

## POLICY & PROCEDURES

### ACC-01C: DECISION-MAKING REGARDING A PROGRAM'S ACCREDITATION STATUS

---

**NOTE:** This policy applies to education programs whose onsite accreditation review took place **AFTER** September 1, 2017.

For reviews between **September 1, 2013 and September 1, 2015**, see **ACC-01A**.

For reviews between **September 1, 2015 and September 1, 2017** see **ACC-01B**.

#### **PREAMBLE**

Accreditation is both a process and a condition. The process involves an integrated system of continuous assessment, evaluation, and improvement for an education program to demonstrate compliance with specified standards. The condition or state of being accredited provides a credential to the public and regulators, assuring that an education program has accepted and is fulfilling its commitment to educational quality. Four main functions of accreditation are to:

- establish criteria for evaluation of physiotherapy education programs
- conduct assessments that encourage universities to maintain and improve their programs
- determine a program's compliance with established evaluative criteria for accreditation
- provide ongoing consultation to physiotherapy education programs

The Mission of Physiotherapy Education Accreditation Canada (PEAC) is to assure the quality of physiotherapy education in Canada through accreditation. This mission is partly achieved through the establishment of a fair, equitable and transparent accreditation program that includes a decision-making process.

Policies and procedures related to taking decisions about accreditation must be grounded in principles of quality, equity, consistency and objectivity. The remainder of this document outlines the policies and procedures related to decisions about accreditation status.

## **1.0 POLICY**

### **1.1 Core Evaluative Criteria**

PEAC considers compliance with four of the criteria essential for accreditation. Education programs must demonstrate compliance with the following core criteria. Non-compliance with any of these core criteria will result automatically in either probationary accreditation or non-accreditation.

- Criterion 1.1      The program faculty have responsibility for governance of the program and the authority to ensure program policies are implemented.
- Criterion 1.2      The director of the entry-level education program has a physiotherapy university degree and provides leadership for the faculty, staff, and students, and management of the program. The director has a faculty appointment and the appropriate qualifications, including related experience in higher education, research, and administration. The director has sufficient authority and recognition to manage and represent the program.
- Criterion 1.3      The program has adequate financial resources to achieve its stated goals and objectives and assure its continuing operation.
- Criterion 2.6      Changes to the program and the curriculum are made in response to analysis of evaluation data and the impact of these changes is assessed.

## 1.2 Accreditation Decisions

An accreditation status decision is made based on levels of compliance allocated to each criterion and the number/percentage of criteria considered “Not Met” in each accreditation standard.

Criterion Fully Met		Criterion Partially Met	Criterion Not Met
<i>No Concerns</i>	<i>Recommendation(s) for continued improvement</i>	<i>Needs Improvement</i>	<i>Requirement Not Met OR Required Improvements Not Made</i>
No Comment OR Comment OR Commendation	Continued improvement is encouraged.  Recommendations are provided.	A response describing improvement is required in a Progress Report.	The criterion is not met (accreditation review)  OR The improvements required have not been demonstrated (progress review)  The program must provide evidence of compliance in a Progress Report.

There are three options for accreditation decisions:

**A. Accreditation**

- i. Fully Compliant
- ii. Partially Compliant
- iii. Probationary

**B. Non-Accreditation**

**C. Deferral of Decision**

The decision options and related conditions are as follows:

*Accreditation—Fully Compliant*

A program demonstrates evidence of compliance with 100% of the evaluative criteria (i.e. there is evidence to indicate that all criteria in each of the six standards have been fully met or partially met).

**AWARD:** Accreditation—Fully Compliant

**OPTIONS:** Progress Reports will be required if one or more criteria are partially met, and until all criteria are fully met. Failure to adequately respond to the requests made may result in a change to partially compliant, probationary, or non-accreditation status.

**NOTE:** Maintenance of accreditation status (see page **Error! Bookmark not defined.**) requires that a program remain in compliance with the evaluative criteria.

*Accreditation—Partially Compliant*

A program demonstrates evidence of compliance with all of the established core criteria (exception: see page **Error! Bookmark not defined.** re: accreditation of new programs) (i.e. there is evidence to indicate that all core criteria have been fully met or partially met).

AND

A program demonstrates compliance (i.e. fully met or partially met) with 80-100% of the evaluative criteria in a minimum of four standards and 50-79% of the evaluative criteria in a maximum of two standards.

**AWARD:** Accreditation—Partially Compliant

**OPTIONS:** Progress Reports will be required until all criteria are fully met. Failure to demonstrate progress towards full compliance may result in a change to accreditation status to probationary or non-accreditation.

### Accreditation—Probationary

A program does not demonstrate compliance with all of the established core criteria (exception: see page **Error! Bookmark not defined.** re. accreditation of new programs) at the time of initial accreditation review (i.e. one or more core criteria are not met).

OR

Fewer than 50% of the evaluative criteria in one standard are fully met or partially met (i.e. more than 50% of the evaluative criteria in one standard are not met.)

OR

Fewer than 80% of the evaluative criteria in three or more standards are fully met or partially met (i.e. more than 20% of the evaluative criteria in three or more standards are not met.)

OR

A program fails to demonstrate evidence of progress from probationary towards partial or full compliance.

**AWARD:** Accreditation—Probationary

**OPTIONS:** The maximum length of time a program can maintain probationary accreditation status is two years. Failure to demonstrate evidence that all evaluative criteria are fully or partially met by the end of this time period will result non-accreditation status. The timeframe may be extended by PEAC if the program is able to demonstrate significant progress toward becoming compliant with accreditation standards and criteria.

A Progress Report will be required within three to twelve months of the accreditation award. When a program demonstrates significant progress towards resolution of all identified concerns, PEAC may modify the program's accreditation status to partially or fully compliant at any time within the two-year probationary period.

Failure to demonstrate significant progress within the period specified in the AR & SR will result in non-accreditation status at any time in the two-year probationary period. If an additional onsite review is required, the program will be responsible to pay for any related expenses, and will be invoiced a \$2500 administration fee.

### Non-Accreditation

A program does not meet the requirements for accreditation

OR

A program with probationary accreditation has failed to demonstrate significant progress within the specified period (i.e. fails to meet requirements outlined in Accreditation Review and Status Reports [AR & SRs]).

**OPTIONS:** A program may re-apply to initiate a full accreditation review following a waiting period of one year. A program remains non-accredited until a full accreditation review is completed and a change in accreditation status is made.

### *Deferral of Decision*

A decision will be deferred if it is deemed by PEAC that further information is required from the program before an accreditation decision can be made. If an additional onsite review is required, the program will be responsible for paying for any related expenses, and will be invoiced a \$2500 administration fee.

## **1.3 Responsibility for Decision-Making**

Peer Review Team (PRT) members have the responsibility to verify and supplement evidence provided by the education program in the Self-Study Report, assess the program within the context of its environment; and prepare and submit a report about the program's compliance with the PEAC accreditation standards. While PRT members indicate in the PRT report the extent of a program's compliance with the individual accreditation standards, PRT members do not make any recommendations regarding a program's overall accreditation status.

PEAC's accreditation committee members have the responsibility of making recommendations regarding a program's accreditation status; the Board of Directors of PEAC reviews and makes an accreditation award decision. The Primary Reviewer (a member of PEAC's accreditation committee designated to conduct a thorough review of the accreditation dossier) makes an initial recommendation for a program's accreditation status prior to the larger discussion at accreditation committee meetings.

If an accreditation committee member was a member of the PRT for the review of the program for which accreditation is being considered, he/she may participate in the discussion, but must abstain from the vote regarding the program's accreditation status. If an accreditation committee member was a faculty member of the program for which accreditation is being considered he/she must leave the room for the discussion/vote regarding the program's accreditation status.

## **1.4 Documents Used for Decision-Making**

Decisions about a program's accreditation status are made based on information from the following sources:

- the program's Self-Study Report and related evidence
- information gathered by the PRT during the onsite review
- the PRT report
- the response of the program to the PRT report
- information presented by the Primary Reviewer

Additional information may be gathered by PEAC from the program Chair and/or the PRT Chair, as required, for clarification purposes only.

## **1.5 Timing of Accreditation Decision-Making**

1. Decisions will be made by October 31st for onsite accreditation reviews that are conducted in March - July
2. Decisions will be made by April 30th for onsite accreditation reviews that are conducted in August - February
3. Decisions about accreditation for programs with probationary accreditation status will be made within six to eight weeks of receiving the program's Progress Report

Decisions about the granting of non-accreditation status will be effective thirty days from the date of the letter of notification that is sent to the program. If a request for review and reconsideration of the decision is made by the program, the decision shall not be effective until after the review and reconsideration process is completed.

## **1.6 Notification of Decisions Made about a Program's Accreditation Status**

The University Administration and the program will be notified about the program's accreditation status through receipt of the Accreditation Review and Status Report (AR & SR).

Accreditation committee members and PRT members will receive notification of the decision and of delivery of the AR & SR but will not receive a copy.

## **1.7 Accreditation Cycle**

The normal length of the accreditation cycle for a program is six years from the date of the most recent accreditation onsite visit.

## **1.8 Maintenance of Accreditation Status**

It is the responsibility of the education program to maintain compliance with the accreditation standards. Evidence of continuing compliance includes:

- submission of Progress Reports as required in the AR & SR
- submission of an annual report (survey link will be provided to each program annually by PEAC)
- payment of the annual accreditation fee (invoiced annually) (*GUIDE-10 Fee Schedule*)
- reporting of any substantive change in an education program (*ACC-04 Substantive Change*)
- publication of accreditation status using required text (*ACC-02 Disclosure*)

## **1.9 Definition of New Physiotherapy Education Programs**

A newly developed education program or an education program with changed exit credentials will be considered by PEAC as a new program.

## **1.10 Accreditation of New Programs**

If a new program wishes the first class of students to be considered as graduates from an accredited program, the accreditation process must be completed before any students graduate from the program. Therefore, at the time of the accreditation review, the program will be unable to fully comply with evaluative criterion 2.4, 2.5, and 2.6 (see Accreditation—Probationary regarding core criterion 2.6).

The maximum accreditation award for a new program will be accreditation, partially compliant, for a period of twenty-four months. The accreditation award will be reconsidered following submission of a Progress Report within the two year time period.

### **1.11 Extension to Accreditation Status and Deferral of Accreditation Review**

From time to time the Board of Directors may consider providing an extension to a program's accreditation status. The extension would be for a limited time for the purpose of addressing operational and resource issues related to, for example, the number of accreditation reviews in one year or a program's extenuating circumstance.

Programs may request a deferral of an accreditation review under some circumstances. Please review policy *ACC-08 Deferral of Accreditation Review* for details.

## **2.0 PROCEDURES**

The processes and decisions related to accreditation reviews and decisions are summarized in *GUIDE-04: Process and Decisions related to Accreditation Reviews* (see **APPENDIX 1**).

### **2.1 Dossier Preparation**

#### **2.1.1 Editing of PRT Report**

PEAC staff, or a designate, will review the PRT report and make any editorial changes as required. The editing process is to ensure that the PRT report includes appropriate terminology; that comments made about each criterion are specific to that criterion and are supported by evidence; and that there are no statements about recommendations for accreditation.

#### **2.1.2 Review of PRT Report by Program**

Once the editing process is completed, the PRT report is forwarded to the Chair of the program. The program is given two weeks to review the report. The review of the PRT report by the program is intended for correction of factual errors. It is not intended to provide an opportunity for a detailed "rebuttal" document, or for new, updated, or more detailed information available since the visit date to be added. This creates a process fair and consistent for all programs undergoing an accreditation review. The program's response is included in the accreditation dossier, and provided to the PRT Chair (or designate) for review prior to the accreditation committee meeting.



### **2.1.3 Content of the Accreditation Confidential Dossier**

Once the Program has reviewed the PRT report, PEAC staff prepares the confidential dossier that will be used by PEAC for decision-making purposes. The confidential dossier will include: the program's Self-Study Report, the PRT report; and the program's response to the PRT report; and the Primary Reviewer's report.

## **2.2 Primary Reviewers**

Four accreditation committee members are appointed to act as the Primary Reviewers for each program for which an accreditation recommendation is being made. One of the four is designated the Lead.

For each accreditation review the Primary Reviewers receive the

- Program's confidential dossier
- Primary Reviewer's Summary Template, which includes the accreditation standards used for the review
- PEAC Policy - ACC-01: Accreditation Decisions

The responsibilities of the Primary Reviewers are to

- Review the program's confidential dossier
- Present a summary of the Peer Review Team members' views about the program's compliance with the accreditation standards and criteria, incorporating the Program's Response to the PRT report.
- Present a summary about his/her views of the program's compliance with the accreditation standards and criteria, and
- Make an initial determination of the level of the program's compliance with the accreditation standards.

## **2.3 Procedures for Meetings regarding Accreditation Decisions**

### **2.3.1 Meeting Preparation**

Prior to meetings, accreditation committee members and members of the Board of Directors are responsible to review the policies and procedures related to making recommendations/decisions about a program's accreditation status as well as any related program accreditation materials that are distributed in advance of the meeting.

A copy of the confidential dossier for each program being reviewed will be distributed to members prior to the meeting. All other documents related to a program's accreditation review will be made available at the meeting.

### **2.3.2 Consideration of a Program's Accreditation Status**

Steps taken during the meeting related to consideration of a program's accreditation status include



- The PRT Chair (or designate) is welcomed to the meeting. The PRT Chair may attend either in person or via teleconference. The PRT Chair is available to clarify information in the PRT report and to answer questions.
- The Chair of the meeting asks if there are any declared conflicts of interest for the decision-making process related to the program or programs under consideration.
- The Chair asks for a motion regarding the decision-making policy that will be used for the meeting.
- A motion to consider the Primary Reviewer report regarding a program's accreditation status is made by the Lead Primary Reviewer.
- If the motion is passed the Lead Primary Reviewer presents the following information:
  - The Primary Reviewers' views about the program's compliance with the accreditation standards and criteria
  - A summary of the PRT members' views about the program's compliance with the accreditation standards and criteria, incorporating the Program Response to the PRT report
  - A recommendation for the program's accreditation status
- The Chair of the meeting calls for questions or comments from the members, and allows for discussion of pertinent areas.
- Following discussion, and before the final motion is made by the accreditation committee about the program's accreditation status, the members make a final determination of the program's level of compliance with the accreditation standards. The PRT Chair is thanked and excused from the meeting.
- The Primary Reviewer proposes a motion regarding the accreditation committee's recommendation for the program's accreditation status (see GUIDE-06 - Standard Motions for Accreditation Decisions).
- Once the motion is passed, the accreditation committee suggests proposed content for the program's Accreditation Review and Status Report including reasons for the accreditation status recommendation, any follow-up action required and dates for any required progress reports or re-visits, with specific areas to be addressed in the reports or visits.
- The accreditation committee submits the accreditation status recommendation to the Board of Directors
- The Board of Directors reviews the accreditation status recommendation and rationale, and makes a decision regarding the education program's accreditation status.

## **2.4 Follow-up Regarding Accreditation Decisions**

An official report and letter will be prepared by PEAC and forwarded to the program following any decisions made by the Board of Directors in relation to the program's

accreditation status. The report, in the form of an *Accreditation Review and Status Report (AR & SR)*, will include the following information:

- Name of the program, and the university
- Accreditation status
- Effective date of the accreditation status
- Explanation of the reasons for the decision about accreditation status
- The extent to which the program is in compliance with the PEAC accreditation standards and criteria including an explanation for the findings
- Commendations
- Action required by the program

### **2.4.1 Probationary Accreditation**

Probationary accreditation status is granted when a program has been found to have significant areas where there is non-compliance and/or partial compliance with the accreditation standards and criteria, or when the program has not addressed requirements as outlined in the AR & SR.

PEAC will provide the program Chair, the administrator to whom the Director reports (e.g., Dean, School Director) and the university administration with written documentation about the probationary accreditation status including specific information about how the program is judged to be in non-compliance or partial compliance and a deadline date for the program to become compliant with the accreditation standards and criteria. Within two weeks of receipt of the AR & SR, the program Chair and the administrator to whom the program Chair reports are required to inform the faculty, staff, and students enrolled in the program, and students seeking enrollment in the program about the program's probationary accreditation status. The text below must be used for such notification, and the program must submit evidence of such notification to PEAC within three weeks of receipt of the AR & SR.

*Physiotherapy Education Accreditation Canada (PEAC) is responsible for accrediting physiotherapy education programs. The (Program NAME at Institution NAME), following the most recent (Accreditation Review visit/Progress Report submission), has received notice from PEAC that the program has been awarded probationary accreditation status. Probationary accreditation status is awarded when deficiencies are identified with respect to compliance with some of the accreditation standards and criteria. Under probationary accreditation status the program continues to be accredited.*

*(Program NAME) will be working towards fixing these identified deficiencies, with the goal to be awarded partial or full accreditation status. In the unlikely event that the (Program NAME) is awarded non-accreditation status in the future, students in their graduating year at that time who successfully complete the program within the original time frame*

*scheduled for their graduation will be considered as graduates of an accredited program. All other students enrolled in the program at that time will not be considered graduates of an accredited program at the time of graduation.*

*The program's accreditation status is important to graduating students with regards to becoming licensed to practice physiotherapy in Canada. It is recommended that students contact the Canadian Alliance of Physiotherapy Regulators ([alliancept.org](http://alliancept.org)) for information regarding the process to become licensed as a physiotherapist in Canada following graduation.*

*Details regarding accreditation decisions, including probationary accreditation status, can be found on the PEAC website ([peac-aepc.ca](http://peac-aepc.ca)). Any questions can be directed to (Program NAME faculty member).*

The maximum length of time a program can maintain probationary accreditation status is two years. The program will be required to submit Progress Reports, at specified times, to indicate progress towards compliance with the accreditation standards and criteria. An onsite review visit may be required to assess the program's compliance. If this is the case, the program will pay the expenses of the onsite review and will be invoiced a \$2500 administration fee.

### **Probationary Accreditation Status → Accreditation, Partially or Fully Compliant**

A change of status from probationary to partially or fully compliant will occur when a program demonstrates significant progress towards resolution of all identified concerns. This change may occur at any time within the two year probationary period.

### **Probationary Accreditation Status → Non Accreditation**

PEAC will withdraw the program's accreditation status if the following situations occur:

1. The program fails to demonstrate evidence of substantial compliance with the accreditation standards and criteria within the specified reporting time OR
2. PEAC receives clear evidence that circumstances exist that further jeopardize the capability of the program or the university to provide an acceptable educational experience for the students.

This change may occur at any time within the two year probationary period.

#### **2.4.2 Non-Accreditation**

When non-accreditation status is granted the following conditions will apply:

1. *Effective Date of Decision*

The decision shall become effective thirty days after the date on which the official notification of the decision is sent to the university. If the university seeks

reconsideration of the accreditation decision (see ACC-06), the effective date of the decision shall be the date upon which the reconsideration process is completed.

## *2. Notification regarding non-accreditation status*

PEAC will provide written notification to the program Chair, the administrator to whom the Director reports (e.g., Dean, School Director) and the university administration, which will include specific information about where the program is judged to be non-compliant and/or in partial compliance with the accreditation standards and criteria and the basis for the decision of non-accreditation.

The written notification of the change in accreditation status will: a) advise the university that it has the right to seek reconsideration of the decision; and b) provide information with a copy of policy ACC-06 *Review & Reconsideration of PEAC Accreditation Decisions*.

Within two weeks of the effective date of the decision, the program Chair and the administrator to whom the program Chair reports are required to inform the faculty, instructors, staff, students enrolled in the program and students seeking enrolment in the program that non-accreditation status has been granted to the program. The text below must be used to for such notification and the program must submit evidence of such notification to PEAC within three weeks of receipt of the effective date of the decision.

*Physiotherapy Education Accreditation Canada (PEAC) is responsible for accrediting physiotherapy education programs. The (Program NAME at Institution NAME), following the most recent (Accreditation Review visit/Progress Report submission), has received notice from PEAC that the program is deemed non-accredited, due to lack of compliance with the accreditation standards and criteria.*

*Students in their graduating year who successfully complete the program within the original time frame scheduled for their graduation, will be considered as graduates of an accredited program. All other students enrolled in the program will not be considered graduates of an accredited program upon graduation.*

*Details regarding accreditation decisions can be found on the PEAC website ([peac-aepc.ca](http://peac-aepc.ca)). Any questions can be directed to (Program NAME faculty member).*

*It is recommended that students contact the Canadian Alliance of Physiotherapy Regulators ([alliancept.org](http://alliancept.org)) for information regarding the process to become licensed to practice as a physiotherapist in Canada.*

Within two weeks of the effective date of the decision, the program must remove any statement identifying the program as accredited by PEAC from their website and in all publications.

### *3. Impact on Students*

If a program with accreditation fully or partially compliant loses accreditation status, students who started in the program will be considered as graduates of an accredited program, if the program respects certain conditions. The conditions, may, for example, specify requirements for academic or clinical education and will be specified by PEAC on a case-by-case basis.

If a program with probationary accreditation loses accreditation status, the impact on students enrolled in the program on the effective date of the non-accreditation is as follows:

- Students in their final year of study will be considered to be graduates of an accredited program, if they successfully complete the program within the original timeframe scheduled for their graduation.
- Students not in their final year of study will not be considered graduates of an accredited program.

If a program admits students while under probationary accreditation and the program loses accreditation status, those students will not be considered graduates of an accredited program. It is therefore critical that those students seeking enrollment in the program are informed of the program's probationary accreditation status as required by PEAC (see Publication by the Education Program on page 14). Graduates of non-accredited Canadian education programs must follow a different process than graduates of accredited Canadian education programs to become licensed to practice in Canada. It is recommended that students contact the Canadian Alliance of Physiotherapy Regulators ([alliancept.org](http://alliancept.org)) for information regarding the process.

### *4. Publication of Decision – Non accreditation status*

The program and university must publish the fact that the program received a non-accreditation status. This must include:

- individual notification to all prospective students, and to all students enrolled in the program at the time the non-accreditation status was awarded
- publication on the program's web site

PEAC will remove the education program's name from the list of accredited education programs on the PEAC website. Notice of non-accreditation will be included in the PEAC Annual Report.

PEAC will formally notify the Canadian Alliance of Physiotherapy Regulators of the program's non-accreditation status within two weeks of the effective date of the decision, and request that regulators in each province be informed.

### *5. Re-Application for Accreditation*

Should a program awarded non-accreditation status wish to re-apply for accreditation, the program will be required to wait a minimum of one year from the effective date of the decision. Following the one year wait period, the program may submit a letter of intent to participate in a full accreditation review, and will be invoiced for the annual accreditation fee (see *GUIDE-10 Fee Schedule*)

Upon formal request PEAC may consider an expedited review. The formal request should outline in detail how the program has addressed the criteria identified as not in compliance in the notice of non-accreditation. An administrative fee of \$2500 to file a formal request will apply.

## **2.5 Publication of Accreditation Decisions**

### **2.5.1 Publication by PEAC**

PEAC will annually publish a list of education programs that hold accreditation status. The list will be posted on the web site and in the Annual Report and other such official PEAC documents. Information to be published is limited to the level of accreditation status awarded the program (*Accreditation–Fully Compliant, Accreditation–Partially Compliant, Accreditation–Probationary, or Non-Accreditation*), and will include the date of the accreditation award and the date of expiry, if applicable.

### **2.5.2 Publication by the Education Program**

Education programs are required to publish the level of their accreditation status (*Accreditation–Fully Compliant, Accreditation–Partially Compliant, Accreditation–Probationary, or Non-Accreditation*), the date of the accreditation award, and the expiry of the accreditation award (if applicable) as part of their responsibility to maintain compliance with the accreditation standards.. This information must be easily accessible for prospective and current students and other stakeholders/partners. Clear definitions of the levels of accreditation (as provided by PEAC, see *ACC-02 Disclosure*) must be included when and wherever a program's accreditation is published by the program.

The required text for publishing this information is:

*“The (name of program) at (University) has completed the accreditation review process administered by Physiotherapy Education Accreditation Canada (PEAC). PEAC is an incorporated body under the Canada Not-for-profit Corporations Act and operates as the accrediting agency for physiotherapy education programs in Canada. The status of (Accreditation: fully compliant/ Accreditation: partially compliant/ Accreditation: probationary/ Non accreditation) was granted to the program on (date decision was taken) for the period until (the end of the accreditation cycle). A description of [Accreditation Status – fully, partially, probationary, non] follows [Include definition as provided by PEAC in*

*Appendix B of ACC-02]. More details regarding the definitions of the levels of accreditation are available at [PEAC weblink]."*

When and wherever the education program makes public disclosure of its accreditation status, it must include the full name, address and contact information for PEAC as: *Physiotherapy Education Accreditation Canada, Suite 26, 509 Commissioners Road West, London, Ontario, N6J 1Y5, (250) 494-0677, [www.peac-aepc.ca](http://www.peac-aepc.ca).*

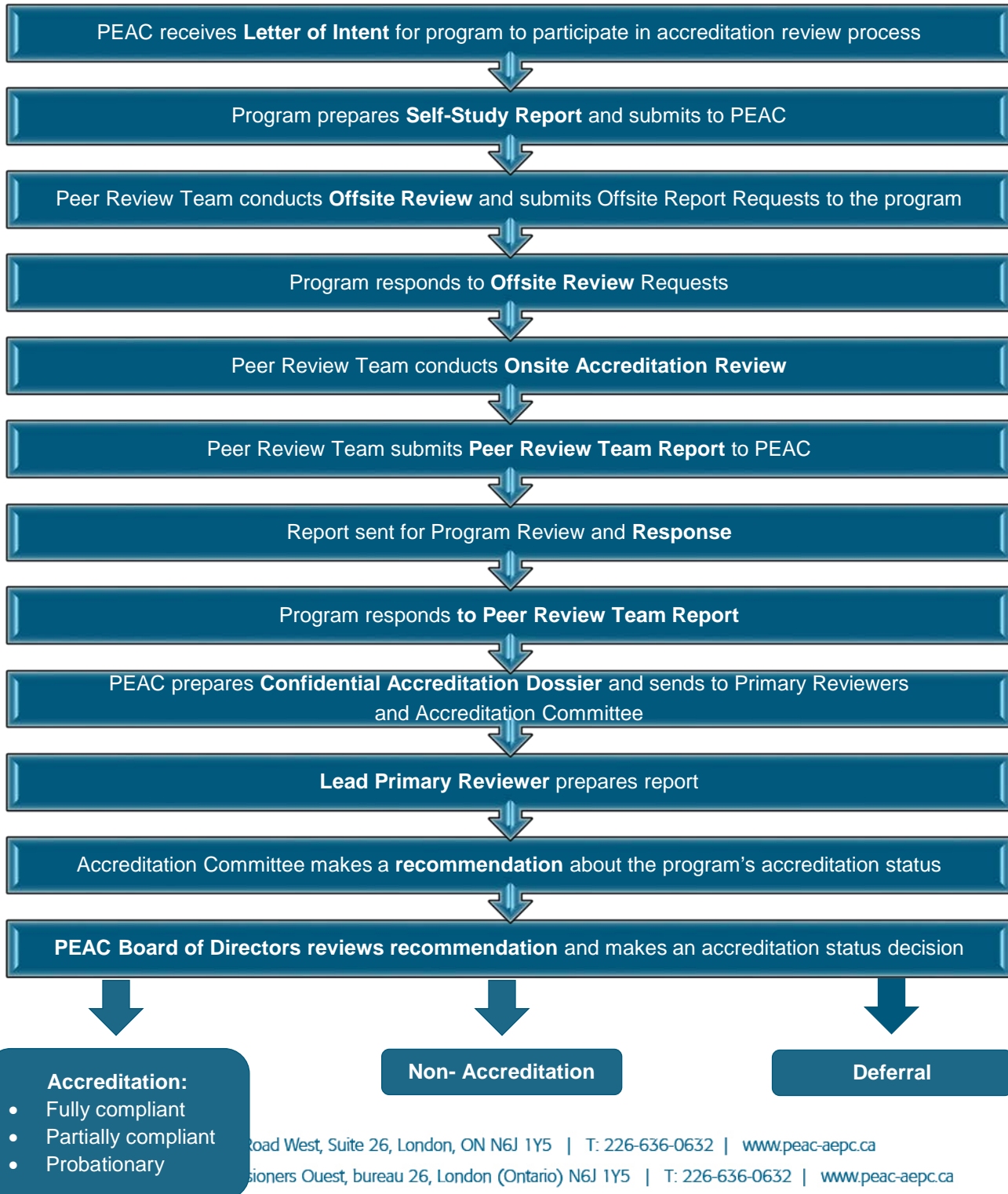
Should the program choose to make public the contents of its accreditation reports, including the *Accreditation Review and Status Report*, the reports must be published in full.

<b>Policy Number: ACC-01</b>	
Date of last revision	Associated documents
<i>Dec 2007</i>	GUIDE-04 Process &
<i>Sept 2009</i>	Decisions related to
<i>Sept 2010</i>	Accreditation Reviews
<i>May 2012</i>	GUIDE-06 Standard
<i>Nov 2012</i>	Motions for Accreditation
<i>Sept 2013</i>	Decisions
<i>April 2014</i>	ACC-06 Review and
<i>January 2015</i>	Reconsideration of PEAC
<i>July 2015</i>	Accreditation Decisions
<i>April 2017</i>	ACC-04 Substantive
	Change
	Program Accreditation
	Handbook
	PEAC Member Handbook
	GUIDE-09 Preparation of
	Progress Reports
	GUIDE-10 Fee Schedule
	ACC-02 Disclosure

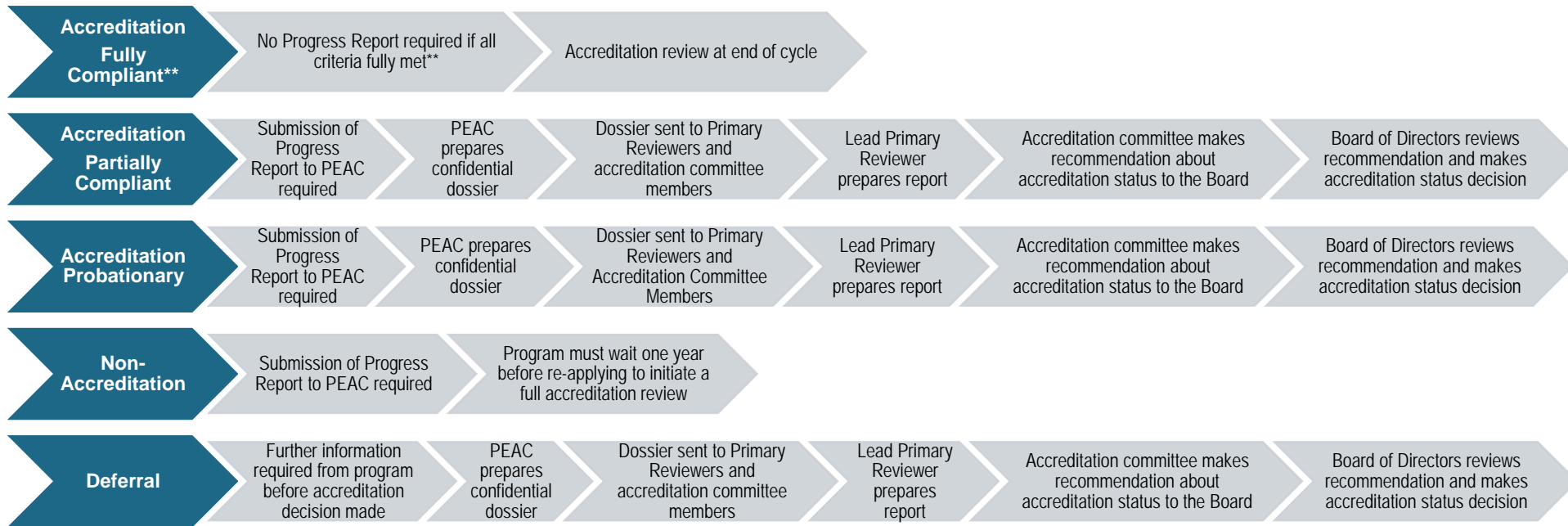


## PROCESS & DECISIONS RELATED TO ACCREDITATION REVIEWS

### Process for Initial Decision-Making



**Process Following Initial Decision-Making**



*\*\* If any individual criterion is identified as partially met, the process is the same as for Accreditation–Partially Compliant.*

Guideline Number: GUIDE-04	
Date of last revision	Associated documents
Dec 2007	ACC-01 Accreditation Decisions
Sept 2009	
Sept 2010	GUIDE-06 Standard Motions for Accreditation Decisions
May 2012	
June 2013	
April 2014	
April 2017	

# PEAC Accreditation Cycle

## ACCREDITATION



- Accreditation:
  - Fully Compliant
  - Partially Compliant
  - Probationary
  - Non-Accreditation



- Accreditation:
  - Fully Compliant
  - Partially Compliant
  - Probationary
  - Non-Accreditation



## NON-ACCREDITATION

## **STANDARD MOTIONS FOR ACCREDITATION DECISIONS**

### **Fully Compliant**

That the (name of program) at the (name of university) be granted accreditation status, fully compliant until (date for end of accreditation cycle) – *with or without a Progress Report due on or before (date report due).*

### **Partially Compliant**

That the (name of program) at the (name of university) be granted accreditation status, partially compliant until (date for end of accreditation cycle), with a Progress Report due on or before (date report due).

### **Probationary**

That the (name of program) at the (name of university) be granted probationary accreditation status with a Progress Report due on or before (date report due), as it was found to have one or more Core criteria which were not met, OR a significant number of non-Core criteria which were not met.

### **Non-Accreditation**

That the (name of program) at the (name of university) be granted non-accreditation status, as it was found to have significant areas of non-compliance with the accreditation standards and criteria.

### **Maintenance of Accreditation Status**

That the (name of program) at the (name of university) maintain *Accreditation–Fully Compliant/–Partially Compliant/–Probationary* with a Progress Report due on or before (date report due).

<b>Guideline Number: GUIDE-06</b>	
<b>Date of last revision</b>	<b>Associated documents</b>
<i>Dec 2007</i>	ACC-01 Accreditation
<i>Sept 2009</i>	Decisions
<i>Sept 2010</i>	GUIDE-04 Process and
<i>May 2012</i>	Decisions Related to
<i>April 2014</i>	Accreditation Review
<i>April 2017</i>	