioners, and Surveyors. The Surveyors have guided the process by sharing their questions about what programs do and don't do, and the MAERB staff provided their insights by sharing the questions that they regularly receive. Please feel free to share with the MAERB staff any further questions that you might have so that we can continue to update and revise this document.

Virtues of Accreditation

The MAERB continues to showcase *Virtues of Accreditation* on a regular basis. At the September 2019 MAERB Forum, participants requested that MAERB provide a brief outline of the virtues of accreditation so that Program Directors and other instructional staff of CAAHEP-accredited medical assisting programs can discuss the benefits of CAAHEP accreditation with administrators at the organizations that sponsor the medical assisting program.

Below you will find a list of accreditation virtues that we first published in fall 2019 and have updated since then. The MAERB welcomes your participation in this process, as we realize that you, too, have a list of advantages that you outline when you speak to students, administrators, and employers. Please contact Sarah Marino (smarino@maerb.org) if you have additional ideas.

- **Accreditation assures professional competence**: Graduates from a CAAHEP-accredited program have covered the comprehensive MAERB Core Curriculum and achieved the psychomotor and affective competencies to ensure patient safety.
- **Accreditation offers standardization, uniformity, and consistency**: All CAAHEP-accredited programs cover the same MAERB Core Curriculum, so employers can be guaranteed that the students know a given body of entry-level knowledge.
- **Accreditation requires external verification, review, and validation**: In fulfilling the standards, CAAHEP-accredited programs submit their outcomes to MAERB for an annual review and go through a comprehensive site visit review with CAAHEP every ten years.
- **Accreditation protects resources:** The accreditation *Standards and Guidelines* specify that the students and faculty have access to specific resources to ensure that the program can comply with the national standards.
- **Accreditation enhances the institution's reputation**: Institutions participating in programmatic accreditation distinguish themselves from other institutions.
- **Accreditation is public**: CAAHEP-accredited programs are listed in a CAAHEP database for student and educator access, and CAAHEP-accredited programs post their status and outcomes.
- **Accreditation travels well**: Employers across the country recognize the value of accreditation.
- **Accreditation advances the profession**: The standardization, uniformity, and consistency that accreditation ensures, as well as the review of the *Standards and Guidelines* and MAERB Core Curriculum, move the profession forward toward greater recognition in the allied health field.
- **Accreditation acknowledges accountability**: Educational programs graduating prospective healthcare workers must be accountable in ensuring patient safety, and accreditation supports the process of accountability with curriculum that is innovative, relevant, and current.