

## Specialized Accreditor Actions in Response to COVID-19

The U.S. Department of Education (USDE) Office of Postsecondary Education recently issued a guidance document titled [Information for Accrediting Agencies Regarding Temporary Flexibilities Provided to Coronavirus Impacted Institutions or Accrediting Agencies](#) that provides a framework for federally recognized accrediting organizations to use when working with institutions and programs. Each accrediting organization is addressing this situation based on its standards and policies. For information specific to your institution or program, it is best to contact the relevant accreditor. A list of CHEA- and USDE-recognized accrediting organizations with links to their homepages can be found [here](#). Also, a brief summary of actions specialized accreditors are taking in response to COVID-19 is provided below.

### **Academy of Nutrition and Dietetics, Accreditation Council for Education in Nutrition and Dietetics**

COVID-19 Correspondence: <https://www.eatrightpro.org/acend/public-notice-and-announcements/acend-update/acend-covid-19>

Decisions to move coursework online or provide alternative supervised practice experiences are made at the discretion of the program, as long as the program ultimately provides the necessary coursework to meet ACEND's curriculum requirements and a minimum of 1,200 hours supervised practice for RDN programs and 450 hours for NDTR programs, as required by the ACEND® Accreditation Standards.

ACEND® is providing broad approval to all its accredited programs to use online technologies to accommodate students whose enrollment is otherwise interrupted as a result of COVID-19 without submitting a substantive change and going through the regular approval process. If a program chooses to continue using distance education in a manner requiring ACEND®'s approval after that point, only then would it need to seek approval under ACEND®'s normal process.

ACEND® believes that supervised practice can take place in professional work settings (hospitals, schools, long-term care facilities, businesses, etc.) and through alternate supervised practice experiences such as simulations, case studies, role plays and other activities. ACEND® Standards currently allow programs to offer up to 300 of the required 1,200 of supervised practice hours for RDN programs and 100 of the required 450 hours for NDTR programs through alternate experiences. However, ACEND® has expanded these requirements so programs can offer additional supervised practice hours using simulations, case studies, role play and/or other practice activities. Programs may award up to 900 hours, of the total 1200 hours, to alternate supervised experiences for RDN programs and up to 225 hours, of the 450 hours, for NDTR programs.

If any program must include alternate supervised experience hours over the maximum hours stated above, the program must notify ACEND® according to ACEND®'s Emergencies and

Disasters Policy (Policy 4.7, p. 71). More information can be found in the [Policy and Procedure Manual](#).

### **Accreditation Board for Engineering and Technology**

COVID-19 Correspondence: <https://www.abet.org/accreditation/covid-19-update/>

ABET understands the need for programs to temporarily modify program delivery methods and is not requiring institutions to report any short term (current or summer semester) changes to program delivery or content at this time. However, should changes or modifications to the program become permanent, refer to the [ABET Accreditation Policy and Procedure Manual \(Section I.F.1.b.\(2\)\)](#) to formally notify ABET of any changes during the period of accreditation.

### **Accreditation Commission for Acupuncture and Oriental Medicine**

COVID-19 Correspondence: <http://acaom.org/2020/03/17/acaom-update-on-covid-19-novel-coronavirus/>

The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) anticipates that many of its accredited programs and institutions will be considering options related to distance education as part of their planning. Review the [ACAOM Distance Education Policy](#). Accredited programs and institutions that wish to use distance education delivery as part of their plan for COVID-19 related campus emergencies or closures are required to submit an Emergency Waiver Request ([PDF form](#) or a [Word Document](#)). Emergency waiver approvals are for a limited and fixed duration, generally based on the last date of the current academic term. If circumstances require a longer waiver, the Commission will accept additional requests.

Programs are expected to follow their rules and procedures for practical/laboratory experiences, including student assessment. Where laboratory experiences involve the development of hands-on skills, ACAOM expects lab activities and testing to be face-to-face and that programs maintain the rigor of these courses and their components. If a campus has been closed, the program will need to reschedule laboratory components. If the curriculum contains lab experiences that are “extra” and not required of all students, such experiences could be suspended

### **Accreditation Commission for Education in Nursing, Inc.**

*Formerly: National League for Nursing Accrediting Commission*

COVID-19 Correspondence: <https://www.acenursing.org/about/news/covid-19-correspondence/>

The Accreditation Commission for Education in Nursing, Inc. (ACEN) will follow the guidance provided by the United States Department of Education (USDE) for flexibility related to COVID-19. If disruption in class and/or clinical schedules occurs due to campus closure, the temporary use of distance education to maintain instructional and teaching activities is permissible. In this situation, ACEN approval to use distance education temporarily will not be necessary.

Nursing programs also need to reach out to the state regulatory agency (e.g., Board of Nursing) regarding a temporary disruption and what that agency requires or may need.

### **Accreditation Commission for Midwifery Education**

COVID-19 Correspondence:

[https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000007793/Memo%20to%20Program%20Directors%20Q%20&%20A%20Distance%20instruction%20and%20education%20plan%20during%20COVID-19%20Pandemic%20\(FINAL\).pdf](https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000007793/Memo%20to%20Program%20Directors%20Q%20&%20A%20Distance%20instruction%20and%20education%20plan%20during%20COVID-19%20Pandemic%20(FINAL).pdf)

Accreditation Commission for Midwifery Education is not requesting notification for temporary distance instruction. Member programs are required to document how curriculum, program goals and objectives are accomplished because it may be necessary to answer an AMR question or describe an example of innovations in teaching for an SER. If this crisis persists past the end of the June, 2020, ACME will reevaluate our position and inform membership if we require any reports.

If students are not able to finish their clinical rotations because of the COVID-19 Pandemic, remember that they must demonstrate competence. Clinical experiences are designed to ensure that each student can attain competence in the midwifery practice areas of primary care, gynecologic, antepartum, intrapartum, postpartum, and newborn care. Simulation **will not** be considered a replacement for clinical experience.

If second year student does not meet clinical minimums, determine whether they would be considered "competent" with the numbers that they have or will have at whatever point they can't be in clinical. If not, then the program will need to address how to ensure students can gain access to clinical experiences once the Pandemic comes to an end. It would be irresponsible to the student and of the program to graduate anyone who does not demonstrate competence and the program would grossly be out of compliance with ACME's criteria.

ACME's criterion V. F. requires, Intrapartum care 60\* Includes labor assessment, labor management, and births. \*Includes access to or opportunity to attend at least 35 births. If a student seems truly competent with 20 births, programs can certify that. It is ACME's position that most students cannot demonstrate competence at that number. Attending cesareans as access to a birth will **not** be accepted.

More details are outlined in the distance instruction and education plan during COVID-19 Pandemic [document](#).

### **Accreditation Commission for Programs in Hospitality Administration**

COVID-19 Correspondence: No academic-related information provided on website.

### **Accreditation Council for Pharmacy Education**

Decisions to move coursework online or provide alternative supervised practice experiences are made at the discretion of the program, such that it meets the boundaries set by ACPE

Accreditation Standards 2016. ACPE will continue to provide guidance to all pharmacy programs to help them work through the curricular issues.

### **Accreditation Council for Business Schools and Programs**

COVID-19 Correspondence: <https://www.acbsp.org/page/coronavirus>

The majority of ACBSP member campuses have responded to the worldwide spread of COVID-19 by closing their physical campuses and transitioning face-to-face classes to online for the remainder of the semester.

Accredited members are wondering how to measure quality and accreditation review in these challenging times. ACBSP is committed to providing tools and resources to help members navigate this challenge. A series of complimentary webinars have been developed to support members.

### **Accreditation Review Commission on Education for the Physician Assistant, Inc.**

COVID-19 Correspondence: <http://www.arc-pa.org/wp-content/uploads/2020/03/Coronavirus-guidelines-Statement-from-ARC-PA-03.20.2020-REVISED-1.pdf>

The ARC-PA agrees with the guidelines proposed by the AAMC and understands that a 15-day hiatus may be effective for re-focusing, regrouping, and developing plans to move programs forward. Due to safety reports that indicate a lack of proper personal protection equipment (PPE) for healthcare providers, including PA students, the Commission strongly supports programs removing students from clinical sites until the end of March 2020. At that time, the Commission will reevaluate the COVID-19 situation and communicate with programs.

The ARC-PA would like to clarify concepts that may help PA faculty to make decisions while maintaining compliance with the ARC-PA Standards of Accreditation and determining whether students have met the program's learning outcomes.

- The ARC-PA does not dictate the length of supervised clinical practice experiences (SCPEs) (see B3 standards). Each program determines the amount of experience needed for students to achieve the program's expected learning outcomes. Some programs are adjusting the length of their SCPEs while still ensuring students meet expected learning outcomes in an expedited manner.
- The ARC-PA would like to revise the original March 10, 2020 statement as follows: "Waiving program requirements for students to meet SCPE learning outcomes is unfortunately not an option. Programs that are unable to ensure that all students meet their learning outcomes due to the temporary suspension of SCPEs may need to delay the date of program completion until they are able to do so." Programs that need to extend their completion dates should notify the ARC-PA.

### **Accrediting Bureau of Health Education Schools**

COVID-19 Correspondence: [https://www.abhes.org/news\\_item/coronavirus-update/](https://www.abhes.org/news_item/coronavirus-update/)

The Accrediting Bureau of Health Education Schools (ABHES) requires that institutions submit a plan outlining academic continuity processes and procedures to receive temporary approval to adjust normal operations, including but not limited to distance education delivery for currently enrolled students and options for assisting students who have had their clinical experiences interrupted. Institutions must maintain documentation of required campus closures, temporary waiver of regulations, etc., received from state or other regulatory bodies governing the operation of the institution and/or program(s). ABHES remains open to a range of flexible and creative solutions that support current students enrolled in our accredited institutions and programs.

### **Accrediting Commission of Career Schools and Colleges**

COVID-19 Correspondence: <http://www.accsc.org/Resources/COVID-19-Resources.aspx>

Accrediting Commission of Career Schools and Colleges (ACCSC) remains open to a range of flexible and creative solutions that support students, schools, and public health and safety. At this time, ACCSC is asking that schools provide an update on substantive changes to how education is being delivered including the need for temporary distance education delivery, suspension of classes, disruption of clinical, practicum, or externship experiences, and extended absences for students. Alternatives for allied health programs may include, but are not limited to the following:

- Clinical Simulations if available (per programmatic accreditor's acceptance or recommendation)
- Rescheduling of the experience after the classes return to normal
- Options to move students to sites that are still available and willing to accept students, even with reduced procedures
- Description of plan to make up clinical experience or practicums as needed.

### **Accrediting Council for Continuing Education and Training**

COVID-19 Correspondence: <https://accet.org/news/accet-guidance-relative-to-coronavirus-threat>

The Accrediting Council for Continuing Education and Training (ACCET) provides [guidance](#) relative to the Coronavirus threat tailored to each type of ACCET-accredited institution including Vocational, Title IV Institutions, Avocational Institutions with Intensive English Programs, Vocational Non-Title IV Institutions and Avocational Institutions, except IEPS.

ACCET provides certain flexibilities for institutions that are working to help students complete the term in which they are currently enrolled and identifies options available to institutions so that they can continue to serve current students during the coronavirus threat. The ACCET guidance identifies the terms and conditions for exercising these options consistent with the

requirements of ACCET and, if applicable, the U.S. Department of Education and the Student Exchange Visitors Program (SEVP).

### **Accrediting Council for Independent Colleges and Schools**

COVID-19 Correspondence: <https://www.acics.org/news/coronavirus-covid-19-update>

The Accrediting Council for Independent Colleges and Schools (ACICS) requests that changes to already published calendars be communicated to ACICS at [info@acics.org](mailto:info@acics.org). Institutions seeking to temporarily change the modality by which academic instruction is delivered to finish a current term, via USDE guidance and flexibility, must notify ACICS prior to any changes. An [Application for Short-Term Change in Educational Delivery](#) must be completed and sent to [info@acics.org](mailto:info@acics.org) to address these circumstances.

If any change to educational modality exceeds the current term, quarter, or semester or involves students not previously enrolled, institutions must [submit an application](#) for Distance Education in the ACICS member portal. ACICS will work diligently to expedite the review, feedback, and/or approval of any DE applications. Appendix H of the [Accreditation Criteria](#) details the policies of the Council to guide institutions when designing, implementing, and evaluating forms of delivery for distance education.

### **American Bar Association, Council of the Section of Legal Education and Admissions to the Bar**

COVID-19 Correspondence: No academic-related information provided on website.

Related Articles:

<https://www.abajournal.com/web/article/Amid-coronavirus-worries-how-do-law-schools-move-online> <https://www.law.com/2020/03/12/aba-loosens-reins-on-online-legal-education-amid-coronavirus-spread/?slreturn=20200223183054>

### **American Board of Funeral Service Education, Committee on Accreditation**

COVID-19 Correspondence: <http://www.abfse.org/html/coronavirus.html>

COA offers the [policy considerations](#) for students whose graduation status would be negatively impacted by the requirement to participate in an on campus laboratory setting. Additionally, Pearson VUE has [suspended testing](#) and has temporarily closed U.S. testing centers.

### **American Dental Association, Commission on Dental Accreditation**

COVID-19 Correspondence: <https://www.ada.org/en/coda/accreditation/accreditation-news>  
[https://www.ada.org/~media/CODA/Files/covid19\\_statement\\_dentaleducationprograms.pdf?a=en](https://www.ada.org/~/media/CODA/Files/covid19_statement_dentaleducationprograms.pdf?a=en)

The Commission staff has been in consultation with the United States Department of Education (USDE) related to the impact on accredited dental and dental-related education programs and will continue to monitor the activities and guidance from the USDE and Centers for Disease Control and Prevention (CDC).

Prepared by IBHE Academic Affairs staff 3/26/20

The Commission has confirmed that it may allow educational programs to enhance or initiate use of distance education to address interruption of education. Educational programs should confer with licensure and other regulatory bodies to ensure that temporary use of distance education is permitted.

Temporary use of distance education must be reported immediately but will not require CODA approval. Programs are required to submit a report outlining the specific uses of distance education and methods by which the program will apply student identity verification in accordance with CODA's Policy on Distance Education.

Programs experiencing an interruption of education (didactic, preclinical, laboratory and/or clinical) must submit a Report of Program Change to the Commission in accordance with the Policy on Interruption of Education. Review [CODA Accreditation Standards](#) and the [Guidelines for Reporting Program Changes](#) on the Commission's website.

### **American Occupational Therapy Association, Accreditation Council for Occupational Therapy Education**

COVID-19 Correspondence:

[https://contentsharing.net/actions/email\\_web\\_version.cfm?ep=meYaBzu0RnsdhC7q46zmbKWgFLKfuWgdBc4w00tX8FsCkUI1F2Y43XjbmwCsTpTJbSHjDrRs4esTWwrZi-Ow24XBvCGQRR31vo7U\\_GrdrnxiEokrxaf1jaf11Egqjuvy](https://contentsharing.net/actions/email_web_version.cfm?ep=meYaBzu0RnsdhC7q46zmbKWgFLKfuWgdBc4w00tX8FsCkUI1F2Y43XjbmwCsTpTJbSHjDrRs4esTWwrZi-Ow24XBvCGQRR31vo7U_GrdrnxiEokrxaf1jaf11Egqjuvy)

The US Department of Education is providing broad approval to institutions to use distance education modalities (i.e., online technologies) to accommodate students on a temporary basis, without going through the regular approval process. The Accreditation Council for Occupational Therapy Education (ACOTE) is upholding the Department's recommendation. This flexibility only applies to a program during the Corona Virus Pandemic; a program that chooses to continue to use distance education after that point, must seek ACOTE approval. Please use the following as a guide:

**Didactic coursework:** Each institution must make its own decision to determine the best way to ensure continued education for its students, while keeping in mind all local, state, and federal regulations and recommendations. While it is imperative that programs maintain compliance with the ACOTE Standards, we realized many OT and OTA programs will transition to distance education modalities (i.e., online technologies) during this period of time. The US Department of Education is not requiring institutions to notify ACOTE of these temporary changes.

**Level I fieldwork:** the 2018 ACOTE Standard C.1.9 Level I Fieldwork provides a myriad of options to satisfy fieldwork level 1 requirements, such as simulation, standardized patients, etc.

**Level II Fieldwork:** Students who are already on level II fieldwork should follow the guidelines from their academic institution and the clinical site. Please note that waiving fieldwork hours is not acceptable due to state licensure requirements and therefore, may impact graduation



dates. ACOTE Standard A.5.3. Program Length does allow for some flexibility in the length of the program should an extension to the program length be required.

Doctoral Capstone: ACOTE Standard D.1.5 Require that the length of the doctoral capstone experience be a minimum of 14 weeks (560 hrs.) and no more than 20% of the 560 hours can be completed off site from the mentored practice setting(s). Approval from ACOTE® for programs providing reasonable accommodations, utilizing virtual meetings where needed, during the pandemic is not required.

### **American Optometric Association, Accreditation Council on Optometric Education (ACOE)**

COVID-19 Correspondence: <https://www.aoa.org/optometrists/for-educators/accreditation-council-on-optometric-education/advisory-information-from-acoe-re-covid-19>

As a US Department of Education (USDE) recognized accreditor, ACOE is able to allow programs to modify portions of their curriculum to allow courses typically taught in lectures/classrooms to be delivered through on-line learning as long as means exist for students to have substantive communications with faculty on a regular basis.

ACOE is requiring programs to submit a written update of substantive adjustments programs temporarily put in place to navigate this crisis, including moving to online instruction and modifications/cancellations/reductions in clinic rotations. This update must address plans to ensure program learning objectives and the program's mission, goals and objectives continue to be met for didactic courses, laboratories and clinical training.

Professional optometric degree programs should submit reports on modifications to their programs via email to ACOE at [accredit@aoa.org](mailto:accredit@aoa.org) along with their program's annual report, which will be due on May 1, 2020. Optometric residency programs and optometric technician programs will be advised at a later date regarding what information they may need to submit and when it should be submitted.

### **American Osteopathic Association, Commission on Osteopathic College Accreditation**

COVID-19 Correspondence: <https://osteopathic.org/accreditation/>

Following the Department of Education's letter, the Commission on Osteopathic College Accreditation (COCA) voted to approve distance learning until the end of the semester or quarter (current Title IV funding period). The Commission recognizes that individual COM leadership is in the best position to make accommodations for their student body and leaves the important decisions to individual COMs, while COMs continue to maintain their learning objectives as reasonably as can be achieved. Additionally, COMs need to communicate their contingency plans to the COCA staff with a report to the COCA at the end of the quarter/semester.

The COCA is providing the following suggestions to COMs seeking guidance for their students who may be in hospitals that are closed to students as non-essential personnel:



- Find alternate sites for their students to complete their rotations
- Offer online learning to their students
- Re-schedule student vacation time to accommodate switching rotation schedules
- Re-schedule some classes to the summer or fall so students can finish on time
- Offer teleconference options with clinical scenarios

COMs with students facing the limits of Standard 6.3 that are affected by interruptions to their education due to COVID-19 should extend those students time commensurate with the time missed due to the disruption. Documentation of the same may be required by the COCA in a future update. AACOM will continue to work closely with the COCA to address on-time graduation and other educational concerns.

Depending upon local conditions and responses that may already be in place, AACOM strongly supports a minimum two-week 'pause' of medical student participation in any activities that involve patient contact beginning March 17, 2020. Local conditions and resources may determine that a longer or shorter pause is indicated. During this 'pause', AACOM will continue to organize efforts by our medical education community, including our learners, to compile and disseminate information and resources for alternative clinical learning approaches, including the identification of critically important learner roles in their institutional response to COVID-19 that support patient care but may not necessarily involve direct patient contact.

### **American Physical Therapy Association, Commission on Accreditation in Physical Therapy Education**

COVID-19 Correspondence: <http://www.apta.org/Coronavirus/>

Commission on Accreditation in Physical Therapy (APTE) is providing broad approval to programs to use online technologies to accommodate students on a temporary basis, without going through CAPTE's regular substantive change process. Notification should be provided, following the guidelines in 9.13 of CAPTE's "Rules of Practice and Procedure," when the delivery of distance education courses is started, extended, and ends, if this mode of instruction has not been previously approved.

Reporting requirements for program changes are delineated in 9.4(d)(2) and 9.13 in CAPTE's "Rules of Practice and Procedure" ([www.capteonline.org/AccreditationHandbook](http://www.capteonline.org/AccreditationHandbook)).

Programs are expected to follow their rules and procedures for lab experiences, including testing. Where laboratory experiences involve the development of hands-on skills, CAPTE expects lab activities and testing to be face-to-face and that programs maintain the rigor of these courses and their components. If a campus has been closed, the program will need to reschedule laboratory components. If the curriculum contains lab experiences that are "extra" and not required of all students, such experiences could be suspended.

While watching skill videos might facilitate later lab activities, videos of students performing hands-on skills at home would **not** substitute for supervised laboratory practice, skill checks, or lab practicals.

Should changes in curriculum sequence be necessary, all required content still needs to be included. Programs are advised to consult institutional policies for how credit is aligned with contact hours and how students can progress related to such issues as giving incomplete grades, meeting graduation requirements, etc.

Reporting requirements for curricular changes are delineated in 9.4(d)(2) and 9.13 in CAPTE's "Rules of Practice and Procedure" ([www.capteonline.org/AccreditationHandbook](http://www.capteonline.org/AccreditationHandbook)). Elements 7A, 7B, 7C, and 7D in the "Standards and Requirement Elements" delineate curricular content (<http://www.capteonline.org/Faculty/AccreditedPrograms/>).

CAPTE expects programs to maintain compliance with the "Standards and Required Elements." Elements 6K (PT) and 6J (PTA) delineate CAPTE's expectations for clinical education experiences. In addition, Element 1C4 delineates expectations that all students reach entry-level by their final clinical education experience. Programs are expected to follow their own policies regarding the types and number of required clinical experiences, the number of hours/weeks required (except as noted in the next paragraph for the **last terminal** clinical education experience), making up missed clinical education time, etc. This includes completing clinical education hours/weeks beyond what is required in the "Standards and Required Elements," if this is a program requirement. Should clinical education experiences be unavailable or discontinued, programs will need to find ways for making up the clinical hours/weeks, which might involve delaying graduation. If curricular changes to clinical education courses are being made, CAPTE policy regarding the levels of change that would require reporting are delineated in 9.4(d)(2). ([www.capteonline.org/AccreditationHandbook](http://www.capteonline.org/AccreditationHandbook))

For students who have demonstrated entry-level competency and meet other program requirements related to clinical education, CAPTE will allow a maximum of two weeks or 80 hours to be waived from the students' **last terminal** clinical experience regardless of the length of the terminal experience. Program policies related to establishing entry-level performance are expected to be followed. Programs must continue to ensure that students demonstrate entry-level performance prior to graduation as cited in 1C4 of the "Standards and Required Elements." Because students might reach entry-level at different points, this could result in variations in the number of hours/weeks for the **last terminal** clinical education experience.

Alternate learning experiences; for example, simulations or written assignments, are not acceptable substitutions for clinical education.

There are a variety of scenarios resulting from COVID-19 that may lead to a delay in the normal program completion time for students, including students being ill or quarantined, difficulty finding appropriate clinical sites, and institutions temporarily closing. There are significant ethical and legal considerations around changes in students' learning experiences. Decisions

about requiring students to participate in specific clinical rotations and/or extending time to graduation are both programmatic and institutional. Programs are, therefore, encouraged to have all program changes reviewed by the institution's legal counsel.

### **CAPTE Rules and Procedures Related to Disasters**

Reporting requirements are delineated in 9.13 in CAPTE's "Rules of Practice and Procedure." Email notification within five business days is preferred.

### **American Podiatric Medical Association, Council on Podiatric Medical Education**

COVID-19 Correspondence:

<https://www.cpme.org/files/CPME/CPME%20and%20COVID19%20Guidance%20to%20Colleges.pdf>

<https://www.cpme.org/files/CPME/Guidance%20on%20COVID19%20-%20Residency%20and%20Fellowship%20Education.pdf>

<https://www.cpme.org/files/CPME/CPME%20Guidance%20on%20COVID-19%20for%20Providers%20of%20Continuing%20Education.pdf>

Colleges and clinical rotation sites must follow their institution's directives and make decisions that are best for them and their students. As alternatives to educational delivery are considered, it is important to be mindful of potential consequences for students in terms of finances and degree completion.

**Didactic Coursework:** Each college must make its own decisions about the best actions to take to ensure continued education for its students, while following all local, state, and federal regulations and recommendations. While it is imperative that colleges maintain compliance with the CPME Standards, CPME believes it is appropriate for podiatric medical colleges to use online, remote, or virtual technologies for delivery of coursework (even if those methods were not previously used by the college). CPME approval to use distance education temporarily will not be necessary.

**Clinical Rotations:** CPME acknowledges that flexibility with clinical rotations may be necessary to ensure the safety of students. This may include the need to temporarily suspend clinical rotations. College deans should make decisions concerning the continuation of clinical rotations, as appropriate, given the context of the local, state, and federal regulations and the recommendations provided by local public health agencies. CPME advises that in the interest of student safety, student direct contact of known or suspected cases of COVID-19 infection be avoided until better epidemiologic data are available. It will be helpful to review the school's required clinical encounters and develop alternate ways for students to continue to meet these requirements (e.g., paper cases, simulations, independent study).

CPME will be designing a reporting mechanism to understand the measures colleges took in the face of the virus. Ultimately, we anticipate that modifications to clinical education will be necessary for a short period of time, and that colleges can return to a "normal" status once the virus is no longer causing disruption. If modifications continue after the pandemic, a substantive change request must be submitted and approved.

As alternatives to educational delivery are considered, it is important to be mindful of potential consequences for students/residents/fellows in terms of finances, degree completion, certification, and licensure eligibility.

**Residency/Fellowship Education:** Residency and fellowship sites must follow their institution's directives and make decisions that are best for their trainees. CPME expects sponsoring institutions to provide residents and fellows with adequate training resources regarding the use of personal protective equipment and infection control protocols. Until better epidemiologic data are available, resident/fellow direct contact of known or suspected cases of COVID-19 infection should be avoided if possible, however any trainee who may provide care to patients with suspected cases of COVID-19 must do so under appropriate supervision.

Residents'/fellows' time away from required rotations, or the program, may affect their ability to complete a residency program on schedule. If a residency director anticipates issues with residents meeting their MAVs or completing required rotations within 36-months of training due to circumstances at their institution, please inform CPME so that we may monitor these and any other issues with the impact of COVID-19. We will be designing a reporting mechanism for the Residency Review Committee and Council to understand the measures programs took in the face of the virus. RRC will be looking at these issues/programs on a case by case basis. CPME will continue to provide updates as they become available.

**Student Externship Education:** CPME acknowledges that flexibility with clinical rotations may be necessary to ensure the safety of students. This may include the need to temporarily suspend clinical rotations. Program directors should follow the direction of individual college policies and/or their own institutional policies related to the continuation of student externship rotations with their program. CPME advises that in the interest of student safety, student direct contact of known or suspected cases of COVID-19 infection be avoided until better epidemiologic data are available.

### **American Psychological Association, Commission on Accreditation**

COVID-19 Correspondence: <https://irp-cdn.multiscreensite.com/a14f9462/files/uploaded/COVID-19%20message%20from%20APA%20Office%20of%20Program%20Consultation%20and%20Accreditation%5B1%5D.pdf>

The Commission on Accreditation (CoA) supports programs in their efforts to determine the best ways for students and trainees to successfully develop knowledge and competencies in accord with program requirements. Telesupervision, telepractice and distance education delivery are not prohibited, and CoA recognizes that expansion of these methods temporarily during this unprecedented time may be necessary. Requirements for the use of these three distance methods, when implemented as a regular educational delivery method are described in the CoA Implementing Regulations for the Standards of Accreditation. If in-person coursework or clinical practice experiences are disrupted, flexibility in the use of these distance practices as part of a program's plan to minimize COVID-19 exposure is appropriate.

Programs are advised to consider external regulatory requirements when making changes to their delivery structure during this time. It may be helpful to consult with other regulatory agencies including institutional accreditors and licensure agencies when modifying activities involving students and trainees and their delivery of services.

**American Speech-Language-Hearing Association, Council on Academic Accreditation in Audiology and Speech-Language Pathology**

COVID-19 Correspondence: <https://caa.asha.org/about/coronavirus-covid-19/>

The Council on Academic Accreditation supports the efforts of programs and institutions to determine the best alternatives for graduate students to complete their degree requirements (including academic courses and clinical hours) if the current conditions disrupt normal operations (e.g. university closures, clinical site restrictions, etc).

For those wondering how this might impact students' ability to meet certification requirements, the Council for Clinical Certification is providing the following specific guidance regarding the use of telepractice, telesupervision, and clinical simulation with graduate clinicians:

- SLP and Audiology programs are permitted to count clinical hours earned through telepractice as part of their required supervised clinical practicum hours, including those earned after 1/1/2020.
- SLP programs are allowed to use clinical simulation for up to 75 hours of clinical hours.
- Audiology programs are permitted to count up to 10% of a student's supervised clinical experience for ASHA certification through the use of clinical simulation.

Please note that external regulatory requirements beyond the CAA and CFCC should be considered as institutions engage in contingency planning. We also strongly encourage members to consult with their university, institutional accrediting agency, and state's regulatory/licensure guidelines as well as United States Department of Education policies.

COVID-19 Correspondence: <https://www.asha.org/Certification/COVID-19-Guidance-From-CFCC/>

The Council for Clinical Certification in Audiology and Speech-Language Pathology understands the COVID-19 pandemic is affecting the ability for clinical services to be provided on site and in person with clients and patients as required by the 2020 Audiology and Speech-Language Pathology Certification Standards. This situation extends to the ability for graduate student clinicians and Clinical Fellows to be physically present with clients/patients.

The CFCC understands these concerns and is continuously monitoring the situation and working with the CAA to identify options for CAA-accredited programs to help their graduate students to meet the minimum 400 clinical practicum hours in accordance with the standards. After careful consultation with the CAA, the CFCC is unable to reduce the number of clinical practicum hours since programs not only need to meet ASHA Certification standards but also those required by state or federal organizations, such as state licensing boards, the US Department of Education, and the Council for Higher Education Accreditation (CHEA). The CFCC

has jurisdiction over what is required for the purposes of ASHA certification; however, ASHA does not have jurisdiction over these external agencies/bodies.

Similarly, due to state licensing requirements that mirror ASHA certification standards, the minimum number of hours (1,260) and weeks (36) for Clinical Fellows will remain the same. The CFCC wants to provide clarification about several frequently asked questions and explain allowances that have been made for [graduate programs/graduate student clinicians](#) and [Clinical Fellows](#).

### **American Veterinary Medical Association, Council on Education**

COVID-19 Correspondence: <https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19> Information about animal health and welfare. No information provided on website about academics.

### **Association for Biblical Higher Education, Commission on Accreditation**

No academic-related information provided on website.

### **Association for Clinical Pastoral Education, Inc., Accreditation Commission**

COVID-19 Correspondence:

<https://www.acpe.edu/ACPE/News/Stories/2020/COVID19Preparedness.aspx>

The [Accreditation Commission](#) has developed the following guidelines and strategies to assist centers facing challenges related to COVID-19 and is empowering centers to work out the best plan for themselves as long as it fits within the accreditation requirements and standards, and the requirements of their sponsoring institution, if applicable.

- When developing a plan, be sure to consider the context of each program and the individual life circumstances of students.
- If students are quarantined or are unable to attend education and supervision sessions in person, consider using video conferencing as a short-term bridge.
- Students who have enrolled for a whole unit of CPE but have completed hours for a half unit can receive 0.5 credit if the program is not able to continue or if an individual student is not able to continue.
- Shift the balance of hours in the unit: As long as the total number of clinical hours does not fall below 250 hours for a whole unit or 155 hours for a half unit, the center can shift the remainder of the required hours to include more group supervision/education.
- If a student's clinical placement is impacted by quarantine, consider alternative placements such as: video encounters with patients or staff who are quarantined or working directly with staff to support them during this challenging time.
- If a unit is close to the end date, consider extending the end date so that students have additional time to complete the hours.

Whichever option the center chooses, the ACPE Certified Educator should document the process in their Accreditation Portfolio. Centers should direct any questions to their [assigned commissioner](#).

### **Association of Advanced Rabbinical and Talmudic Schools, Accreditation Commission**

No academic-related information provided.

### **Association of Institutions of Jewish Studies**

No academic-related information provided on website.

### **Association of Schools of Theatre, Commission on Accreditation**

COVID-19 Correspondence: <https://nast.arts-accredit.org/about/current-notice/>

NAST standards and procedures offer the wide latitude necessary for work in a creative field. The standards are frameworks that address functions and their fulfillment, ordinarily leaving methods and means to institutional discretion. Such latitude supports institutional development and use of new or different means during difficult times, or at any time. Given these flexibilities, the Association does not need to change its standards to deal with emergencies.

### **Association of Specialized and Professional Accreditors**

COVID-19 Correspondence: Information below is from ASPA Executive Director

Clinical / practical experiences:

- ASPA accreditors are working with programs on a case by case basis and encouraging them to come up with their own innovative solutions
- Accreditors are being as flexible as possible within parameters – state law may require a certain number of clinical hours for licensure/certification and some accreditors (depending on the profession) may be prescriptive for hours as well – so waiving hours is not really an option (public protection principle)
  - Some workarounds: extending time to completion, evening and weekend hours, allowing for temporary exceeding of prescribed capacity (e.g. allowing 3 students to be at a clinical site instead of the prescribed 2)
- Distance education is fine for most didactic coursework, not so much for supervised clinical practice
  - Some workarounds: alternate supervised experiences (i.e. simulation, case studies and/or role play), interactive computer exercises

Site visits: members are either re-scheduling or looking at virtual site visit options – ASPA is awaiting guidance from ED on this.

Other accreditation activities: extension of deadlines to submit first-time and renewal Self Study Reports, Annual Reports and Annual Fees.

### **Association to Advance Collegiate Schools of Business International**

COVID-19 Correspondence: <https://www.aacsb.edu/covid-19>

No academic-related information on website.

Prepared by IBHE Academic Affairs staff 3/26/20



## **Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)**

COVID-19 Correspondence: [https://www.cahiim.org/event-detail/2020/03/13/default-calendar/cahiim-response-and-update-on-the-coronavirus-\(covid-19\)](https://www.cahiim.org/event-detail/2020/03/13/default-calendar/cahiim-response-and-update-on-the-coronavirus-(covid-19))

CAHIIM-Accredited programs must always default to institutional policy regarding actions to be taken for faculty and students.

Changes that programs undergo under these types of situations (earthquakes, floods, tornadoes, or illnesses that threaten/risk the health and safety of staff, students or faculty) are the only considerations for "exceptions" as they are not under the control of the program or the institution. Therefore, there are short term coping strategies that should not lead to permanent changes that may affect institutional compliance with the Accreditation Standards thus leading to a substantive change that needs to be reported or requiring prior approval from CAHIIM. However, CAHIIM will be reaching out to accredited programs to gather information about best practices during this time to share with all academic programs. Further, CAHIIM is requesting programs to develop and maintain a transparent communication plan to students.

While we understand that some professional practice experiences will not continue as originally planned, there is at this time, no blanket waiver of the expectations related to the Professional Practice Experience (PPE). Students will still be required to complete a PPE. We expect programs to work with students and practice sites to ensure conditions outlined in Standard 23 are met. However, CAHIIM understands that PPE sites may not host students during periods of high risk. Therefore, we encourage academic programs to be innovative. Some suggestions include, but are not limited to:

- Students may be placed on virtual PPE experiences; and/or,
- Students may complete virtual PPE projects, either created by the PPE site and monitored/assessed by program faculty, or created by the program faculty and monitored/assessed by the PPE site.

## **Commission on Accreditation of Allied Health Education Programs (CAAHEP)**

COVID-19 Correspondence: <https://www.caahep.org/About-CAAHEP/COVID-19-Information.aspx>

As individual institutions make decisions on how they plan to conduct classes and assist students with meeting internship and clinical rotation requirements, CAAHEP and its Committees on Accreditation (CoAs) are working with and supporting programs and students affected by these necessary changes.

Programs should be sure to maintain documentation of all modifications made to the program as a result of COVID-19. This may include modifications to delivery of didactic and laboratory content, as well as changes or modifications to clinical or internship experiences. In addition, programs should maintain appropriate documentation for each affected student, including modifications made to the academic plan.

Many Committees on Accreditation (CoAs) have additional guidance and reporting requirements, and have made determinations regarding site visits and other program evaluations. Follow the [link to the CoA website](#) for each profession that has a statement available to be aware of any requirements affecting accredited programs.

### **Commission on Accrediting of the Association of Theological Schools**

COVID-19 Correspondence: <https://www.ats.edu/ats-events-and-coronavirus-resources>;  
<https://www.ats.edu/uploads/resources/accrediting-letter.pdf>

The Officers Committee of the ATS Board of Commissioners affirm that, throughout this public health emergency, schools may use online or other technologies to accommodate students on a temporary basis, waiving any applicable residential degree program requirements and waiving the need for comprehensive distance education approval for any schools without it. Online technologies may include emails, phone calls, or videoconferencing, provided the school makes a good faith effort to maintain regular and substantive interaction.

The Board is not requiring any sort of petition or formal approval process for this semester, however, schools should notify their Commissions staff liaisons about any substantive changes they are making to their educational delivery this spring.

### **Commission on English Language Program Accreditation**

COVID-19 Correspondence: <https://cea-accredit.org/about-cea/news/cea-statement-on-covid-19>

CEA's existing policies allow sites flexibility in delivery of classes or operations within limited timeframes. CEA's eligibility requirements include a requirement that a site must offer the program at least 8 months of the year; thus, an accredited site can take a break of no longer than 4 months without endangering eligibility. Institutions must notify CEA in writing of the temporary change. Include School Name and Site ID (<https://cea-accredit.org/accredited-sites>) in the subject line, and a brief statement of any temporary changes to operations in response to COVID-19 by email to [compliance@cea-accredit.org](mailto:compliance@cea-accredit.org). In certain cases, CEA's policies allow for the executive director to approve a hiatus of operations due to extenuating circumstances. To obtain review of a prospective hiatus, contact CEA's executive director in writing.

Keep the following in mind if moving to online or distance delivery of courses:

- The US Department of Education has issued broad permission for schools to use online technologies to accommodate students on a temporary basis and allowing accreditors to waive their distance education review requirements for institutions "working to accommodate students whose enrollment is otherwise interrupted as a result of COVID-19". CEA's scope of accreditation does not include distance education, but the broad permission granted by the USDE in this case allows sites accredited by CEA to deliver classes online on a temporary basis.
- CEA does not require schools to be certified by SEVP, although most of our US-based schools are SEVP-certified and CEA standards require all sites to be in compliance with state, local and federal regulations as well as institutional policies, if applicable

(Administrative and Fiscal Capacity Standard 8). SEVP regulations prohibit student on F visas for English language training to meet their full course of study requirements via online courses.

- SEVP issued a [broadcast message](#) which allows for certain flexibilities, including temporary closures or online course delivery, at this time. SEVP requires sites to report certain operational changes to SEVP within 10 days. Any CEA site which files such a request with SEVP must send a copy of the message sent to SEVP to CEA at [compliance@cea-accredit.org](mailto:compliance@cea-accredit.org), noting the School Name and Site ID based on CEA policies and procedures and guidance from federal agencies, beyond the required notifications above. CEA is not requiring substantive change reporting regarding temporary changes to operations at this time. However, accredited sites must continue to notify CEA of substantive changes that are not temporary in nature or related to COVID-19.

### Commission on Massage Therapy Accreditation

No information provided on website.

### Committee on Accreditation for the EMS Professions

COVID-19 Correspondence: <https://coaemsp.org/>

CoAEMSP will work with paramedic educational programs to help them navigate issues that impact their students. There is flexibility in didactic courses, but not clinical or capstone field internships. Factors to consider in the clinical or capstone field internship phase that may impact the students' graduation date include but are not limited to:

- increasing the use of simulation; however, capstone field internship team leads **cannot** be accomplished with simulation
- meeting with the Program Medical Director to discuss options for continued learning
- extending the students' learning
- following local public health authority
- following program and institution protocols
- implementing the academic continuity plan for the institution
- utilizing other clinical or capstone field internship affiliations that are accepting students
- meeting institutional requirements for potentially extended graduation for all students

If suspended from clinical and capstone field internship sites, and no other sites are available, then follow the program's action plan for students who do not meet the program's established minimums for patient contacts/skills. It will be important to document that if the institution is closed, skills labs and simulations will not be available.

Programs are encouraged to move forward using temporary, commonsense approaches without CoAEMSP guidance or approval. If graduation dates are delayed, be prepared to provide the CoAEMSP with evidence demonstrating which sites and students were directly impacted and the length of the disruption.

## Commission on Collegiate Nursing Education

COVID-19 Correspondence: <https://www.aacnursing.org/News-Information/COVID-19/AACN-Recommendations>

American Association of Colleges of Nursing (AACN) has developed some [recommendations](#) for our member schools to consider as they move ahead with their plans to address the COVID-19 outbreak in their local communities and campuses. The recommendations linked below relate to didactic and clinical education, student travel, alternate teaching approaches, and additional resources for faculty and students.

*Nonclinical courses:* Each school of nursing will make its own decisions in this area, following institutional policies and local public health agencies' recommendations.

*Clinical placements and patient interactions:* In the interest of student safety, it is advisable to limit student direct care of known or suspected cases of COVID-19 infection until better epidemiologic data are available. We suggest that for now, other than limiting direct care of COVID-19 patients, clinical students continue their roles as part of the care team. In anticipation of future restrictions on student attendance at clinical, public health, and community placements, Schools of Nursing are encouraged to develop contingency plans. These plans may include the expanded use of simulation and virtual reality, the use of online resources for teaching clinical care, and online group chat features, which facilitate the attainment of program outcomes.

*Educational experiences* requiring faculty and/or student travel, such as study abroad programs, medical and nursing mission trips, and online nursing programs with 'on-site' immersion experiences: Schools of Nursing should follow the CDC and the Department of State travel advisories for all international travel and may need to consider postponing domestic travel on an event-by-event basis as the outbreak spreads.

*Teaching:* Each School of Nursing should review the infection control and prevention content contained within its curriculum and consider expanding the amount of content covered and the frequency with which it is offered. Infection control and prevention content can be easily 'threaded' through multiple courses and programs or offered as "just-in-time" training. This information is critical to helping to keep nurses and nursing students safe. At a minimum, topics to cover should include:

- *Surveillance and Detection*
- *Isolation, Quarantine, and Containment*
- *Standard, Contact, and Airborne Precautions*
- *Proper Handwashing, Cough, and Respiratory Etiquette*
- *Selection and Appropriate Use of Personal Protective Equipment (PPE)*

## Council for the Accreditation of Educator Preparation

COVID-19 Correspondence: <http://www.ncate.org/about/caep-update-on-covid-19>

CAEP staff understand that accreditation can never be a one size fits all process and, as events unfold, processes will be tailored to meet the needs of volunteers and providers. The Council understands that each provider is unique and must make decisions based on what's best for their students and faculty. CAEP is monitoring the current coronavirus (COVID-19) outbreak and will adjust based on the facts as they become available.

### **Council on Accreditation of Nurse Anesthesia Educational Programs**

COVID-19 Correspondence: <https://www.coacna.org/coa-statement-regarding-coronavirus-disease-2019-covid-19/>

At this time the Council on Accreditation (COA) has made no changes to the accreditation requirements. However, as measures to control the spread of COVID-19 are continually evolving, the COA will make informed decisions and programs will be notified if there are changes to accreditation requirements as a result of these measures. The COA supports actions being taken to ensure the health, safety and security of nurse anesthesia students, faculty, patients and other stakeholders.

### **The Council on Chiropractic Education**

No academic-related information provided on website.

### **Council on Education for Public Health**

COVID-19 Correspondence: <https://ceph.org/covid19/>

Maximum flexibility and creative solutions should be applied particularly with students who are due to graduate in spring 2020 and have completed at least some portion of their planned APE. For students on track to graduate in spring 2020, and who have completed at least some portion of their planned APE, the Council on Education for Public Health (CEPH) supports a modification of program policies to allow completion of products under the supervision of a faculty member rather than a community preceptor.

We encourage schools and programs to be as flexible as possible and to work with all students to ensure that they can graduate in a timely fashion despite disruptions. In all cases, flexibility may include the following:

- units may modify a student's plan to address different competencies than originally intended
- students may complete different activities/experiences/work products than originally intended
- students may complete products for more than one unrelated site
- students who are not graduating in the spring may complete the project in a future semester/quarter
- faculty may assess students' draft work products to allow completion of the experience without the products undergoing a review by the practice partner
- units may modify the required contact hours for the experience (Note: CEPH criteria specify no contact hour requirements for applied practice experiences)

- units can waive completion of required paperwork (e.g., preceptor evaluations, journals, contact hour logs) beyond the two work products required in the criteria
- students may complete their practice experience, and associated products, in their place of employment

As we learn more information over the next two weeks, CEPH will issue guidance about allowable APE modifications beyond the spring 2020 semester. In all cases, we urge maximum flexibility for students, particularly in cases that impact an on-time graduation.

This situation will likely require an individualized approach for each program, student and/or practice partner. CEPH continues to believe in the value of completing cumulative/experiential activities, and while we understand that most internship experiences cannot continue as originally planned, at this time, there is not a waiver of the expectations related to this criterion.

*It is important to note that students at the bachelor's level (in an SPH, PHP, or SBP) are not required to complete an internship in order to satisfy the cumulative/experiential activities criterion. Other options noted in the criterion include portfolio projects, research papers, and honors theses. CEPH supports flexible approaches at this time, allowing institutions to temporarily modify policies to accommodate current circumstances.*

A substantive change notice is not required for changing letter grading to pass/fail.

#### **Council on Naturopathic Medical Education**

No academic-related information provided on the website.

#### **Council on Occupational Education**

COVID-19 Correspondence: <https://council.org/news/guidance-for-the-interruption-of-instruction-due-to-covid-19/>

Institutions that cease campus-based operations should email to [cindy.sheldon@council.org](mailto:cindy.sheldon@council.org) that summarizes operational changes resulting from campus closures. Include institution's full name and COE ID number in the subject line of the email. Council approval is not required for these changes. Email notification updates if additional changes are made.

The Council may provide institutions with temporary approval of distance education instruction upon submission of a brief application. Upon request, Dr. Alex Wittig ([alex.wittig@council.org](mailto:alex.wittig@council.org)) will email guidance on applying for this approval and the application required. Marcia Cox will process requests for temporary distance education approval. To apply for temporary distance education approval, email [marcia.cox@council.org](mailto:marcia.cox@council.org). It is critical that institutions confirm with all applicable state authorizing agencies if distance education instruction is allowable under their regulations.

#### **Council on Social Work Education**

COVID-19 Correspondence: <https://www.cswe.org/News/News/CSWE-Responding-to-Coronavirus>

Current Commission on Accreditation (COA) interpretation of **Accreditation Standard 2.2.4** allows “in-person” contact to be accomplished through digital technologies.

The required 400 hours of field experience for baccalaureate programs and the minimum of 900 hours for master’s programs in **Accreditation Standard 2.2.5** cannot be waived since they are related to licensing requirements in many states.

Field education programs must ensure demonstration of social work competencies is through in-person contact, which refers to interpersonal interactions with clients and constituencies, and may include the use of digital technologies (AS 2.2.4, [2015 EPAS Interpretation Guide](#)).

The EPAS allows for technology-based social work practice (think telehealth, telework, phone contact with colleagues, clients, and constituents, etc.). Field agencies may work with students to allow/support telework.

Simulated practice situations may supplement the student’s education, but not replace required field experience hours (AS 2.2.5, [2015 EPAS Interpretation Guide](#)). [Visit this page for full details and current guidance.](#)

#### **Distance Education Accrediting Commission**

No academic-related information provided on website.

#### **Higher Learning Commission**

COVID-19 Response: <https://www.hlcommission.org/General/coronavirus-updates.html>

HLC will be as flexible as possible within the U.S. Department of Education’s expectations. If an institution needs to adjust its business operations in substantial ways (for example, reducing or suspending face-to-face class sessions), an institution should [notify HLC](#) of the adjustment, including the steps it takes to ensure quality and continuity in its instructional activity.

HLC will temporarily waive its distance education review requirements for institutions that indicate they are accommodating students whose enrollment is interrupted as a result of the coronavirus outbreak. The institution’s current HLC stipulations regarding distance education is available on the Institutional Status and Requirements Report. [Request this report here.](#)

If an institution determines that it has the need and capacity to offer some or all of its educational offerings in a distance education format that is beyond the scope of its current distance education stipulation, HLC has created an expedited, no-fee process so that institutions can [request a temporary waiver](#) of normal HLC requirements for approving distance education.

#### **International Fire Service Accreditation Congress**

COVID-19 Correspondence: <https://ifsac.org/32-for-the-public/79-covid-19-pandemic-message> No academic-related information listed on website.



### **Joint Review Committee on Education in Radiologic Technology**

COVID-19 Correspondence: <https://www.jrcert.org/m.blog/1029/jrcert-coronavirus-update>

The JRCERT urge programs to continue to follow, or modify their contingency plans, if necessary, to meet the needs of the students, faculty and staff, and sponsoring institutions.

### **Liaison Committee on Medical Education**

COVID-19 Correspondence: <https://lcme.org/covid-19/>

The Association of American Medical Colleges (AAMC) and the Liaison Committee on Medical Education (LCME) strongly supports our member medical schools in placing, at minimum, a two-week suspension on their medical students' participation in any activities that involve patient contact.

Depending on local situations, individual schools may determine that a longer suspension is indicated. The AAMC understands that the nature of this pandemic is changing quickly, and that medical centers will continue to adapt as circumstances change. This recommendation is not intended to take precedence over an academic medical center's independent judgment of the immediate needs of its patients and preparation of its students.

During this two-week period, the AAMC will organize efforts by our medical education community, including our learners, to compile and disseminate information and resources for alternative clinical learning approaches, including the identification of critically important learner roles in the institutional response to COVID-19 that support patient care but may not necessarily involve direct patient contact.

We appreciate that this interruption and reorganization in student education raises concerns for students about timely graduation. The LCME Secretariat should be contacted regarding any significant changes in the structure, timing, duration, and/or location of the medical education program.

The United States Medical Licensing Examination is temporarily suspending clinical skills testing. More information can be found on their website: <https://www.usmle.org/>.

### **Middle States Commission on Higher Education**

COVID-19 Correspondence: <https://www.msche.org/covid-19/>

To support institutions and to align with the USDE Guidance, the Commission will temporarily waive the substantive change requirements for distance education and contractual agreements put in place in response to the coronavirus. MSCHE needs updated information from institutions related to any temporary distance education operations, temporary agreements with other institutions, as well as any impact on the academic calendar. By April 1, 2020, and continuing thereafter, a formal written notice regarding distance education, temporary

agreements with other institutions, academic calendar, or temporary sites for instruction if the approach changes.

Formal written notice about the status of institutional changes adopted based on the USDE Guidance and the MSCHE waivers should be emailed as a .pdf, signed by the CEO or ALO, and addressed to the institution's MSCHE Vice President liaison.

The Commission's standards for accreditation and requirements of affiliation require adherence to the USDE Guidance. Institutions with unique circumstance not addressed in the guidance are encouraged to contact USDE to determine what, if any, alternative options may be available. Report additional direction provided by the USDE to MSCHE.

### **Midwifery Education Accreditation Council**

COVID-19 Correspondence: <http://meacschools.org/covid/> Website lists educational information. No academic-related information listed on website.

### **National Accrediting Commission of Career Arts and Sciences, Inc.**

COVID-19 Correspondence:

[https://naccasgo.sharepoint.com/sites/NACCASWeb/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FNACCASWeb%2FShared%20Documents%2FWebsite%20Public%20Documents%2FHome%2FeBlast%20Highlights%2FMarch%202020%2FNACCAS%20Update%20on%20Temporary%20Distance%20Education%20%2D%20March%2020%2C%202020%2Epdf&parent=%2Fsites%2FNACCASWeb%2FShared%20Documents%2FWebsite%20Public%20Documents%2FHome%2FeBlast%20Highlights%2FMarch%202020&p=true&originalPath=aHR0cHM6Ly9uYWNjYXNuZ28uc2hhcmVwb2ludC5jb20vOmI6L3MvTkFDQ0FTV2ViL0VjOFpMYVBzWFhOSms5c1VpaE85Vy1ZQjhsTzFPVHJqT3JTdzR0UINPX3h1TUE\\_cnRpbWU9cllrUV9nN04xMGc](https://naccasgo.sharepoint.com/sites/NACCASWeb/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FNACCASWeb%2FShared%20Documents%2FWebsite%20Public%20Documents%2FHome%2FeBlast%20Highlights%2FMarch%202020%2FNACCAS%20Update%20on%20Temporary%20Distance%20Education%20%2D%20March%2020%2C%202020%2Epdf&parent=%2Fsites%2FNACCASWeb%2FShared%20Documents%2FWebsite%20Public%20Documents%2FHome%2FeBlast%20Highlights%2FMarch%202020&p=true&originalPath=aHR0cHM6Ly9uYWNjYXNuZ28uc2hhcmVwb2ludC5jb20vOmI6L3MvTkFDQ0FTV2ViL0VjOFpMYVBzWFhOSms5c1VpaE85Vy1ZQjhsTzFPVHJqT3JTdzR0UINPX3h1TUE_cnRpbWU9cllrUV9nN04xMGc)

The NACCAS Board of Commissioners, in accordance with Sections 10.6 and 10.7 of the Rules, is prepared to provide temporary authorization to affected institutions to use distance education for those students whose training would be otherwise interrupted by the outbreak. Specifically, that authorization would permit the institution to use distance education to continue the education of students currently in attendance in the following scenarios:

- Scenario #1: The institution has temporarily ceased on-site operations in response to the requirements or recommendations of Local, State or Federal authorities with respect to the Coronavirus outbreak. Such authorization will extend only to students who have previously begun their training. The institution may not enroll new students during such period nor should any student previously enrolled be permitted to begin training.
- Scenario #2: Individual students attending the institution have been quarantined due to Coronavirus and are unable to attend class on-site in accordance with a physician's orders. In such case, medical documentation must be maintained in the students' record.

Authorization must be obtained from NACCAS by the institution before it may offer instruction via distance education (or to offer such instruction beyond the extent to which it has previously

approved by NACCAS to offer distance education). The institution may use the Application for [Temporary Approval of Distance Education](#) to submit its request to NACCAS. The application may be uploaded electronically via the User Portal of the NACCAS website.

It is highly recommended that institutions that are considering using distance education in response to a Coronavirus outbreak contact their State regulatory agency immediately to obtain any necessary approvals in order to expedite the NACCAS approval process.

#### **National Architectural Accreditation Board**

COVID-19 Correspondence: <https://www.naab.org/naab-response-to-covid-19/>

The NAAB is closely monitoring the threat of the COVID-19 virus and the potential implications on architecture programs. The NAAB supports programs instituting alternate methods for program delivery. Programs should follow their institution's directives and make decisions that are best for them. Any alternate program delivery methods enacted for this special circumstance will not require substantive change permissions or negatively impact accreditation or NAAB International Certification requirements. It is the prerogative of each program to provide accommodations for its students in extenuating circumstances, and the NAAB will support these accommodations as directed by their institutions.

#### **National Association of Schools of Art and Design, Commission on Accreditation**

COVID-19 Correspondence: <https://nasad.arts-accredit.org/about/current-notice/covid-19-and-related-issues/>

NASAD standards and procedures offer the wide latitude necessary for work in creative fields. The standards are frameworks that address functions and their fulfillment, ordinarily leaving methods and means to institutional discretion. Such latitude supports institutional development and use of new or different means during difficult times, or at any time. Given these flexibilities, the Association does not need to change its standards to deal with emergencies.

#### **National Association of Schools of Dance, Commission on Accreditation**

COVID-19 Correspondence: <https://nasd.arts-accredit.org/about/current-notice/covid-19-and-related-issues/>

NASD standards and procedures offer the wide latitude necessary for work in a creative field. The standards are frameworks that address functions and their fulfillment, ordinarily leaving methods and means to institutional discretion. Such latitude supports institutional development and use of new or different means during difficult times, or at any time. Given these flexibilities, the Association does not need to change its standards to deal with emergencies.

### **National Association of Schools of Music, Commission on Accreditation**

COVID-19 Correspondence: <https://nasm.arts-accredit.org/about/current-notice/covid-19-and-related-issues/>

NASM standards and procedures offer the wide latitude necessary for work in a creative field. The standards are frameworks that address functions and their fulfillment, ordinarily leaving methods and means to institutional discretion. Such latitude supports institutional development and use of new or different means during difficult times, or at any time. Given these flexibilities, the Association does not need to change its standards to deal with emergencies.

### **National Association of Schools of Public Affairs and Administration**

COVID-19 Correspondence: <https://www.naspaa.org/naspaa-policies-regarding-covid19>

COPRA understands the evolving nature of university responses to the pandemic and acknowledges that in response to the public health crisis most programs are imminently moving to distance learning and managing large-scale changes to course delivery and faculty and student engagement. We are supportive of moves that place student and faculty health and safety at the forefront. The Standards are designed to be flexible to accommodate varying contexts, missions, and changing situations like this one.

In the context of current and anticipated academic disruptions, COPRA highlights several Standards (below) that are immediately linked to the evolving situation. While COPRA has only highlighted some of the NASPAA Standards, it recognizes that university responses to COVID-19 will be varied, student-centric, and will impact programs across all aspects of delivery. This is a unique circumstance and COPRA is mindful of this, anticipating that these impacts will be focused on the short- and medium-terms and that programs will be able to adapt strategically while ensuring conformance to the Standards and student success in the long term.

**Standard 2.1 Administrative Capacity: The program will have an administrative infrastructure appropriate for its mission, goals and objectives in all delivery modalities employed.**

**Standard 2.2 Faculty Governance: An adequate faculty nucleus—at least five (5) full-time faculty members or their equivalent—will exercise substantial determining influence for the Self-Study Instructions – governance and implementation of the program.**

COPRA recognizes that many, if not most, decisions regarding responses to COVID-19 will be made by the university. As decisions are implemented at the program level, the Commission emphasizes that the governance arrangement, including administrative leadership, should ensure the ongoing integrity of the program. Because program nucleus faculty members have deep knowledge of their program and a commitment to participatory processes, they also should play a significant role in the governance and execution of the program.

**Standard 4.3 - Support for Students: The program will ensure the availability of support services, such as curriculum advising, internship placement and supervision, career**

**counseling, and job placement assistance to enable students to progress in careers in public service.**

Programs should maintain transparent and accessible support for students, especially as there are changes to program delivery and course expectations. These changes may necessitate additional or new support services be available to students to help navigate any academic disruptions, and programs should consider how to ensure the necessary resources and guidance are available to students. Programs should continue to provide services that help students achieve their educational, internship and career objectives.

**Standard 7.1 - Communications: The program will provide appropriate and current information about its mission, policies, practices, and accomplishments—including student learning outcomes--sufficient to inform decisions by its stakeholders such as prospective and current students; faculty; employers of current students and graduates; university administrators; alumni; and accrediting agencies.**

When communicating with stakeholders, programs should be transparent, accountable, and truthful, and this is especially important during a rapidly evolving public health outbreak. Programs should be sure to exemplify the public service value of transparency in programmatic actions.

### **New England Commission of Higher Education**

COVID-19 Correspondence: <https://www.neche.org/covid-19-update/>

NECHE is referring institutions to the Office of Postsecondary Education, Department of Higher Education's newly established website, [www.ed.gov/coronavirus](http://www.ed.gov/coronavirus), which provides guidance on a number of topics including approval to offer distance education, length of academic year, and accommodating students whose enrollment is disrupted by Coronavirus .

We recognize that institutions are making changes in the academic calendar and modes of delivery in light of the Commission's *Standards* and policies and federal guidance while ensuring the best possible academic experience possible in these circumstances. We appreciate hearing from institutions about these accommodations.

### **New York State Board of Regents, and the Commissioner of Education**

COVID-19 Correspondence:

<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/coronavirus.html>

Institutions that wish to offer current courses/programs online that are not currently registered with NYSED in the distance education format are granted temporary approval for the Spring 2020 academic term. Extension of this time frame will be monitored depending on the emergency time frame.

Institutions may consider the following:

Prepared by IBHE Academic Affairs staff 3/26/20

- Exceptions to their published policies on granting course extensions/incompletes and extend the deadline for incompletes to be resolved but should be mindful of possible impact on student financial aid eligibility.
- Flexibility regarding withdrawal and refund policies but should be mindful of possible impact on student financial aid eligibility.
- Options for substitution of credit bearing courses for credit-bearing experiential programs (i.e., study-abroad programs).
- Assisting students in finding comparable courses at other institutions where necessary and practicable and may allow exceptions to their published policies on transfer credit and residency requirements.

Programs and support services provided to all students should continue to meet program registration standards, while also noting the flexibility and provisions offered herein.

Professional licensure or certification clinical experience courses must meet regulatory requirements. If present emergency circumstances create challenges associated with meeting clinical experience requirements, institutions should contact NYSED concerning appropriate alternatives to meet requirements, such as clinical simulation options.

If the State or local government in NYS temporarily closes an institution due to a disaster (including an epidemic), section 52.2(c)(4) of the Regulations of the Commissioner of Education provides regulatory relief concerning the granting of a semester hour of credit for fewer hours of instruction. The regulations and application form can be found [here](#). Institutions should consult with their accrediting agencies for additional guidance.

### **Northwest Commission on Colleges and Universities**

COVID-19 Correspondence: <https://www.nwccu.org/home/covid-19/>

In line with the guidance from the US Department of Education, we request that members inform NWCCU if their institution will be switching from on-campus classes (traditional undergraduate, Adult Evening, and graduate) to online teaching, and the effective date. If on-campus classes will cease before the end of the term, please provide us information on how students will meet their learning outcomes or competencies and knowledge requirements. Additionally, provide the projected date for resumption of on-campus classes, if circumstances allow. Students must receive instructions from each of their course instructors about how they will conduct classes, including achievement of learning outcomes or competencies. Institutions must ensure the Registrar will support the work of faculty, record grades, and issue appropriate credentials per their institutional catalog.

### **Society of American Foresters**

COVID-19 Correspondence: No information on academic [https://www.eforester.org/Main/SAF\\_News/2020/Message\\_from\\_CEO\\_\\_COVID-19.aspx?WebsiteKey=0605da36-47de-48f7-b626-a9e9d693e2ad](https://www.eforester.org/Main/SAF_News/2020/Message_from_CEO__COVID-19.aspx?WebsiteKey=0605da36-47de-48f7-b626-a9e9d693e2ad) Information about certification. No academic-related information provided on website.

## **Southern Association of Colleges and Schools, Commission on Colleges**

COVID-19 Correspondence: <https://sacscoc.org/news-and-events/coronavirus-and-sacscoc/>

Any changes to already published academic calendars should be communicated to SACSCOC. The USDE has issued instructions to institutions that provide flexibility in temporarily moving instruction from on-campus to on-line delivery due to the virus. Any institution that is not approved to offer 50% or more of any approved program by distance learning (i.e., online), must request an exception to the policy and a notification of temporary emergency relocation of instruction.

For those not able to complete the current semester/quarter, it is expected that institutions will make the necessary adjustments to the academic credit granted for work already completed, e.g. "I" grades, completing the semester's work during summer, etc. All decisions must conform with institutional policies. Full course credit when the course was not completed would demonstrate noncompliance with Standard 9.2 (Program Length), Standard 10.7 (Credit Hour), and Standard 1.1 (Integrity) of the Principles of Accreditation.

## **Transnational Association of Christian Colleges and Schools, Accreditation Commission**

COVID-19 Correspondence: <https://tracs.org/1966-2/>

Please report changes to extend spring break or adjustments to academic calendars to [info@tracs.org](mailto:info@tracs.org)

The US Department of Education (ED) has given a measure of flexibility to accrediting agencies and the institution's holding membership with those agencies regarding Distance Education. All TRACS institutions offering courses and/or programs via Distance Education (as defined by TRACS and the U.S. Department of Education) are permitted by TRACS to offer such Distance Education courses / programs prior to implementation. The approval process for the addition of Distance Education to an institution's scope of approval by TRACS remains in place and is described in TRACS policies BP226 and BP229.

Understanding that some institutions may be required to complete courses for the Spring semester / term via means other than in-class, on-campus, and/or face-to-face interactions, TRACS provides the following guidance:

- Institutions already approved by TRACS to offer courses / programs via Distance Education are permitted to apply this course delivery method to any and all courses and programs offered by the institution. This blanket provision will remain in place until further notice.
- Institutions that are NOT already approved to offer courses / programs via Distance Education are NOT granted approval automatically by the directives of the ED, but instead are encouraged to develop alternative methods of course delivery and student interaction (correspondence education, email exchanges, teleconferences, directed studies, independents studies, etc.) as a means for the completion of Spring 2020 coursework.



- This is an accommodation for currently enrolled students, and it is not an opportunity to enroll new students outside of the current term.

For institutions approved by SEVIS to issue the I-20 and other related approvals for international students and families, the requirement of on-ground classes is waived due to these extreme circumstances; however, international students must be provided the resources they need to continue their studies. Direct any questions concerning international students through the SEVIS Portal.

### **WASC Accrediting Commission for Community and Junior Colleges**

COVID-19 Correspondence: <https://accjc.org/covid-19/>

Per the Department of Education guidelines, ACCJC will help facilitate any changes to accommodate cancellations and closures with expanded online or correspondence classes this semester.

All member institutions that expand Distance Education offerings in response to the COVID-19 outbreak must notify ACCJC of this transition no later than May 8, 2020. This notification requirement applies to all institutions, regardless of whether or not they have previously been approved to offer Distance Education courses and programs by ACCJC.

Institutions who have not previously received a substantive change approval from ACCJC to offer distance education must also document how regular and effective interaction between instructors and students will be demonstrated. ACCJC will accept an email list of courses converted to distance education or correspondence education as adequate notification. Accreditation Liaison Officers should send their institution's notification via email to [substantivechange@accjc.org](mailto:substantivechange@accjc.org).

### **WASC Senior Colleges and University Commission**

COVID-19 Correspondence: <https://www.wscuc.org/covid-19>

The Commission does not provide specific guidelines on whether or how to continue operations beyond the principles set forth in our Standards Membership. The Commission leaves these important decisions to individual campuses, believing that each will adhere to its learning objectives/goals as they can reasonably be achieved in the climate in which you are operating. Institutions are encouraged to make determinations on how to proceed utilize the WASC staff liaison for questions.

### **Other – from Private Business and Vocational Schools**

#### **Federation of State Massage Therapy Boards**

COVID-19 Correspondence: <https://www.fsmtb.org/pearson-vue-closing-for-google-translate/>

Many massage schools across the country have closed for an undetermined amount of time or are figuring out how to continue with distance education. Many licensed massage therapists have stopped all client contact. State licensing boards are working under new circumstances such as employee travel restrictions, increased sanitation inspections, and enacting temporary regulations for the national emergency response. In the latest major development impacting the massage community, Pearson VUE, our partner that delivers the MBLEx, has closed all test centers effective immediately. View the correspondence link above for specific licensing examination information.