Handbook of Accreditation for Supervised Practice Experience Programs in Advanced Nutrition

February, 2024

Table of Contents

PART ONE: Introduction 2

PART TWO: The Accreditation Process and Requirements 4

PART THREE: Accreditation Standards for Supervised Practice Programs 17

Standard I: Program Mission, Goals, and Objectives 17

Standard II: Program Organization and Administration 17

Standard III: Program Personnel 18

Standard IV: Program Curriculum and Competencies 20

Standard V: Program Delivery 23

Standard VI: Program Policies 25

Standard VII: Program Assessment and Curriculum Improvement 28

Standard VIII: Candidate Assessment 29

Standard IX: Program Finances 30

PART FOUR: Self-Study Guide for Accreditation of SPE Programs 32

Overview 32

Organization of the Self-Study Report 32

The Self-Study Process 33

Structure of the Self-Study Process and the Self-Study Report 33

Outline of a Self-Study Report 34

Format of the Self-Study Report 37

Requirements for Submission of Report Copies 37

Failure to Submit a Self-Study Report in a Timely Manner 38

PART FIVE: Policies and Procedures of the Council 39

Policy 10: Eligibility Application for SPE Programs 39

PART SIX: Appendices 41

Appendix 1: Fee Schedule. 41

Part I: Introduction

The Accreditation Council for Nutrition Professional Education (ACNPE) is the first and only programmatic accrediting agency for personalized clinical nutrition graduate Programs that focus on nutrition science as an applied healthcare science, with less emphasis on food service management and other dietetic-specific components found in dietetics curricula. Its objective is to establish a high standard for the knowledge and skills advanced nutrition professionals need to practice personalized nutrition (PN) safely and effectively.

The ACNPE was founded in 2015 to serve as a programmatic accrediting agency for clinically focused master's degree Programs in nutrition. Since its inception, it has served to ensure the high quality of nutrition education in the United States through the granting of accreditation to master's degree Programs in nutrition that are housed within accredited universities that voluntarily seek ACNPE accreditation and meet ACNPE's standards.

Many graduates of these Programs go on to earn the Certified Nutrition Specialist (CNS) credential. To be eligible for the CNS, candidates must complete 1000 supervised practice hours in a clinical setting. It is challenging for post-graduate nutrition professionals to create a robust supervised practice experience that enables them to apply in practice what they have learned in the didactic setting and covers all required CNS and state-required competencies and hours for the CNS credential and state licensure.

ACNPE accreditation of Supervised Practice Experience (SPE) Programs, whether the Program is part of an accredited degree Program, affiliated with a university, affiliated with a university that houses an ACNPE-accredited degree Program, or non-affiliated with a university, will ensure high quality standards for supervised clinical practice consistent with the quality standards set for the didactic and clinical education experience provided by the master's degree. It is common practice in the healthcare professions for accrediting agencies to accredit clinical practice experience Programs; ACNPE provides this accreditation for the nutrition profession.

Goals and Objectives of SPE Program Accreditation

ACNPE accreditation of SPE Programs will:

- Set standards for training post-graduate nutrition professionals to apply PN in clinical practice.
- Create opportunities for robust training of nutrition professionals.

- Establish recognition by CNS candidates, the public, state licensing boards, and other healthcare professionals that a graduate of an ACNPE-accredited SPE Program meets a high level of competency.
- Assist in advocacy efforts for state licensure and practice rights for nutrition professionals.
- Ease the approval process for national certifications, such as the CNS, and state licensure applicants.
- Enhance the credibility of the CNS credential.

Use of the Term "Candidate"

Throughout this document, "candidate" will be defined as an individual who has applied or intends to apply to an SPE Program, is being considered for acceptance into such Program, or has entered the Program and is in the process of completing it for the purpose of attaining a letter of completion.

Part II: Accreditation Process and Requirements

■ Overview of the Process

Applying for ACNPE accreditation is a voluntary, multistep process. To begin the process, an SPE Program must submit an "Eligibility Application" demonstrating its qualification and readiness to seek accreditation status. If the Council approves the Eligibility Application, it invites the Program to apply for initial accreditation according to the policies and procedures outlined in this handbook. ACNPE grants initial accreditation to SPE Programs in clinical nutrition that demonstrate to the Council satisfactory compliance with ACNPE's accreditation standards and policies. Once the Program is initially accredited, the Council periodically reaffirms the Program's accreditation; the same process is followed for both initial accreditation and reaccreditation.

Eligible SPE Programs may be offered by an educational institution, government institution, a healthcare facility, or an independent organization. Educational institutions may act as sponsor organizations if they have a degree Program accredited in good standing by the ACNPE or they are accredited by an institutional accreditor. Non-educational, non-governmental, independent organizations must be state-registered for-profit or not-for-profit institutions in good standing financially and legally. Only Programs located within the United States are eligible for accreditation.

An organization must be in operation and have candidates enrolled, before it may submit an Eligibility Application. An organization whose Eligibility Application has been accepted must have issued letters of completion to a sufficient number of candidates to demonstrate program compliance with ACNPE standards by the time of the site visit for initial accreditation. Typically, 10 candidates or two cohorts would provide sufficiency.

An SPE Program in clinical nutrition that wishes to seek initial accreditation must:

- Submit an Eligibility Application in accordance with the requirements outlined in Policy 10 of this handbook. If the Eligibility Application is approved, the Program is authorized to seek initial accreditation status;
- Participate in an accreditation orientation workshop with the ACNPE Executive Director or designate by phone or in person;
- Complete a Self-Study Report for Accreditation that meets ACPNE's requirements regarding content and format;
- Host an accreditation site visit;
- Submit a Formal Institutional Response (FIR) to the site visit report with any required documentation; and

- Attend a Council accreditation hearing during which the Program has an opportunity to address the ACNPE board of directors, and the ACNPE board has an opportunity to ask questions of the Program.

Following the accreditation hearing, the ACNPE board enters a closed session to make its decision; see below for information on the range of decisions that the board can make.

Note that the Council reserves the right to accept Self-Study Reports for Accreditation only from Programs that fall within its scope. The Council does not consider the acceptance of a Self-Study Report for Accreditation for the purpose of review as either a measure of the Program's potential for accreditation or as an assurance that accreditation status will be granted.

■ Self-Study Report

The Self-Study Report for Accreditation plays a central role in the accreditation process. It is how the Program demonstrates and documents that it complies with ACNPE's accreditation standards and policies; it also serves as the basis for a subsequent visit to the Program by an ACNPE site team composed of peer reviewers, the purpose of which is to enable the Council to verify the contents of the Self-Study Report and independently evaluate the Program's compliance with accreditation standards and policies.

As the name implies, the Self-Study Report requires Programs to engage in a comprehensive self-reflection/self-assessment—based on the information gathered during the self-study process—of the Program's success in achieving its mission and objectives, as well as the degree to which it meets the Council's accreditation standards. Based on the findings, the Program formulates plans and recommendations for changes to the Program to more effectively realize the mission, ensure compliance with ACNPE standards, and improve the SPE experience and success of its candidates. The Self-Study Guide in Part IV of this handbook provides detailed instructions regarding the report content, format, and required documentation.

The Accreditation Self-Study Report is initially reviewed by the ACNPE Executive Director for completeness and responsiveness regarding required content and documentation. If there are deficiencies in the report, the Executive Director informs the Program within three months of receipt of the report of the steps it must take to address them. The Executive Director may, at their discretion, convene a review committee to review the report; in this case, the review committee may identify deficiencies that the Program must address.

ACNPE's fee for a review of an Accreditation Self-Study Report is listed in Appendix 1.

■ Accreditation Site Visit

Following the submission of a complete and responsive Self-Study Report acceptable to the Council, the Council authorizes a "site visit" to the organization where the Program is located. The site visit may be done either remotely or in-person. It is a comprehensive peer review process conducted by a "site team": a group of two to four individuals that represents the Council. The site team is led by a team chair, and it includes an educator and a practitioner in the field of professional nutrition care and may also include an ACNPE staff member in a support capacity. (See Policy 2: Conflict of Interest, and Policy 16: Site Evaluation Team, found in the Handbook of Accreditation for Degree Programs for more detail.) (The purpose of the visit is three-fold: (i) to verify first-hand the contents of the self-study report, (ii) to determine first-hand whether—and the degree to which—the Program complies with ACNPE's accreditation standards and policies, and (iii) to provide advice and insight to the Program, as might be appropriate, based on the expertise of team members. As described below, the team presents its findings to the Council in a written report.

A site visit typically takes place over a one to two-day period. The Council's Executive Director arranges site visit dates in consultation with the Program's director—usually three to four months in advance of the visit.

At least one month before the visit, the Executive Director consults with the Program director regarding travel arrangements if the visit is in-person. The Program is responsible for all costs associated with the visit and for providing an honorarium amount set by the Council to the individual site team members.

At least one month before the visit, the Program prepares, in consultation with the team chair and ACNPE Executive Director, a site visit schedule that outlines the team's activities during the visit, considering the assignments of individual site team members. The team may request additional materials to be available electronically during the visit. The purpose of the schedule is to ensure that the team can review every aspect of the Program that requires review, and that the team's time during the visit is efficiently and productively allocated. The ACNPE Executive Director provides information to the Program on what to include in the schedule.

■ Site Team Report

During the site visit, the team gathers information on the Program and formulates its findings and a confidential recommendation to the Council regarding a decision on accreditation. Following the visit, the team is responsible for drafting the site team report—using the Council's Site Team Report Template as a guide—according to the following schedule:

1. Within one week following the visit, site team members send their report sections to the team chair, who assembles the draft report. If any sections of the report lack sufficient detail or are unclear, the team chair may request a team member to revise the section, or the chair may revise it themselves.
2. Within two weeks following the visit, the team chair sends a draft of the team report to the Council's Executive Director. The Executive Director edits and formats the report regarding style but does not alter the content except with the chair's approval.
3. Within one month following the visit, the Executive Director distributes the draft report to the members of the site team and the Program's director. The site team report does not contain the team's confidential recommendation to the Council on accreditation.
4. Within 15 days of receiving the draft report, the Program may offer corrections to what it considers any factual mistakes or inaccuracies contained in the draft report. Any feedback from the Program on the report is sent to the Executive Director, who forwards it to the team chair for review. The team chair has the sole discretion for incorporating any suggested changes and for approving the content of the final report.
5. The Executive Director provides the final version of the site team report to the Program's director and to each team member. Prior to the Council meeting at which the Program will be considered for accreditation, Council members also receive the report to review. Once the Program receives the final version of the report, it is required to provide a Formal Response, as outlined in the next section.

The Council limits access to the self-study report, site team report, and related materials to the following individuals and organizations:

- Site team members;
- Council members; and
- The Council's Executive Director and any staff members designated by the Executive Director;
- The director of the SPE Program.

The Program may, at its discretion, distribute these materials to whichever groups or individuals it considers appropriate.

■ Formal Response

As noted above, the Program is given an opportunity to respond to anything in the draft version of the site team report that it considers to be factually incorrect or inaccurate.

Once the Council issues the final team report, which is not subject to further revision, the Program is required to submit a formal response to the final report within 15 days of receiving it. The following requirements apply to the Program's response:

1. The Program's response should focus primarily on any concerns or objections the Program may have regarding what the team report has identified as "areas of non-compliance," also referred to as "recommendations" (i.e., the team's findings). The team report may also identify "areas of interest," which denote problematic situations that could potentially evolve into non-compliance with a Council standard or policy; the Program may, but need not, address them in its response. The team report may also offer collegial "suggestions" in the report; since the Program is not required to implement these suggestions, the Program should not address them in its response. If the Program takes no issue with any of the team's findings, it should state this in the response.
2. The response should be limited to 10 pages double-spaced or 15 pages 1.5- spaced (for the sake of readability, formal responses should not be single-spaced); care should be taken to make the response as concise and focused as possible.
3. The Program may submit documentation referenced in the response, provided that the documentation was available to the team at the time of the visit. Care should be taken to submit only documentation that is directly relevant to the content of the written response, and the written response should reference the relevant page number of appended documents. Where possible, relevant material should be excerpted from longer documents.
4. Any easily readable typeface (e.g., Times Roman, Arial) may be used, provided that the type is a minimum of 11-point in size; report pages should be numbered.
5. Margins should be a minimum of one inch on every side: left, right, top and bottom.
6. The response should be organized in a way that orients the reader, and a lengthy response should include a table of contents.

The Executive Director will inform the Program about the contact information for individuals to whom the formal written response should be submitted directly.

■ Council Decision-Making Procedures

Prior to the regular or special Council meeting at which a Program's initial accreditation or reaffirmation of accreditation will be considered, the Executive Director provides to the Council the following materials for review:

- The Program's self-study report;
- The site team report;
- The team's confidential recommendation regarding the recognition action; and
- The Program's Formal Response.

At the meeting, the Council holds a hearing in closed session, during which the Program is invited to offer comments, and Council members ask questions. The closed session may be attended only by:

- Council members not affiliated with the Program (the term "affiliated" is defined in the Council's Policy on Potential Conflicts of Interest, (see Part V, Policy 2 of the Accreditation Handbook for degree Programs.);
- The Council's Executive Director and other authorized staff members;
- Representatives of the Program and its institution; and
- The chair of the site team that visited the Program (invited at the discretion of the Council).

With the approval of the Council's chair, other third-party individuals may attend that portion of the closed session needed to provide information about the Program; additionally, officials from other regulatory bodies may be permitted to observe the hearing.

While the hearing provides a forum for the Program to contest any findings contained in the team report with which it disagrees, the Program may not introduce new information that was not available to the team during the visit and may not distribute written materials during the hearing. Following the Council's interview with representatives from the Program and institution, the representatives depart—at which point the Council, remaining in closed session, makes a decision regarding the Program's status. The Council relies solely upon the written record described above and any additional information obtained during the hearing to reach its decision.

Since the Council has the ultimate and final authority to grant or deny accreditation, or take other actions in accordance with its policies, the findings and confidential recommendations of the site team are solely advisory to the Council. After considering all relevant information, the Council may adopt, modify, or eliminate specific team findings—or add findings not identified by the team based on the Council's review of the record—and may adopt the confidential recommendation or decide differently based on its own judgment.

■Council Actions on Initial Accreditation

Following a Council hearing on initial accreditation, the Council may take any of the following actions regarding the Program:

- Grant accreditation for a period of up to 8 years (with or without requirements);
- Defer a decision on accreditation (with or without requirements); or
- Deny accreditation.

Within ten business days after the hearing, the Council provides written notification of its action to the Program's director.

In granting initial accreditation, the Council has determined that the Program is in substantial compliance with the Council's standards and policies and is achieving the Program's stated mission and objectives. If the Council grants initial accreditation, the Council may set forth in its decision letter one or more (i) "areas of non-compliance" (i.e., aspects of the Program that do not fully comply with ACNPE standards and policies) and any corresponding corrective action that the Council deems necessary to address an area of non-compliance, and/or (ii) "areas of interest," which pertain to deficiencies in a Program that do not amount to a non-compliance, but that necessitate ongoing reporting. In some cases, as part of its decision, the Council may require a focused or interim report and an onsite or remote visit to monitor a Program's progress in addressing areas of non-compliance. Note that although the Council grants initial accreditation for a specified period of up to eight years, this does not preclude the Council from comprehensively reviewing the Program sooner if the Program's circumstances—in the judgment of the Council—so warrant.

In general, the Council defers a decision on initial accreditation if the Program appears, overall, to be in compliance with the Council's accreditation standards and policies, except for deficiencies in multiple key areas that the Council believes can be satisfactorily addressed within a reasonable timeframe not to exceed two years. In the case of deferral, the Council may request a report containing additional information or documentation by a certain date regarding steps taken to address deficiencies; in addition, the Council may require a follow-up focused evaluation visit to observe whether the deficiencies have been adequately addressed. If the Council defers a decision on initial accreditation, the Council informs the Program of the deficiencies upon which the deferral is based, the steps the Program must take to demonstrate that it has addressed the deficiencies identified by the Council, and the likely timeframe for holding another hearing to reconsider the Program for initial accreditation. A Program may not appeal a decision by the Council to defer initial accreditation, as a deferral is not considered an adverse decision. If a Program fails to satisfactorily address the deficiencies identified by the Council within the specified timeframe, the Council may subsequently deny initial accreditation.

In general, the Council denies initial accreditation to a Program if the Program has neither demonstrated substantial compliance with the Council's accreditation standards and policies, nor demonstrated the capacity to address identified deficiencies to a satisfactory degree within a two-year timeframe. Whenever the Council denies initial accreditation, the reasons for the Council's action are stated in the written notification to the Program. A Program denied initial accreditation may appeal the decision in accordance with the Council's Policy on Appeals (see Part V, Policy 3 of the Accreditation Handbook for degree Programs). If a Program that is denied initial accreditation wishes to reapply for initial accreditation, it must resubmit a new Self-Study Report and pay the required fee; also, the Program must wait at least one year from the date of denial of initial accreditation before it may resubmit the report.

A Program may postpone or withdraw its application for initial accreditation at any stage in the process prior to the Council's decision on initial accreditation. If the Program postpones or withdraws its application, the Program may reactivate its application within two years of the date of withdrawal by informing the Council and updating the original Self-Study Report submission. Should the Council incur any expense due to the postponement or withdrawal, such as the cost of airline tickets, the Program will be responsible for covering these expenses. If the Program does not reactivate its application within two years from the date that it withdraws its application, then it must submit a new Eligibility Application and pay the required fee if it decides subsequently to seek ACNPE recognition.

If the Program or its institution uses a public forum or the media to influence, challenge, or discredit the Council's decision regarding a Program's initial accreditation, the Council may announce the basis for its decision publicly and make available any pertinent documentation in its records, including documentation normally kept confidential.

■ Terms of Agreement for Accredited Programs

A Program accredited by the Council agrees to comply with the following requirements:

1. To maintain its Program and operations in accordance with ACNPE's accreditation standards and policies;
2. To submit an annual report to the Council by April 1 of the following year (annual report forms are provided to Programs in January of each year);
3. To provide any information, documentation or reports that may be requested by the Council to demonstrate continued compliance with accreditation standards and policies; and
4. To pay annual dues and other fees as established by the Council.

Additionally, accredited Programs are expected to engage in a continuing self-study and self-development process to enhance quality.

■ Council Actions on Reaffirmation of Accreditation

Once a Program gains initial accreditation, the Council periodically "reaffirms" the Program's accreditation status (this process is also referred to as "reaccreditation"). The application process for reaccreditation is the same as that for initial accreditation: submission of a self-study report, followed by a site visit by a site team, and concluding with a hearing before the Council. See Part IV of this Handbook for detailed directions on preparing for, writing, and submitting a self-study report; see the sections above for information on the site visit and the Council review and hearing procedures.

Following a Council hearing on reaffirmation accreditation, the Council may take any of the following actions regarding the Program:

- Reaffirm accreditation for a period of up to eight years (with or without requirements);
- Defer reaccreditation (with or without requirements); or
- Deny reaccreditation, in which case the accreditation status of the Program is withdrawn.

Within ten business days after the hearing, the Council provides written notification of its action to the organization's Program director.

A Program may be reaccredited for a period of up to eight years, though the specified accreditation period does not preclude the Council from comprehensively reviewing the Program sooner if the Program's circumstances—in the judgment of the Council—so warrant. If the Council grants reaccreditation to a Program, the Council may set forth in its decision letter one or more "areas of non-compliance" or "areas of interest," as described in the previous section. In some cases, as part of its decision, the Council may require a focused or interim report and onsite visit to monitor a Program's progress in addressing areas of non-compliance. Additionally, the Council may apply a sanction (see below) at the time reaccreditation is granted if there are major deficiencies in the Program that—in the judgment of the Council—warrant a sanction but are not so severe as to require denial of reaccreditation and thus loss of ACNPE recognition.

In general, the Council defers a decision on reaccreditation if the Program appears, overall, to be in compliance with the Council's accreditation standards and policies, except for deficiencies in one or more key areas that the Council believes can be readily addressed within a reasonable timeframe not to exceed two years. In the case of a deferral, the Council may request a report containing additional information and/or documentation by a certain date regarding the steps taken to address deficiencies; in addition, the Council may require a follow-up focused site visit to observe whether the deficiencies have been adequately addressed. If the Council defers a decision on reaccreditation, the Council informs the Program of the deficiencies upon which the deferral is based, the steps the Program must take to demonstrate that it has addressed the deficiencies identified by the Council, and the likely timeframe holding another hearing to reconsider the Program for reaccreditation. A Program may not appeal a decision by the Council to defer reaccreditation, as a deferral is not considered an adverse decision. If a Program whose reaccreditation is deferred is subsequently reaccredited by the Council, the reaccreditation time period granted reflects the duration of the deferral. If a Program fails to satisfactorily address the deficiencies identified by the Council within the specified timeframe, the Council may subsequently deny reaccreditation.

In general, the Council denies reaccreditation to a Program (and thus withdraws its accreditation status) if the Program is substantially out of compliance with a number of the Council's accreditation standards despite previous attempts to remedy areas of non-compliance identified by the Council, or has engaged in egregious practices that violate the Council's standards and policies, and it appears that the Program is incapable of bringing itself into substantial compliance with ACNPE's standards and

policies within a two-year period. Whenever the Council denies reaccreditation, the reasons for the Council's action are stated in the written notification to the Program. A Program denied reaccreditation may appeal the decision in accordance with the Council's Policy on Appeals (see Part V, Policy 3 of the Handbook of Accreditation for degree Programs). If a Program that is denied reaccreditation wishes to reapply for accreditation, it must engage in the entire accreditation process anew, including submission of an Eligibility Application.

If the Program or its organization uses a public forum or the media in an attempt to influence, challenge or discredit the Council's decision regarding a Program's reaccreditation, the Council may announce publicly the basis for its decision and make available any pertinent documentation in its records, including documentation normally kept confidential.

■ Focused and Interim Reports and Visits

In conjunction with a Council decision on accreditation—or whenever a Program's circumstances, in the judgment of the Council, so warrant—the Council may place certain requirements on a Program, including the requirement to submit a "focused" or "interim" report and possibly host a follow-up focused or interim onsite or remote visit. Focused/interim reports and visits provide a mechanism for a targeted review of a Program when information on a Program indicates that major deficiencies may exist or when such deficiencies have already been identified; they provide an avenue by which the Council can assess the Program's current level of compliance in regard to specific Council standards and policies and can review the Program's steps to address the deficiencies in a context other than (or sooner than) a comprehensive accreditation visit. For example, a report and follow-up visit may be required at any time if a Program has encountered an unexpected serious problem or situation that impedes its ability to comply with the Council's accreditation standards and policies, and/or if it appears that the Program may not be able to continue to fulfill its mission and objectives. The Council specifies the content of the required report and the nature of the visit—including the duration of the visit, the composition of the site team, and the aspects of the Program to be reviewed onsite.

■ Sanctions

The Council has the option, at any time, of applying a sanction to an accredited Program in the case of non-compliance with one or more of ACNPE's accreditation standards or policies. By applying a sanction, the Council informs the Program that it must bring itself into compliance within a certain specified timeframe, generally not to exceed two years (see Policy 15: Enforcement of Standards). The following are the three sanctions the Council may apply; they are usually—though not always—applied sequentially, starting with a letter of advisement:

- Letter of Advisement. The Program is formally advised by letter—sent to the Program's director—of deficiencies or practices that could lead to a more serious sanction if not corrected

expeditiously. The letter requests a focused report and (optionally) an evaluation visit by a specific date, generally not to exceed six months from the date of the letter (though the Council has discretion to specify a longer timeframe). The Council does not make public the fact that it has issued a letter of advisement.

- Probation. If a Program fails to respond satisfactorily to a letter of advisement or continues to be non-compliant with accreditation standards or policies, it may be placed on probation, which is a public sanction. A formal letter is sent to the Program's director, setting forth the deficiencies upon which the probation is based. The letter requests submission of a focused report and (optionally) an evaluation visit by a specific date, generally not to exceed six months from the date of the letter (though the Council has the discretion to specify a longer timeframe).
- Show Cause. If a Program fails to correct the deficiencies or practices that resulted in probation, does not respond to a letter of advisement, or is found otherwise to have strongly deviated from the Council's standards or policies, it may be requested to show why its accreditation should not be withdrawn at the end of a stated period. The request to show cause is by formal letter to the Program's chief administrative officer, with copies to the institution's chief executive officer and the chair of the governing board. The burden of proof is on the Program to demonstrate to the Council why its accreditation should be continued beyond the stated period. The letter sets forth the deficiencies upon which the show-cause action is based, specifies the show-cause period, and requests submission of a focused report and (optionally) an evaluation visit by a specific date. The issuance of a show-cause letter is a public sanction.

The Council judges the nature and severity of the situation in determining whether to issue a letter of advisement, impose probation, or issue a show-cause letter. While the three sanctions are of increasing severity, they are not necessarily applied sequentially. The Council may apply any sanction at any time, with the requirement that the Program correct the cited deficiency or circumstance within a stated period, not to exceed two years from the imposition of the sanction, or not to exceed two years from the imposition of the first sanction if more than one sanction is applied for the same reason. Accreditation continues during the period of a sanction. As noted above, while a letter of advisement is not made public, the actions of probation and show cause are published. The Program is responsible for any costs associated with a sanction, such as hosting an onsite visit.

As noted above, the Council has the authority to impose a sanction in the context of a hearing on reaffirmation of accreditation; in this case, the Council may, but is not required to, provide notice of its intended action. Should the Council consider placing an accredited Program on probation or issuing a show-cause letter outside of the context of an accreditation action, the Council will: (i) inform the Program of the sanction it intends to impose and the deficiencies or circumstances upon which the sanction is being considered, and (ii) provide the Program an opportunity to submit a written response at least 15 days prior to date of meeting at which the Council will make a decision.

In the event that a Program's non-compliance with ACNPE requirements poses potential immediate serious harm to students or others, the Council may forgo notification to the Program or provide a shorter notice period. Within ten business days of imposing a sanction the Council gives the Program written reasons for its action. A Program may not appeal a decision by the Council to impose a sanction, as a sanction is not considered an adverse decision.

■ Withdrawal of Accreditation

At the end of the time period stated in a show-cause letter, the Council will withdraw the accreditation of a Program that has not corrected to the satisfaction of the Council the deficiencies or circumstances which led to the issuance of the letter. At least 30 days before the meeting date on which the Council will decide whether to withdraw accreditation based on the circumstances or deficiencies identified in the show-cause letter, it will: (i) inform the Program of its intended action, and (ii) provide the Program an opportunity to submit a written response at least 15 days prior to date of meeting.

If a Program or its organization is found by the Council to have engaged in fraudulent activity related to the Program, the Council will withdraw accreditation. In such cases, the Council's procedures for sanctions do not apply, and the terms and conditions set forth in a letter of advisement, a probation decision, or a show-cause letter that the Council may have issued are nullified.

A Program that has its accreditation withdrawn is not entitled to a refund of any fees or dues it has paid to the Council. As outlined above, a Program interested in regaining accreditation must submit a new Eligibility Application.

■ Annual Report

An accredited SPE Program is required to submit an annual report to the Council by April 1. The annual report form is emailed to each Program by January 15. The Council reviews annual reports at its meeting in the spring to ensure Programs' ongoing compliance with accreditation standards and policies, monitor Programs' progress in addressing outstanding areas of non-compliance and areas of interest, and to become aware of any significant changes or trends that may adversely affect individual Programs' ability to remain in compliance with accreditation standards and policies.

■ Substantive Change

A substantive change of an accredited Program is a change that may cause the Program to no longer comply with ACNPE's accreditation standards such as changes in the quality, mission, content, objectives, or scope of the Program or the legal status or sponsorship of the Program. The

accreditation status of a SPE Program pertains to the entire Program— including all its sites and offerings. For this reason, if a Program wishes to make a substantive change, it must provide to the Council a detailed description of the intended change at least three months prior to implementing it.

A Program must avoid any published notice or statement that would indicate or might imply that a substantive change planned by the Program but not yet formally approved by the Council is already recognized by the Council.

For any substantive change the Council has the discretion to require a Program to submit a progress report following the implementation of the substantive change and/or to host a site visit from a Council site team.

In cases where a Program's director is uncertain whether a change they are considering is substantive and thus requires notification to the Council, they should consult the Council's Executive Director.

Part III: Accreditation Standards

Standard I: Program Mission, Goals, and Objectives

1. The SPE Program shall have a clearly formulated and publicly stated mission which outlines how it will prepare candidates for practice as nutrition professionals.

2. The mission serves as a foundation that informs Program planning, curriculum development, Program activities, policies, and resource allocation.

3. The mission is developed through an inclusive process that involves broad input from the Program's constituencies, including the administration, supervisors, and candidates.

4. The mission is widely disseminated in appropriate organizational and programmatic publications and is generally understood and supported by the Program's constituencies.

5. The mission is periodically re-evaluated, and revised as needed, to ensure that it continues to be consistent with— and appropriate to—the SPE Program as it evolves over time.

6. The SPE Program establishes program-specific goals and objectives that align with, and comprehensively address, the Program's mission and demonstrate that the Program is operating in the interest of candidates and the public. Goals and objectives should address data and outcomes of program assessment, discussed in Standard VII.

Standard II: Program Organization and Administration

A. Organization Structure

1. Organizations sponsoring a supervised practice experience (SPE) Program may be either an educational institution, government institution, a healthcare facility, or an independent organization.

2. Educational institutions acting as sponsor organizations must be accredited in good standing by the ACNPE and/or by a regional accreditor.

3. Non-educational, non-governmental, independent organizations must be state-registered for-profit or not-for-profit institutions in good standing financially and legally.

4. The organization sponsoring the SPE Program must be located within the United States.

B. Third-Party Training Organizations and Sites

1. A Program's clinical training and supervision may be conducted fully within the Program's sponsoring organization, with assignment of candidate experience hours solely limited to within that institution and the training sites it directly operates; and/or

2. A Program may establish formal relationships with external, third-party training organizations and their sites located within the United States or overseas to partially or fully deliver the required experience hours. In this case, it is the responsibility of the sponsoring organization to ensure that external organizations and their training sites fully meet the requirements set forth in these standards, and to demonstrate that the appropriate legal, organizational, and management structures are in place to support those relationships.

Standard III: Program Personnel

Preamble

The Program must demonstrate that it has management, supervisory, administrative and staff support sufficient in terms of qualifications and size of the Program. Roles and responsibilities must be clearly defined.

Specific roles and responsibilities are identified as follows:

A. Program Management

1. The Program must have an individual responsible for overseeing the Program with the education and experience to ensure that:
    i. The Program is fiscally responsible and has a plan with periodic reviews to enable the Program to adapt to changing circumstances and address issues identified through the Program's assessment processes; and

ii. The Program is regularly reviewed and revised as needed and in accordance with ACNPE accreditation standards.

2. Program directors/coordinators may also serve as supervisors provided the qualifications of both positions are met.

B. Supervisor(s)

1. The Program must have supervisor(s) numerically sufficient for the scope of the Program and number of candidates enrolled. The number of supervisors will be influenced in part by the need for:
   i. A supervisor-to-candidate ratio that supports regular face-to-face meetings and allows the supervisor sufficient observation and direction of each candidate; and
   ii. Continuity in the event of staff turnover, vacation, or unexpected absences, and to allow for continuous availability of a supervisor in cases of emergent care issues.

2. Supervisors must have the education and experience to provide the appropriate supervision of candidates in the PN care model. This includes meeting the following criteria:
   i. Hold one of the following degrees and/or certifications:
      a. Certified Nutrition Specialist (CNS) in good standing;
      b. Master of Science or Doctoral Degree in a field of nutrition from a regionally accredited institution, or
      c. Doctoral-level healthcare professional degree from a regionally accredited institution and credential, such as MD, DO, ND, DC, with the nutrition academic coursework required for eligibility to the CNS certification.
   ii. Demonstrate sufficient experience in applying the PN care model and SPE competencies in clinical practice. In most cases, this equates to three full-time years of nutrition practice experience after the qualifying degree/credential is obtained.
   iii. Meet all applicable laws to practice nutrition and be in good standing with their professional credential as well as their state license or certification (if applicable). If no professional credential, or state license or certification is applicable, the supervisor must separately demonstrate equivalent continuing education to maintain current knowledge of the field.
   iv. Hold appropriate professional liability insurance.
   v. Must not be married to, related to, or in a domestic partnership with candidate(s) under their direct supervision.

3. SPE supervisors assume responsibility for the work and education of the candidate. This will necessitate that the Supervisor:
    i. Fulfills the requirements to act as the documented Practitioner of Record for each client that the candidate works with.
    ii. For the purposes of this Standard, Practitioner of Record refers to a practitioner who meets all required state practice regulations and can be legally liable and responsible for the candidate's client work.
    iii. Has access to all client records of the candidate and provides ongoing, active oversight of a candidate's client work.
    iv. Maintains notes on candidate progress and verifies the attainment of competencies and documentation of practice experience.
    v. Is appropriately trained (both during onboarding and periodically/as needed thereafter) in the SPE Program's candidate assessment processes and have their own performance as an evaluator reviewed periodically.

Standard IV: Program Curriculum and Competencies

Preamble

The Program's curriculum must be designed to provide candidates with the ability to **demonstrate proficiency of the competencies** expected in entry-level practice as advanced-degreed nutrition professionals, such as Certified Nutrition Specialists.

This includes **application of the following knowledge and skills** in practice:

A. **Principles of medical nutrition therapy** using evidence-based practice in accordance with the Personalized Nutrition (PN) care model for individuals and groups.
    a) Competently perform a **PN assessment** using quantitative and qualitative inputs, which may include:
        i) Comprehensive medical and nutrition health history;
        ii) Laboratory biomarkers and determination of criteria for ordering/recommending laboratory tests and/or requesting test results;
        iii) Genetic and genomic factors;
        iv) Family health history;
        v) Nutrition physical examination including anthropometric measurements and other physical indicators of nutritional imbalances;

vi) Dietary intake (food records, dietary recalls, food frequency questionnaires, including computerized analysis of food intake);
vii) Lifestyle, cultural, and socioeconomic factors;
viii) Readiness and motivation for change.
ix) Eating behavior
x) Clinical status and referral need

b) Competently perform a **PN interpretation** of assessment findings including:
    i) Identify and relate signs (including laboratory results), symptoms, and risk factors for disease and dysfunction to nutrition and health status, including via pattern recognition;
    ii) Apply appropriate laboratory assessment ranges and intake targets to not only avoid deficiency states, but to support optimal health; and
    iii) Develop a plan for intervention: Identify and prioritize key areas of nutrition to target, both short- and long-term.

c) Competently formulate actionable **personalized medical nutrition therapies and interventions, education, counseling, and ongoing care** to support optimal health, and prevent, manage, and treat a broad range of chronic and acute health conditions for individuals and groups from across diverse stages of life, and diverse cultural and socioeconomic backgrounds utilizing a systems approach.
    i) Health conditions may include those in the following categories for which there is significant evidence that nutrition therapy plays a key role, such as:
        (1) Underweight, overweight, malnutrition, and obesity;
        (2) Cardiometabolic conditions;
        (3) Endocrine-related disorders;
        (4) Immune and autoimmune disorders;
        (5) Gastrointestinal disorders;
        (6) Cognitive and neurological disorders;
        (7) Mental health and mood disorders;
        (8) Respiratory disorders; and
        (9) Cancer.
    ii) The development of personalized nutrition intervention plans should allow candidates to demonstrate a working knowledge of foundational concepts such as:
        (1) Use of a range of appropriate, personalized interventions including therapeutic diets and foods, and targeted dietary supplements; and
        (2) Safety considerations relating to contraindications, drug-nutrient and nutrient-nutrient interactions, and drug-nutrient depletion.

d) Competently perform regular **monitoring, measurement, and evaluation** of qualitative and quantitative indicators relevant to the health problems defined in the initial

assessment and nutrition intervention plans to determine progress made toward direct nutrition outcomes, clinical and health status outcomes, and client/patient-centered outcomes. This includes the following:

i) Use of established education and counseling strategies to facilitate behavior change;
ii) Identification of the most appropriate qualitative and quantitative indicators to track for each individual;
iii) Review readiness to proceed along the stages of the intervention; and
iv) Review and adjustment of the nutrition care plan to meet evolving needs.

B. **Principles of PN professional practice** including ethical and legal considerations, scope of practice and referrals, cultural and supply chain issues, evidence-based practice, and contributions to the advancement of the PN profession, and practice management. This includes the following:

a) **Compliance with all applicable laws and oversight bodies**, including:
 i) Relevant federal and state licensing laws;
 ii) Scope of practice based on level of training; and
 iii) Code of ethics and scope of practice relevant to the PN professional's credentials, such as CNS.

b) **Referral of clients/patients** to other healthcare providers when care requires services outside the scope of practice of the PN professional, such as:
 i) Acute symptoms requiring immediate medical care;
 ii) Ruling out, diagnosing, and treatment of medical conditions that require a higher level of care or specialized level of care;
 iii) Active disordered eating patterns/eating disorders requiring higher level of care;
 iv) Acute stage mental health requiring medical care;
 v) Unexplained weight loss;
 vi) Signs and symptoms that indicate a serious pathology;
 vii) Medication management; and
 viii) Substance use disorder.

c) **Application of principles of cultural awareness, equity, and inclusion:**
 i) Exhibit understanding and non-judgmental sensitivity in all areas of the PN lifecycle for factors such as: different cultural and/or religious backgrounds, age groups, gender identification and/or sexual orientation, literacy, race, ethnicity, body habitus, and/or socioeconomic status; and
 ii) Understand and evaluate the social determinants of health that contribute to nutritional status throughout the lifecycle and address as applicable within the nutrition care plan.

d) **Food safety and quality considerations**:
 i) Food safety and sanitation: causes and preventative measures for common food borne illnesses, tracking current outbreaks of foodborne illness and

communication with clients/patients, and populations at risk for food safety issues;

ii) Food quality including environmental toxicity (for example, pesticides, xenobiotics, PCBs, heavy metals), genetically modified organisms (GMOs);

iii) Food sustainability and security; and

iv) Good manufacturing practices and quality assessment of dietary supplements, herbs, and nutraceuticals.

e) **Evidence-based practice and professional advancement** related to PN:

i) Maintain awareness of public policy, government dietary guidelines, standards of care and published nutrition research as related to all areas of the PN lifecycle and professional practice issues;

ii) Demonstrate competence with the research inquiry process in the context of client/patient care to evaluate and determine evidence-based approaches;

iii) Maintain professional communication and boundaries with the client and all members of the care team, to include providing evidence-based support for specific PN approaches; and

iv) Apply critical thinking in all areas of PN practice.

f) **Practice Management**

i) Demonstrate practice skills in the context of clinical work including charting, record retention, and compliance with HIPAA regulations;

ii) Develop familiarity with the business of nutrition practice, including legal forms, billing and insurance; and

iii) Effectively communicate and collaborate with other members of a client's healthcare team.

Standard V: Program Delivery

A. Length of Program

1. The Program must provide a minimum of 1000 hours of SPE in such a way as to enable candidates to adequately meet all the competencies set forth in Standard IV.
2. Candidates must complete all Program requirements within a maximum of five years.
3. The length of the Program is inclusive of all SPE hours transferred in accordance with criteria outlined in the candidate admission policy, see Standard VI.

B. Allocation of Hours: SPE hours must be categorized as follows:

1. Category A: Personalized Nutrition Assessment and Interpretation (minimum 200 hours)

2. Category B: Personalized Nutrition Intervention, Education, Counseling, and Ongoing Care (minimum 200 hours)
3. Category C: Personalized Nutrition Monitoring and Evaluation (minimum 200 hours)
4. The remaining hours may be in any of the above categories.

C. Direct versus Indirect Experience Hours

1. Practice experience should follow a logical progression from beginner/novice to competent, independent practitioner. Typically, this begins with indirect experience hours and progresses to direct experience hours.

2. Indirect experience is a supervised learning situation that meets pre-planned outcomes and allows for candidate evaluation but does not include working directly on active client cases.
    a. A maximum of 250 indirect experience hours is permitted out of the minimum total of 1000 hours. More indirect hours may be accrued by the candidate; however, these will not count towards the 1000-hour minimum. Indirect experience allows candidates to earn hours across any of the above Categories A, B, and C, as well as the competencies set out in Standard VI in ways that include the following:
        i) Listening to videos of client and practitioner interactions and discussing findings with the supervisor;
        ii) Shadowing an experienced clinician in active clinical care, and discussing cases with the supervisor;
        iii) Participating in supervised simulation exercises and/or role playing; and
        iv) Utilizing case studies to analyze clinical cases and prepare treatment plans or handouts that are reviewed by the supervisor.

3. Direct experience is supervised experience gained working directly on active client cases or groups of clients in clinical care.
    a. Candidates must complete a minimum of 750 direct experience hours.
    b. Direct client experience allows candidates to earn hours across any of the above Categories A, B, and C, as well as the competencies set out in Standard VI, including in the following ways:
        i. Counseling of individuals and groups;
        ii. Activities directly related to the counseling of active individual clients and groups of clients such as completing chart notes and/or treatment plans, evidence-based research activities directly related to developing treatment plans, and communicating with clients or other members of a client’s healthcare team between live sessions;

iii. Participating in community education including the development and delivery of education to a specific population; and
iv. Supervisor-led grand rounds and one-on-one meetings covering active client cases.

4. Activities that do not relate to the PN care of individuals or groups do not qualify for SPE hours, this might include:
a. Research that is not related to the evidence-based nutrition care of an individual client or group of clients;
b. Writing books, articles, blogs; etc.;
c. Watching educational lectures, videos, webinars, etc. except as allowed above;
d. Teaching classes in academic programs; and
e. Developing training programs, presentations, and marketing materials.

D. In-Person vs. Telehealth Consultations:

A Program may offer supervised practice experience for in-person or telehealth PN consultations. Additional considerations for telehealth consultations are addressed in Standard VI.

Standard VI: Program Policies

A. Legal and Ethical

1. Programs must comply with all federal and state labor and healthcare laws and regulations (such as HIPAA) including those that apply to the locations of each of the Supervisor, candidate, and client, if different.

2. Programs must adhere to professional guidelines including Scope of Practice and Code of Ethics.

3. Programs must disclose to clients that candidates are under supervision and that the client's full record, including personal health information, will be shared with the Supervisor and other program staff (if applicable).

B. Admissions

The organization must have a process for assessing the qualifications of candidates upon entry, and a published candidate admission policy.

1. The admission policy shall reflect the Program's mission, goals, and objectives.

2. The admission policy clearly states educational prerequisites for entry, including:
    i. Master's degree or higher in nutrition or related field granted by a regionally accredited college or university or foreign equivalent; and
    ii. Coursework that addresses principles of nutrition science and personalized nutrition care.

   Note: The Program may at its discretion establish criteria and a process to allow qualified candidates to enter the SPE Program prior to completing degree and coursework requirements.

3. The Program may offer a transfer policy provided it demonstrates an acceptable process for ensuring equivalence of transfer credit and for granting advanced standing, taking into account the quality and comparability of the learning experience and documentation of activity and proficiency. Acceptable forms of transfer credit include the following:
    a. Credit earned through an external Program with which the candidate Program has an articulation agreement;
    b. Credit earned from an ACNPE-accredited degree Program or an ACNPE-accredited SPE Program;
    c. Credit earned from a clinical masters or doctorate degree Program offered by an accredited institution; or
    d. Credit earned from any other supervised practice Program, provided it does not exceed 250 hours.

4. The Program shall be transparent about admission criteria, fees, expectations, and completion requirements.

5. Prospective candidates shall be informed that there are professional and state laws and regulations that pertain to PN practice, certification, and state licensure, and of the candidate's responsibility to ensure that the experience and documentation that they may obtain from the SPE Program addresses the requirements of their target professional credentialing agencies and state of practice, including state licensing boards.

C. Telehealth and Remote Supervision (if Applicable)

1. For telehealth and remote supervision, additional considerations include the suitability of candidate work location, adequacy of the Program's and candidate's technology and communications infrastructure, and secure communications and data storage that meet all legal requirements.

D. Third-Party Organizations and Training Sites (if Applicable)

1. If any portion of the SPE experience is delivered by an external third-party organization and/or training site, the SPE Program must have:
    i. Defined criteria and processes for assessing and monitoring the suitability and function of external training sites;
    ii. Written agreements that align with the delivery of supervised practice experience according to these standards, including qualifications and responsibilities of supervisors; and
    iii. Assigned individuals in the sponsor organization responsible for managing such external relationships.

E. Candidate Services

1. The SPE Program ensures that candidates are able to participate in a safe and compassionate learning environment commensurate with their level of knowledge and ability.

2. The SPE Program assists each candidate in structuring an experience that meets SPE requirements based on the candidate's entry and evolving skill level and, as reasonably possible, the candidate's career goals.

3. The SPE Program has a stated leave policy addressing vacations, illness, leaves of absence, and other time off that may be permitted during the Program.

4. The SPE Program provides a letter of completion or equivalent to all candidates who successfully meet all program requirements outlined in this Handbook. The letter of completion will demonstrate successful Program completion and readiness for entry-level practice to national certifying agencies, such as the Board for Certification of Nutrition Specialists (BCNS), and state licensing boards.

5. The SPE Program must maintain accurate and complete candidate records, including letters of completion and candidate assessment documentation, and allow candidates reasonably convenient access to their records.

Standard VII: Program Assessment and Curriculum Improvement

Preamble

The Program must maintain a program-level assessment plan that provides periodic assessment and evaluation of alignment to the Program mission and candidate mastery of competencies as outlined in Standard IV. The Program must regularly use the information generated through its assessment and evaluation processes to make related changes and improvements in its program delivery, allocation of resources, and policies and procedures. In addition, include input from candidates and other stakeholders as appropriate, resulting in actions to maintain or improve candidate proficiency.

A. Program-level assessment includes an evaluation of:

1. The programmatic mission, goals, and objectives for ongoing applicability and alignment as well as outcomes achieved;

2. Curriculum modification needs; and

3. The sufficiency of physical, human, technological, financial, and other resources.

B. Program-level assessment activities shall:

1. Occur regularly at pre-determined time intervals;

2. Have defined processes, timelines, roles, and responsibilities for data collection, analysis and modifications to be implemented;

3. Include input and data gathered, such as from:
    a. Internal and external metrics
    b. Relevant stakeholders
    c. National, state, and other certifying organization standards for professional competency
    d. The evolving body of scientific and professional knowledge;

4. Include direct and indirect assessments, as most appropriate.

C. Program-level assessment measures may include any of the following:

   i. Number of candidates accepted into the Program, currently in the Program, and graduated from the Program, each year;
   ii. Program aggregate CNS exam scores; and/or
   iii. Candidate attrition/retention rates.
   i. Percentage of Program candidates that complete program/certification requirements within the suggested length of Program;
   i. Candidate, supervisor, and client surveys;
   ii. Analysis of the relationship between admission requirements and success in the Program; and/or
   iii. Candidate career paths.

Standard VIII. Candidate- Assessment

The SPE Program is responsible for ensuring that candidates have attained a level of proficiency as an independent, entry-level PN practitioner, as evidenced by satisfactorily completing the requisite number and categorization of experience hours and by meeting the competencies set forth in Standard IV. Only candidates who have met these requirements will be granted a letter of completion by the SPE Program.

Attainment of proficiency is evaluated via direct and indirect assessment at pre-determined intervals and in the following ways:

1. Measurement and documentation of practice experience hours, including:
   i. Description of clinical work/activity;
   ii. Types of health conditions covered;
   iii. Hours accrued in each of the Categories A, B, and C (as defined in Standard V, B Allocation of Hours)
   iv. Hours accrued in each area and sub-area of competency (as defined in Standard IV Curriculum and Competencies); and
   v. Direct vs. indirect hours and time spent with supervisor.

2. Formative and summative assessments of candidate proficiency, including:
   a. Supervisor evaluation of candidate proficiency:
      a. Review of client charts and discussion of clinical cases with candidates during regularly-scheduled conferences;

        b. Periodic observation of candidate clinical performance via live or recorded sessions;
        c. Evaluation according to a pre-defined scale or grading system (e.g., Exceeds Requirements, Meets Requirements, Needs Improvement) and timely feedback with recommended steps for improvement; and
        d. Final Supervisor Report documenting assessment of the candidate's proficiency overall and in each competency, demonstrated knowledge and skills to provide safe and appropriate evidence-based PN care, areas of strength, and recommendations for ongoing professional development.
    b. Candidate self-evaluation and self-reflection; and
    c. As reasonably possible, performance feedback from clients.

3. The Program must have a process and set of criteria to determine a candidate's proficiency and readiness for entry-level practice, (for example, an evaluation report completed by a supervisor such as the supervisor report form used by BCNS). Candidates meeting the stated criteria will be awarded a letter of completion for the Program. Candidates who do not meet minimum proficiency and readiness requirements will not be eligible to receive a letter of completion.

Standard IX: Program Finances

A. The institution in which the SPE Program is housed or the organization which sponsors the Program shall allocate sufficient financial resources to enable it to meet ACNPE's accreditation standards and policies. In particular, there shall be sufficient financial resources to:
    1. Achieve the Program's mission, goals, and objectives;
    2. Maintain Program director and supervisor(s) that meet ACNPE's Standard V and that allows for adequacy of instruction; and
    3. Fulfill existing program commitments and complete the instructional commitment to current candidates.

B. The Program shall have an annual budget that clearly sets forth the Program's projected financial resources/revenues and expenditures, and that is based on realistic assumptions. The Program director or other relevant organizational personnel responsible for financial management of the Program should be involved in the development of the annual budget, should be provided with regular financial reports, should be informed of budget changes in a timely manner, and shall have appropriate authority and autonomy to utilize budgeted resources to achieve the Program's mission, goals, and objectives.

C. Financial considerations must not compromise the mission and quality of the Program or cause more candidates to be enrolled than the Program's resources can reasonably accommodate.

Part IV: Self-Study Guide for Accreditation of SPE Programs

■ Overview

The Self-Study Guide is designed: (i) to assist Programs seeking initial accreditation or reaccreditation in the self-study process, and (ii) to provide guidelines for the content and format of the self-study report. The guide is intended to help focus a Program's self-study process upon the Council's eight accreditation standards and applicable policies, as presented in the ACNPE Handbook of Accreditation. The Council encourages each Program to develop a self-study process that best fits the needs and circumstances of the Program within the parameters set forth in the guide.

Self-study reports must demonstrate that the Program seeking initial accreditation or reaccreditation has engaged in a thorough self-evaluation process, has sought the active participation of all relevant program constituencies (e.g., program director, supervisors, candidates, affiliated or partner organizations, etc.), and has provided a thorough and honest assessment of the Program's strengths and weaknesses relative to the Program's mission and the Council's accreditation standards.

Although the self-study process is unique to each Program, the resultant self-study report must at a minimum address each of the Council's accreditation standards, and must be organized into sections or chapters as follows (described in greater detail below):

■ Organization of the Self-Study Report

A self-study report is organized according to the following chapter/sections:

- Table of Contents
- Introduction: Background and History
- Accreditation Standard I: Mission, Goals and Objectives
- Accreditation Standard II: Organization and Administration
- Accreditation Standard III: Program Director and Supervisor
- Accreditation Standard IV: Curriculum and Competencies
- Accreditation Standard V: Program Delivery
- Accreditation Standard VI: Program Policies
- Accreditation Standard VII: Program Assessment and Curriculum Improvement
- Accreditation Standard VIII: Candidate Assessment
- Accreditation Standard IX: Finances
- Compliance with Applicable ACNPE Policies

- Summary of Plans and Recommendations for Future Development

■ Self-Study Process

The self-study process is at the core of the accreditation process. It is a deep and comprehensive self-analysis of the educational resources and effectiveness of the Program in relation to the Program's mission and educational objectives, carried out in the context of the Council's accreditation standards. This self-analysis involves all key constituency/stakeholder groups of the Program, and those aspects of the organization's operation that support and impact the Program.

The self-study process consists of three components: (1) systematic efforts/research (e.g., through meetings, surveys, focus groups, review of documents, etc.) to gather comprehensive information from program constituencies and other sources about the Program's operations, as they relate to the Program's performance with respect to its mission and objectives and to the Council's accreditation standards; (2) an in- depth self-assessment/evaluation—based on the information gathered—of the Program's present and anticipated future outcomes in terms of short- and long-range achievement of its mission and objectives, as well as the degree to which it meets the Council's accreditation standards, and (3) formulation of plans and recommendations for changes to the Program in order to more effectively realize the mission, ensure compliance with ACNPE standards, and improve the learning experience and success of candidates. The product of the self-study process, the self- study report, is the central document in the accreditation process.

■ Structure of the Self-Study Process and the Self-Study Report

Organizing for the Self-Study Process

Early in the self-study process the Program's leadership should develop a plan for carrying out the self-study. This plan should, at a minimum:

1. Inform all relevant constituencies about the purpose of the self-study process and their involvement with the process.
2. Provide a realistic calendar or timeline for carrying out the self-study.
3. Identify the composition of the steering committee and other self-study committees/task forces, as well as their role with respect to conducting the self-study process and drafting report sections.
4. Specify the individual(s)who are responsible for coordinating the overall self-study process and for handling discrete aspects of the process, including: (i) coordinating the activities of the various self-study committees, (ii) providing assistance and resources

for the self-study process, (iii) ensuring adherence to the self-study timeline, (iv) communicating within the institution on the progress of the self-study, (v) compiling the self-study narratives, findings and recommendations into a comprehensive self-study report, (vi) revising the report to ensure a consistent unified style, and (vii) assisting with preparation for an onsite or remote "visit" by a ACNPE site visit team.

Self-Study Orientation with ACNPE Executive Director

Once the self-study steering committee is appointed, the self-study coordinator arranges a conference call meeting with the committee members and the Council's Executive Director. During this meeting, the Council's Executive Director provides an orientation to the self-study process and steering committee members have an opportunity to ask questions. The primary purpose of the orientation is to ensure that the Program has the background information it needs to engage in an effective self-study process and to produce a self-study report that meets the Council's requirements.

■ Outline of a Self-Study Report

As noted above, the self-study report should be organized into the following sections or chapters: table of contents, introduction, nine chapters that address the nine ACNPE accreditation standards, a chapter that addresses compliance with applicable ACNPE policies, and a summary chapter.

Table of Contents

The Table of Contents must clearly set forth the organization of the self-study report, including the individual chapters/sections in the main body of the report and sections containing appendices/supporting documents. The report editor should make sure that page numbers are accurate.

Introduction

The Introduction of the self-study report provides a brief background and history of the organization and the Program. This chapter must incorporate a description of the process the Program used for self-study, including the names and affiliations of each person who served on each self-study committee and any other pertinent information on the self-study process that would be helpful in orienting the reader. It should also provide data regarding the size of the Program, number of candidates who have completed the Program, and anticipated growth.

Nine Chapters on the Nine Accreditation Standards

The self-study report must include a chapter on each of the nine accreditation standards. Each of these chapters must be presented from four perspectives: (1) a description of the Program's current operation, structure, process or activity in relation to the requirements contained in the accreditation standard, (2) a self-appraisal of that area of the Program/institution in relation to the Program's mission and educational objectives and the accreditation standard, (3) the plans and recommendations for future development and improvement of that area of the Program/institution, and (4) a list of material appended to the report that provide evidence of compliance with the accreditation standard.

While for the sake of clarity we have separated out the description and appraisal components of the report in this guide, the Council encourages Programs to combine the description and appraisal into a unified analytical narrative that integrates the description with the appraisal. This approach allows for a more natural flow in the presentation of content. Similarly, while the self-study report must address every section/element within each accreditation standard, the report can combine discussion on related sections/elements. However, organized, the completed report must address every section/element within each of the accreditation standards.

Description of Current Status

The description must accurately, succinctly, and thoroughly address the current operations, structures, processes, resources and/or activities of the Program/institution in relation to each accreditation standard, the programmatic mission and, where applicable, candidate outcomes. Generally, the description references appended documents to substantiate the content and maintain brevity; however, where useful, the description should provide excerpts from institutional and programmatic documents to orient the reader to defining aspects of the Program (for example, it is usually helpful to state the Program's mission and educational objectives even though they also appear in appended documents).

Appraisal of Current Status

In the appraisal, the Program presents the results of the careful analysis and evaluation of the effectiveness of the curriculum, supervision, operations, activities, etc., regarding specific areas—with attention to both achievements and weaknesses/problems. This critical self-assessment is a primary internal activity of the self-study process to which the site visit team and the Council will pay close attention, as these judgments provide significant insight into the internal planning and management of the Program's resources to achieve its

mission and objectives, meet the accreditation standards, and achieve specified candidate outcomes.

Plans and Recommendations for Future Development

Having described and appraised its practices in each area in the context of a specific accreditation standard, the Program is asked to state its plans/recommendations for future development—indicating recommendations or plans to build upon the Program's strengths in this area and plans to correct any identified weaknesses/problems. Plans/recommendations should be succinct, realistic, and specific; tied to the specific findings identified in the description and appraisal sections of the report; and referenced to a realistic timeline for accomplishment. To be meaningful, these plans/recommendations must be part of the Program's overall planning process, representing a definite commitment to improve the quality of the SPE Program over time. Developing a set of plans/recommendations is the first step in translating the results of self-study into practice.

Materials to Be Appended to the Report

Specific documents/materials are required to support the content of each chapter (see below). Additionally, the Program may include other materials it considers relevant to the narrative. **Care should be taken to judiciously select supporting materials, and to excerpt relevant sections of longer documents, to keep the overall report length reasonable and manageable**—both for sake of the Program and the individuals responsible for reviewing the report.

Compliance with ACNPE Policies

In addition to the SPE accreditation standards, the ACNPE Handbook of Accreditation for Degree Programs publishes two policies that a Program must observe: Policy 5 ("Representation of a Program's Relationship with the Council") and Policy 6 ("Record of Student Complaints"). In this chapter of the Self-Study Report, the Program must describe and document how it complies with these two policies.

Summary

In this final chapter of the self-study report, the Program should bring together all of the plans and recommendations from each of the preceding chapters and present them in summary form for its own use and for review by the site team. This recapitulation of the Program's/institution's plans and recommendations for the future should correlate with the Program's assessment regarding its strengths and weaknesses as noted in the body of the report, and should be presented and considered in two ways: (1) summarizing the plans/recommendations from each of the nine chapters corresponding to the accreditation

standards, and (2) synthesizing and prioritizing the plans/recommendations from all eight chapter into a realistic timeline for implementation that takes into account the current and anticipated financial and human resources of the Program/institution. The summary should also describe the Program's ongoing structure for long-range planning that includes projected resource allocations.

■ Format of the Self-Study Report

In the spirit of achieving a good balance between thoroughness and brevity—and to promote clarity—the Council has set the following page limits, formatting, and other requirements for self- study reports:

1. The maximum page limit is 60 pages double-spaced or 45 pages 1.5-spaced (for the sake of readability, reports should not be single-spaced). Note that this page limit applies to the body of the report and does not include appendices.
2. Report pages should be numbered, and there should be a table of contents for the report.
3. Any easily readable typeface (e.g., Times Roman, Arial) may be used, provided that the type is a minimum of 11-point in size.
4. Margins should be a minimum of one inch on every side: left, right, top and bottom.
5. Block quotations may be single-spaced.
6. Tabs or some other system must be used to indicate the location of chapters and appendices.
7. Whenever the report references information contained in a document placed in an appendix, the report should specify the relevant page numbers of the document.
8. Both the report and the appendices must be available in word/PDF format which can be shared via email.

■ Requirements for Submission of Report Copies

The Program is required to submit an electronic word version draft of the self-study report (and appendices) by email at least three months prior to the scheduled date of the evaluation visit for preliminary review by the Council's Executive Director and members of a review committee.

Within 30 days of submission of the draft self-study report, the Executive Director will inform the Program whether the review committee has found the draft report to be complete and fully responsive, or whether the Program is required to add to or revise the report to ensure completeness and responsiveness.

The Program is required to submit a final word version of the self-study report that considers any feedback from the review committee at least one month prior to the date of the scheduled date for the evaluation visit.

■ **Failure to Submit an Acceptable Self-Study Report in a Timely Manner**

The Council's accreditation process depends in great part upon the quality of the self-study reports submitted by ACNPE-recognized Programs and Programs seeking recognition—their completeness, responsiveness, accuracy, and depth of analysis. As noted above, the Council's Executive Director and a review committee will review the draft self-study report submission for deficiencies and inform the Program of any areas that must be revised or augmented in the final report. If the draft version of the report is too deficient to be remediated within the timeframe for final submission—namely one month prior to the site visit—the visit will be rescheduled.

If rescheduling a visit is necessary, the following will apply:

- The Program will bear any additional travel expenses incurred due to rescheduling.
- The Program will pay a fee to cover the additional time of Council staff to reschedule the visit; and
- The period of accreditation subsequently granted by the Council will be adjusted to reflect the original date of the visit.

If the Program demonstrates persistent inability to provide an acceptable self-study report, the Council has discretion to impose a sanction in accordance with its policies.

Part V: Policies and Procedures of the Council

See ACNPE Accreditation Handbook for Degree Programs for all policies of the Council. Policy 10, Eligibility Application, as listed below is specific to SPE Programs. All other policies and procedures are applicable to both degree and SPE Programs.

Policy 10: Eligibility Application for SPE

Prior to seeking initial accreditation, a Program must submit an Eligibility Application that demonstrates to the Council the Program is ready to seek ACNPE accreditation status. An organization interested in seeking initial accreditation for its SPE Program must have been in operation and have candidates enrolled before it may submit an Eligibility Application. The Program must expect to have issued a minimum of 10 letters of completion before the site visit takes place.

Content of Eligibility Application

The Eligibility Application consists of the following:

1. A letter of intent from the organization indicating the Program's commitment to pursue accreditation status.
2. The organization's legal name and address within the United States.
3. A brief description of the organization. This must describe whether the organization is an educational institution, government institution, healthcare facility, or independent organization. Educational institutions who do not already have a degree Program accredited by the ACNPE must provide documentation of regional accreditation. Non-educational, non-governmental, independent organizations must provide documentation of their state registration.
4. A brief description of the Program (1-3 pages). This should include factors such as: year founded, Program scope and delivery methods, number of SPE hours provided to candidates, cohort size, recognitions by trade associations or licensing boards, affiliated or partnership organizations, candidate demographics.
5. Website or public facing marketing materials
6. Program director name, credentials, and bio
7. A list of supervisors, including academic degrees and credentials
8. A curriculum outline of the Program
9. Narrative description (1-3 pages) of how the Program meets the curriculum and competencies outlined in Standard IV.

Review Process

A complete eligibility application is reviewed by the ACNPE Board of Directors within 2 months of receipt. The Board may:

1. Request additional information from the Program and/or an opportunity to meet with Program representatives by phone or in person to discuss the application;
2. Approve the application if the Board deems that the Program is ready to seek accreditation status, and authorize the Program to submit an accreditation self-study report; or
3. Deny the application if it is evident that the Program is not yet ready to seek accreditation status. In the case of denial, the Board shall inform the Program of the deficiencies upon which the Board based its decision.

Part VI: Appendices

Appendix 1: Fee Schedule 2024-2025

Supervised Practice Programs

	2024	2025
• Eligibility application review fee	$250	$500
• Self-study report review fee	$1000	$1500
• Site visit (remote) and accreditation review	$2000	$2000
• Site team honoraria for 3	$600	$600
Total	$3600	$4600
Annual Sustaining Fee	$2000	$2000
Substantive Change Report Review	$500	$500

Combined Program: Graduate Degree with Supervised Practice

	2024-2025
Initial Accreditation	
• Eligibility application review fee	$750
• Self-study report review fee	$5500
• Fee for initial site visit and accreditation review	$3000
• Estimated actual site visit expense (travel, lodging, honoraria for 3)*	$8000-10,000
Estimated Total	$18,250
Annual Sustaining Fees	$6000
Substantive Change Report Fee	$1000
Appeal Fee	$1500

*Programs are responsible for covering the costs associated with accreditation site visits, as well as any interim or focused visits that may be required. Price range listed on schedule is an estimate based on a 3-person site evaluation team. Fees may vary if additional site visitors or if interim or focused visits are required. The Council invoices programs in advance for the approximate cost of a visit.

Note: All fees are subject to change without prior notification.