

Handbook of Accreditation

for Master's Degree Clinical Programs in Advanced Nutrition



ACNPE
ACCREDITATION COUNCIL *for*
NUTRITION PROFESSIONAL EDUCATION

Accreditation Handbook

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Part One: Introduction

■ Overview of Higher Education Accreditation

Higher education accreditation is a peer-review process conducted by an external accrediting body whereby recognition is granted to educational institutions—or to specialized and professional programs offered by educational institutions—signifying attainment of a certain specified level of quality and integrity in its operations. Accreditation is also a process that requires ongoing self-appraisal and continuing improvement on the part of institutions and programs. This recognition process, which is entered into voluntarily, provides assurance to the general public, the educational community, governmental agencies, potential students, and other organizations and individuals regarding the quality and integrity of institutions and programs.

In the United States, this recognition is granted primarily by private, independent entities, and can serve as a basis for professional licensure and access to external funding, including federally funded programs. These accrediting agencies establish standards and other criteria for accreditation, conduct onsite visits to verify compliance with standards, and decide whether to recognize the institutions or the specialized and professional programs that have applied. Once recognized, the institutions and programs are monitored and periodically re-evaluated by their accreditors; they also engage in a periodic, comprehensive self-appraisal process (referred to as the “self-study process”) at time intervals specified by the agency.

The two basic types of accreditations are “institutional” and “programmatic.” Institutional accreditation pertains to an entire educational institution, while programmatic accreditation pertains to specialized or professional programs, departments or schools that are part of the higher education institution. Institutional accreditors often require that an institution’s principal specialized programs also be recognized by the appropriate programmatic accreditors. Programmatic accrediting agencies are also often referred to as “specialized accreditors” or, if they accredit programs in one of the professions, as “professional accreditors.” For detailed information on specialized and professional accreditation, consult the website of the Association of Specialized and Professional Accreditors (www.aspa-usa.org).

The Accreditation Council for Nutrition Professional Education (ACNPE) is a programmatic accrediting agency for clinically focused master’s degree programs. As such, it serves to ensure the high quality of nutrition education in the United States through the granting of accreditation to master’s degree programs in clinical nutrition that voluntarily seek ACNPE accreditation and meet ACNPE’s standards.

Brief History of the Nutrition Profession

The recorded use of diet therapy in the treatment of disease dates to ancient Greece. During the 19th century, vitamin deficiency diseases were discovered, and many vitamins were identified in the early part of the 20th century. This led to institutionalization of diet-related measures during World War II, when its importance was recognized by the military, and recommended daily allowances were established for macro and micro nutrients. The field of dietetics grew from these developments and has since been oriented to institutional settings through the use of diet therapy, partly for prevention, but primarily oriented to acute disease management.

More recently, the broader field of nutrition has emerged as a complement to dietetics, as research mounts that links the effects of diet and nutrients on basic issues of long-term health, and that demonstrates the efficacy of certain diets and nutrients for prevention and management of chronic disease. Nutrition has emerged as a profession that is practiced both as a stand-alone modality and as an adjunctive tool by healthcare professionals practicing other modalities.

The practice of clinical nutrition is based on the principles of nutrition science, cellular and systemic metabolism, biochemistry, physiology, and behavioral sciences. Nutrition professionals strive to treat each person based on his/her biochemical individuality, using a systems approach that addresses underlying imbalances as well as manifested symptoms, whether in an institutional setting or in ordinary life. Consistent with this systems approach, advanced nutrition professionals often work in tandem with other practitioners in patient management and focus on patient education and self-care in addition to providing nutritional counseling.

The clinical nutrition field continues to attract a growing level of interest on the part of the public and the conventional medicine community as awareness increases of the profound impact that nutrition has on health. This development reflects the growing body of research findings which demonstrate that lifestyle changes, including nutrition, can produce positive results for a variety of patient conditions. Additionally, nutrition research demonstrates that diet and nutrient status correlate with quality of life, genomic influences on health, and the development of chronic disease. To keep up with an increasing body of complex and sophisticated nutrition knowledge, a number of institutions now offer master's degree programs in clinical nutrition that reflect current and emerging scientific understandings. These programs prepare students to deal with a wide range of healthcare issues, address head-on the epidemic of obesity and chronic disease, and provide more resources for local communities whose medical systems are overburdened with patients needing support.

The primary purpose of the Accreditation Council for Nutrition Professional Education (ACNPE) is to develop educational standards for accreditation that define the knowledge and skills needed to practice the profession of clinical nutrition safely and effectively. These

standards are also aimed at promoting high quality education and providing practitioners with a foundation for life-long learning to keep current with developing knowledge. ACNPE-accredited master's degree programs in nutrition prepare graduates for a variety of career paths and professional opportunities. Through their professional practice, these graduates help to further public understanding of the foundational role of nutrition in health. They also strive to make nutrition an essential component of a collaborative healthcare system that aims to prevent as well as to cure illness, thereby slowing the epidemic of obesity and chronic disease and reducing the high cost of healthcare in the U.S.

■ Vision, Mission, and Values of ACNPE

Vision

The vision of ACNPE is to further public understanding of the foundational role of nutrition in health, and to support the professional field of clinical nutrition as an essential component of a collaborative healthcare system.

Mission

The mission of ACNPE is quality assurance: serving the public by accrediting master's degree programs in clinical nutrition—offered by institutionally accredited higher education institutions in the U.S.—that voluntarily seek recognition and that demonstrate they meet or exceed ACNPE's standards.

Values

In order to fulfill its mission, the Council has identified the following as its primary goals and values:

1. To provide a voluntary, peer-review accreditation service that works in partnership with the nutrition profession, educators, regulators, certifying bodies and the public in developing and administering its standards and processes.
2. To encourage collaboration and cooperation among ACNPE-accredited programs to foster continuous improvement and excellence in nutrition education.
3. To pursue the development of processes and cooperative arrangements that minimize expense and unnecessary duplication of effort for programs seeking and maintaining ACNPE recognition.
4. To operate cost-effectively and efficiently in order to minimize the financial impact of accreditation on institutional resources and student tuition.

5. To operate in a manner that respects due process and is characterized by openness, transparency, fairness, equality, and consistency.
6. To develop credible, relevant and regularly updated accreditation standards that are informed by science and clinical experience, and that reflect the ongoing evolution of the field of professional nutrition.
7. To provide an accreditation service that welcomes and honors diversity in all aspects of nutrition professional education, including theory, philosophy, and instructional methods.
8. To ensure, through valid and reliable evidence-based evaluation processes, that ACNPE standards are being met by nutrition professional programs that seek initial and continued ACNPE recognition.
9. To give public recognition to programs in compliance with ACNPE standards, and to serve as an information resource for government entities, healthcare clinics, potential students, patients/clients, the public and other stakeholders interested in understanding the meaning of ACNPE accreditation and the level of clinical training and skills of graduates of ACNPE-accredited programs.
10. To support the ongoing professional development of ACNPE volunteers and staff through orientation and training sessions, and other opportunities for learning and growth, and to foster an organizational culture that promotes initiative, teamwork, creativity, open communication, and mutual respect among participants.
11. To encourage the development of new nutrition professional programs by providing information and guidance regarding ACNPE's accreditation standards and process.

Part Two: The Accreditation Process

■ Overview of the Process

Applying for ACNPE accreditation is a voluntary, multistep process. To begin the process, a master's degree program in clinical nutrition must submit an "Eligibility Application" that demonstrates its 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 master's degree 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.

An institution must have students enrolled, at a minimum, in the first year of the master's degree program in clinical nutrition before it may submit an Eligibility Application. An institution whose Eligibility Application has been accepted must have students enrolled in every year of the program at the time of the site visit for initial accreditation.

A master's degree program in clinical nutrition that wishes to seek initial accreditation must:

- Submit an Eligibility Application in accordance with Policy 10. 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 ACNPE'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 into 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 the means by which 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 in order to more effectively realize the mission, ensure compliance with ACNPE standards, and improve the educational experience and success of students. The Self-Study Guide in Part Four 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 his/her 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 Part Six.

■ 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 institution where the program is located. The site visit 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/clinical nutrition, and may also include an ACNPE staff member in a support capacity. 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 two-day to three-day period. Site visit dates are arranged by the Council's Executive Director in consultation with the program's chief administrative officer—usually four months in advance of the visit.

At least one month before the visit, the Executive Director consults with a program representative regarding lodging and travel arrangements for the site team and provides guidance on the program's role in organizing the visit and the requirements of the site team. The program is responsible for all costs associated with the visit, as well as for providing an honorarium amount set by the Council to the individual 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 purpose of the schedule is to ensure that the team is able to review every aspect of the program that requires review, and that the team's time on campus is efficiently and productively allocated. The ACNPE Executive Director provides information to the program on what to include in the schedule.

At least one month prior to the site visit, the program must prominently post or otherwise provide a notification to students, staff and faculty that they may contact the Council's Executive Director to request an opportunity to meet privately with the site team during the visit. The Executive Director provides a suitable notification for this purpose that contains contact information.

Prior to the site team's arrival, the program sets up a workroom on campus for the team in accordance with instructions in the Self-Study Guide in Part Five of this handbook. Among other things, the program places in the workroom the resource materials listed in the Self-Study Guide and/or provides ready access to these materials electronically or in nearby offices.

■ 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 the section himself or herself.

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 with regard to 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 chief administrative officer. 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 in turn 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 chief administrative officer 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 Institutional 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;
- The Council's Executive Director and any staff members designated by the Executive Director;
- The chief administrative officer of the clinical nutrition/nutrition professional program;
- The president and governing board chair of the institution that houses the program; and
- The U.S. Department of Education, and other regulatory and accrediting bodies as may be required.

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

■ **Formal Institutional 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 institutional response (FIR) to the final report within 15 days of receiving it. The following requirements apply to the program's FIR:

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 to 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 FIR.
2. The maximum number of pages in the FIR is 20 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. No more than 20 pages of documentation may be provided; 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, and the report format (i.e., electronic and/or hardcopy) to be prepared/utilized.

■ Public Comment Period

In accordance with U.S. Department of Education requirements, the ACNPE invites public comment whenever the Council has scheduled a hearing and plans to take action on a program’s accreditation status: namely, whenever the Council reviews a program for initial accreditation or reaffirmation of accreditation. For more information, see the Policy on Public Comment in Part Five of this Handbook.

■ 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;
- The program’s Formal Institutional Response (FIR); and
- Any public comments received regarding the pending Council action.

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 or its institution (the term “affiliated” is defined in the Council’s Policy on Potential Conflicts of Interest, see Part Five of the Handbook);
- The Council’s Executive Director and other authorized staff members;
- Representatives of the program and its institution;
- The chair of the site team that visited the program (invited at the discretion of the Council); and
- Observers from the U.S. Department of Education.

With the approval of the Council’s chair, other third-party individuals may attend that portion of the closed session needed in order 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 recommendation 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 also 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 in regard to 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 institution's president and governing board chair, the program's chief administrative officer, and to such other program staff as may be appropriate (e.g., provost).

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 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 time 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 Five). 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. In the event that 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 in an attempt to influence, challenge or discredit the Council's decision regarding a program's initial accreditation, the Council may announce publicly the basis for its decision 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 the fall 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 an onsite visit by a site team, and concluding with a hearing before the Council. See Part Four of the 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 institution’s president, the governing board chair, and the program’s chief administrator.

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 Five of the Handbook). 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 institution 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 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 chief administrative officer and copied to the institution’s chief executive officer and governing board chair—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 chief administrative officer, with copies to the institution’s chief executive officer and the chair of the governing board, 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 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 a 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 institution is found by the Council or a judicial court—or a federal or state agency—to have engaged in fraudulent activity related to the program, or if the institution loses its authority to grant a master's degree for 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 nutrition 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 annual meeting in the spring in order 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 significantly affect the quality, mission, content, objectives, scope, or location of educational offerings; the degree awarded; or the legal control of the program. The accreditation status of a nutrition program pertains to the entire program—including all its sites and educational offerings. Thus, any substantive change in a program may cause the program to no longer comply with ACNPE's accreditation standards. 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. Additionally, there are a few types of changes that require approval by the Council prior to implementation of the proposed change; in these cases, the program must submit an application to the Council at least six months prior to the proposed change with a detailed description of the change.

The following are examples of substantive changes, with those requiring prior Council approval noted:

- Any change in the legal status, sponsorship, or control of the institution that offers the program;
- A significant change or departure in terms of mission and objectives, content or delivery of the program from the time of the Council's most recent evaluation of the program (requires prior Council approval);
- A significant affiliation with another institution to offer aspects of the program, including certain articulation agreements (requires prior Council approval);
- A change in the credential awarded for completion of the program (requires prior Council approval);
- The offering of a different format of the accredited program for students from other healthcare professions (requires prior Council approval); and

- Offering the accredited program at a branch campus or another instructional site where students can complete the entire program or a substantial portion of the program.

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—whether or not prior approval is required—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 administrative officers are 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 Three: Accreditation Standards

Standard I: Mission

- A. The institution shall formally adopt a mission statement for the nutrition professional program that:
 - 1. Is appropriate to master's degree level education;
 - 2. Provides clear direction for the program;
 - 3. Is consistent with the institution's operating authority and the institutional mission; and
 - 4. Is consistent with ACNPE's accreditation standards.
- B. The mission is developed through an inclusive process that involves broad input from the program's constituencies, including the administration, faculty and students.
- C. The mission serves as a foundation for developing the program's curriculum and the expected learning outcomes of the program, and for all of the program's activities, services and policies. The mission informs the strategic planning process and guides the allocation of resources.
- D. The mission is widely disseminated in appropriate institutional and program hardcopy and online publications (e.g., course catalog, student handbook), and is generally understood and supported by the program's constituencies.
- E. Student achievement is regularly reviewed in relation to the mission in order to determine the extent to which the program is successful in achieving its mission; appropriate corrective action is taken as needed.
- F. The mission is periodically re-evaluated, and revised as needed, within the context of an ongoing self-study process to ensure that the mission continues to be consistent with—and appropriate to—the nutrition professional program as it evolves over time.

Standard II: Organization and Administration

- A. The institution offering the nutrition master's program must have institutional accreditation by an agency recognized by the U.S. Secretary of Education and state authorization, if such authorization is required, to offer a master's degree in nutrition.
- B. There must be means by which the program can formally, regularly and effectively communicate to the institution's governing board and administrative leadership team its needs for resources and provide input on relevant institutional and programmatic issues.

C. Program Administration

1. The program must have an appropriately qualified chief academic officer (e.g., dean, director, chair) who is responsible for overseeing the program. The chief academic officer must have appropriate authority and autonomy to provide academic leadership and manage the program. The chief academic officer must ensure that:
 - i. Fiscally responsible strategic or long-range planning is periodically carried out in order to enable the program to adapt to changing circumstances and address issues identified through the program's assessment processes, and
 - ii. The program of study is regularly reviewed and revised as needed.
2. The program must have an appropriately qualified and stable administrative staff sufficient in size to meet the needs of the program and achieve the program's mission. The organizational structure of the administrative staff should be clearly set forth in an organizational chart or some other document. Staff members should have clearly defined roles and responsibilities and have sufficient authority to carry out their responsibilities effectively.
3. There must be in place a comprehensive set of policies and procedures regarding human resources that include procedures for evaluating the performance of senior administrative staff on a regular basis, a grievance policy for employees, and non-discrimination and equal opportunity policies. Within the constraints of its resources, the institution and program provide employees with opportunities for professional development.
4. There must be mechanisms in place to allow all appropriate constituencies within the program—including faculty, administrative staff and students—to communicate their needs and provide input in matters of significant interest to them to the program's leadership team. In particular, faculty members must have opportunities to provide substantive input into policy matters directly related to the educational program and faculty.

Standard III: Faculty

Preamble

The nutrition master's program shall have faculty sufficient in terms of qualifications and size for the program offered.

- A. The program must maintain a faculty that is numerically sufficient to perform the academic and administrative responsibilities assigned to it. The institution has discretion to determine the appropriate mix of full-time, part-time and adjunct

faculty needed to deliver the program.

- B. The general education, professional education, teaching experience and practical professional experience of each faculty member must be appropriate for the subject area taught. Generally, faculty members possess advanced and terminal degrees in their professional and academic fields. Every faculty member must demonstrate relevant experience and provide evidence of keeping abreast of developments in his or her field.
- C. Conditions of service must be reasonable and equitable, and administered ethically, to provide faculty members with academic freedom, opportunities for professional growth and development appropriate to their faculty role, and adequate time for class preparation, administrative responsibilities, and student advisement.
- D. The recruitment, appointment, promotion and retention of well-qualified faculty members must be outlined in policies and procedures that are stated clearly in institutional documents. Due attention must be given to relevant legal requirements in areas of non-discrimination, equal opportunity, and affirmative action employment practices. Faculty contracts must clearly specify employment terms and responsibilities, and faculty member performance must be periodically evaluated.
- E. Provision must be made for regular and open communication among members of the faculty and between the faculty and administrative officers of the program and institution. Generally, full-time faculty members should serve or have representation on a faculty governance body that meets periodically during the year.
- F. Full-time faculty members are involved in—or have an opportunity to provide input into—the development and implementation of the program’s curriculum.

Standard IV: Program of Study

Preamble

The following core competencies outline the skills and knowledge expected of a graduate of a master’s degree program in clinical nutrition. These competencies may be attained either entirely through the core courses required of all students who earn the master’s degree, or from a combination of this core required coursework and coursework completed as a prerequisite requirement for all students who are accepted into the program.

A. Fundamental Principles of Nutrition

1. Information literacy

- i. Demonstrate the information literacy skills necessary to practice evidence-based nutrition.
- ii. Apply knowledge of research methods to evaluate research findings and translate findings into evidence-based therapies for clients.

2. Life Cycle

- i. Distinguish the physiological changes associated with life cycle stages, including: pregnancy and lactation, infancy, childhood, adolescence, adulthood, and elderhood.
- ii. For each life cycle stage, understand and predict its impact on nutrient requirements, including nutrient absorption, metabolism, and transport.
- iii. Identify appropriate nutritional assessment and strategies for each life cycle stage.
- iv. Understand the impact of environmental factors on nutritional status through the lifecycle (e.g., diet, heavy metals, pesticides, herbicides, persistent organic pollutants, etc.).

3. Nutritional Biochemistry

- i. Describe the structure, function, and metabolism of carbohydrates, proteins, lipids, and nucleic acids.
- ii. Demonstrate working knowledge of energy production and regulation. iii. Explain pathways of intermediate metabolism, with specific emphasis on the role of macro- and micronutrients in these pathways, including: energy production and regulation, fluid and electrolyte balance, regulation of acid-alkaline balance, glucoregulation, free radical regulation, and regulation of inflammation.
- iv. Demonstrate knowledge of specific biochemical imbalances involved in common chronic metabolic conditions.
- v. Demonstrate the role of personalized genomics on nutritional biochemistry.

4. Metabolism of nutrients

- i. Describe metabolism of macro- and micronutrients.
- ii. Recognize major pathways of inflammation and oxidative stress, such as cytokine and eicosanoid pathways and their role in health and disease.
- iii. Identify the mechanisms of nutrient digestion, absorption, and transport.
- iv. Recognize factors that facilitate or interfere with absorption and transport of nutrients.

5. General nutrition-related physiology

- i. Differentiate physiology and pathophysiology of the human body through the perspective of conventional, integrative and nutritional healthcare.
- ii. Explain the physiological concepts of homeostasis and allostasis.
- iii. Recognize maldigestion and malabsorption and consequences to macronutrient and micronutrient status.
- iv. Understand how gastrointestinal health interacts with the brain.
- v. Recognize the role of nutritional excess and insufficiency in relationship to health and disease.
- vi. Discuss the impact of chronic stress on digestive tract function and other body systems and the impact on human health over time.
- vii. Differentiate the pathophysiology of food allergy, intolerance, and sensitivity.
- viii. Explain the functions of the gut microbiota, its regulation of multiple body systems, its impact on nutrient requirements, and its impact on human health and vitality.
- ix. Explain the functions of adipose tissue as a metabolic endocrine organ and its impact on health and disease.

B. Nutrients and Foods in Human Health

1. Function of nutrients and food components

- i. Develop working knowledge of functions of macronutrients, micronutrients and accessory nutrient co-factors (e.g., phytochemicals and zoochemicals*) in the body.
- ii. Recognize the difference in function of soluble and insoluble fibers.
- iii. Identify the role and application of prebiotics, probiotics, and fermented foods in digestion and absorption.
- iv. Apply principles of nutrient density.

2. Recognize signs and symptoms of macronutrient and micronutrient insufficiency/ deficiency for application in clinical practice and nutrition education.

3. Recognize and appraise tolerable upper intake levels of nutrients and symptoms and treatment of nutrient toxicity.

4. Food policy and food safety

- i. Recognize the advantages and limitations of governmental policy, agricultural methods, transportation, processing, storage, environmental inputs, and food preparation techniques on nutrient value, food quality, and health risks (e.g., pesticide use, food processing, food additives,

- genetically engineered organisms [GMOs], and heavy metals).
 - ii. Articulate basic principles of food safety, including causes and preventive measures for most common food borne illnesses and populations at risk.
 - iii. Understand basic principles of food systems management
5. Micronutrient sources
- i. Apply food sources of micronutrients in dietary recommendations.
 - ii. Identify key nutrients used in food fortification.
 - iii. Demonstrate knowledge of quality and efficacy of micronutrient dietary supplements.
6. Nutrient requirements
- i. Evaluate and apply current USDA guidelines for preventive and therapeutic interventions.
 - ii. Demonstrate understanding of—and ability to differentiate and utilize—a wide range of nutraceuticals for health maintenance and disease management.
7. Develop working knowledge of the role of bioactive components in foods in health maintenance and disease management.
8. Develop working knowledge of the role of common botanicals in health maintenance and disease management.

C. Nutrition Assessment

1. Demonstrate ability to assess clients via a comprehensive health and lifestyle history, including physical, psychosocial, medical, behavioral, environmental, and stress factors.
2. Demonstrate understanding of how to conduct a nutrition physical examination.
3. Interpret biochemical and laboratory assessments, both standard and functional, to determine nutrient status, metabolic imbalances, and ethical use of such testing methods.
4. Be familiar with the basic genetic, genomic, and epigenetic factors that influence nutrition status and requirements.
5. Utilize scientifically supported and client-specific anthropometrics testing methods.

6. Evaluate and understand effective methods to determine individual's dietary intake based on caloric values and macro- and micronutrient balance.
7. Assess impact of dietary patterns on individual health status, taking into consideration the impacts of:
 - i. Hydration
 - ii. Stress physiology
 - iii. Sleep patterns
 - iv. Medication or substance abuse
 - v. Current nutrient guidelines
 - vi. Perinatal and early childhood diet
 - vii. Healthful and disordered eating patterns and relationship with food
 - viii. Value of nutraceutical**/dietary supplementation
 - ix. Stage of life
 - x. Environmental factors
8. Identification of clinical status/nutrition diagnosis
 - i. Correlate constellations of symptoms and/or lab results in recommendation for nutrition interventions.
 - ii. Identify symptoms or scenarios that require medical or psychological referrals.
 - iii. Identify obesity status and potential etiology.
 - iv. Determine glucose regulation and risk or presence of insulin resistance, diabetes.
 - v. Recognize presence or risk of renal disease and medical interventions.
 - vi. Differentiate client's presentation of acute disease, chronic disease, or health risks.

D. Clinical Intervention, Monitoring and Evaluation

1. Medical Nutrition Therapy

- i. Apply principles of nutritional bio-individuality and lifestyle based on nutritional assessment to formulate personalized nutrition care plans. These plans include dietary and nutraceutical interventions for prevention, modulation, and management of individuals with chronic and or complex, systemic disorders, including:
 - a) obesity
 - b) cardiovascular disease
 - c) insulin resistance, metabolic syndrome, and diabetes
 - d) autoimmune disorders
 - e) gastrointestinal disorders
 - f) hematologic disorders

- g) bone disorders
 - h) hepatic disorders
 - i) pulmonary disorders
 - j) renal disorders
 - k) cognitive/neurodegenerative disorders l) psychological and psychiatric disorders
 - m) food allergies, sensitivities, and intolerances
 - n) eating disorders
 - o) co-morbidities and complex medical disorders
 - p) diseases related to malnutrition
 - q) hormonal and endocrine disorders
- ii. Apply nutritional therapy in compromised individuals (e.g., chemotherapy, radiation, dialysis, surgical procedures, etc.).
 - iii. Apply nutritional therapy in immunocompromised individuals (e.g. cancer, HIV-AIDS, tuberculosis, etc.).
 - iv. Educate clients in diabetes self-management.
 - v. Assess and utilize a variety of therapeutic diets and medically prescribed diets.
 - vi. Demonstrate working knowledge of the positive and negative aspects of popular diets and the application to dietary recommendations for specific individuals.
 - vii. Apply scientific evidence and methods when developing personalized nutrition care plans.
 - viii. Understand basic principles of enteral and parenteral nutrition support.
2. Assess and evaluate drug-nutrient, drug-herb, alcohol, and dietary interactions.
3. Nutraceutical** and dietary supplement therapeutics
- i. Demonstrate working knowledge of evidence-based dose and duration of use of nutraceuticals for common conditions.
 - ii. Demonstrate working knowledge of good manufacturing practices and other markers of quality end-products.
4. Body composition, energy balance, and regulation of metabolism
- i. Apply the effect of age, weight, body composition, physical activity and health status on energy requirements.
 - ii. Calculate energy requirements of a given individual for weight loss or weight gain.
 - iii. Explain the effect of body composition on health and disease.

5. Monitor and evaluate client progress with nutrition care plans and modify as required for maintenance, restoration and attainment of optimal health.

E. Counseling and Motivational Skills for Individuals and Groups

1. Demonstrate ability to use the following counseling skills with individuals and groups:
 - i. Establish rapport.
 - ii. Reflective listening and effective interview techniques to solicit responses.
 - iii. Identify and address a client's individual challenges.
 - iv. Set realistic goals based on a client's identified expectations, goals and readiness/ability to make change.
 - v. Monitor intervention and revise treatment based on a client's progress.
 - vi. Motivate client to make changes needed to transform health and meet goals.
 - vii. Monitor client progress with treatment plans and monitor as required.
 - viii. Demonstrate behavior modification/optimization skills to:
 - a) Address the behavioral issues specific to the obese client and those with emotional and disordered eating patterns.
 - b) Identify links between behaviors learned in childhood, cultural weight/size messages, and their impact on body image, obesity, eating patterns, and chronic health issues in adulthood.
 - c) Apply psychological and motivational skills to enhance clinical outcomes.
2. Cultural issues and boundaries
 - i. Demonstrate working knowledge of nutrition issues within major American demographics.
 - ii. Demonstrate working knowledge of dietary patterns, health related benefits or concerns, and belief systems of commonly encountered ethnic cultures (e.g., Asian, Indian, Hispanic, African American, Caucasian).
 - iii. Develop nutrition care plans and interventions, taking into consideration the impact of personal and cultural beliefs on dietary and lifestyle patterns.

F. Professional Issues

1. Scope of practice and careers
 - i. Be familiar with the scope of practice of a nutrition professional and the importance of working in collaboration with other healthcare providers for integrative care.
 - ii. Be familiar with HIPAA regulations and compliance.
 - iii. Identify potential workplaces for nutrition professionals and credentialing requirements.

- iv. Be familiar with national and state regulations that affect the profession
- v. Recognize role of professional and credentialing organizations in nutrition career paths, including professional development.

2. Practice management principles and skills

- i. Be familiar with key tasks needed to setup a private practice and practice building strategies.
- ii. Be familiar with the process of developing a business plan, including legal issues and insurance requirements.
- iii. Be familiar with basic marketing techniques for healthcare practices.
- iv. Be familiar with health technologies relevant to the practice of nutrition.
- v. Be familiar with effective means of communication and media outreach.

G. Additional Program Requirements

- 1. Program length: The minimum required program length is 33 semester credit hours or the equivalent, not including prerequisite courses.
- 2. Course content and rigor must be appropriate to master's degree level training.
- 3. Programs may be taught using an online, blended, or residential delivery format.

Definitions:

* zoochemicals: the animal equivalent of phytochemicals in plants. They are compounds in animals that are believed to provide health benefits beyond the traditional nutrients that foods contain.

**nutraceuticals: foods or part of foods, that provide health benefits, including isolated nutrients, dietary supplements, botanicals, and medical foods.

Standard V: Assessment

Preamble

The program articulates a set of educational goals and objectives that reflect the programmatic mission and engages in ongoing improvement through an assessment process that demonstrates the degree to which the program is successful in meeting its mission, goals and objectives.

The program adopts and documents an assessment plan/process that provides accurate information regarding the progress of students in attaining the knowledge, skills, competencies and attitudes required by the program.

- A. The program, with appropriate involvement of program constituencies, engages in regular, ongoing assessment activities in accordance with its assessment plan/process. The results of assessment activities are used to identify and address deficiencies in the content and delivery of the program.
- B. The program demonstrates a commitment to ongoing improvement through periodic, systematic review of its educational goals and objectives, training model, and curriculum to ensure their appropriateness in relation to:
 - 1. The programmatic mission;
 - 2. Regional and national needs for nutrition professional services;
 - 3. National standards of professional competency and practice in the field of professional nutrition;
 - 4. The evolving body of scientific and professional knowledge; and
 - 5. Graduates' career paths.
- C. The program must establish principles and methods—including a grading system—for the ongoing assessment of student achievement in relation to the competencies set forth in Standard IV (Program of Study). A variety of assessment measures must be systematically and sequentially applied throughout the program.
- D. The program must maintain appropriate records of the professional career development and success of its graduates, including—as may be available and relevant—data on program completion, state licensure, and national certification.
- E. Equivalent methods and standards of student assessment must be applied at all institutional sites, including externships.

Standard VI: Admissions and Student Services

- A. General Provisions
 - 1. The program/institution shall provide student services and activities that reflect the program's mission, goals and objectives, support good student morale, and assist students in the achievement of professional growth while they progress through the program. Student services shall include, at a minimum, well-developed programs in the following areas:
 - i. Admissions;
 - ii. Orientation;
 - iii. Academic advisement; and
 - iv. Financial aid (if offered).
 - 2. The program/institution must publish in the student handbook (or in a comparable publication) a statement that clearly defines the rights, privileges, and

responsibilities of students, and that specifies the procedures for conducting disciplinary and academic standing proceedings for violations of those responsibilities. Whenever the faculty or administration takes a formal action that adversely affects the academic or enrollment status of a student, there must be a fair, clearly defined and documented process that includes timely notice of the impending action, disclosure of the grounds on which the action would be based, and an opportunity for the student to respond.

3. The program/institution shall provide a means for systematically obtaining student views and input into institutional and programmatic planning and decision-making.
4. The program/institution must publish in the student handbook (or in a comparable publication) fair and efficient policies and procedures for reviewing and responding to formal complaints and grievances made by students, and must maintain a record of their disposition during the preceding three-year period—or from the date of the ACNPE’s last comprehensive on-site visit, if more than three years ago—demonstrating that these complaints and grievances were handled in an equitable manner according to the published policies and procedures.

B. Admissions

1. The program/institution shall have a published student admission policy that:
 - i. Reflects the program’s mission, goals and objectives; and
 - ii. Clearly specifies the educational prerequisites and minimum qualifications of applicants that the program considers necessary for academic and professional success.
2. The program/institution shall endeavor to select students who possess the intellectual capacity, integrity and personal characteristics necessary for professional success. The program has the opportunity to provide input into admissions policies and the student selection process.
3. Admission policies must comply with applicable federal and state laws and regulations regarding non-discrimination and physical challenges that do not preclude the ability to meet the intellectual and technical standards of the program.
4. Specific admissions policies (e.g., policies pertaining to transfer credit, advanced standing, re-admittance into the program, non-discrimination, etc.) shall be clearly stated in program/institutional publications. Enrollment, cancellation and

refund policies shall comply with applicable federal and state laws and regulations.

5. The program/institution must adhere to its published admissions policies; any exceptions to a policy are based on well-founded and documented reasons. Admissions files for students contain required documents.
6. Recruitment and admissions activities shall be conducted legally, and with honesty and integrity. The content of marketing materials and of any representations made to prospective students must be clear and accurate.
7. The program/institution may grant transfer credit toward completion of up to 25% of the nutrition professional program, provided that the program demonstrates an acceptable process consistent with higher education practices for ensuring equivalence of transfer credits and for granting advanced standing. Generally, the granting of transfer credit should take into account the following considerations:
 - i. The educational quality of the learning experience which the student transfers; and
 - ii. The comparability of the nature, content, and level of the learning experience to that offered by the clinical nutrition program.
8. In considering education and training obtained in foreign countries, the program should obtain advisory assistance from a reputable educational credential evaluation service for the interpretation of foreign educational credentials whenever the program lacks sufficient information or expertise to make an interpretation.
9. The admissions policy must involve planning and periodic assessment to determine whether the policy is adequately serving the needs and interests of the students, program and profession, and how it could be doing so more effectively.

C. Student Records

1. The program/institution shall have an accurate and complete record keeping system, including permanent academic records that document the completion of program requirements. Students should have reasonably convenient access to their academic, attendance, financial and other records.
2. Policies shall be in place regarding the data to be included in the students' permanent records, as well as the retention, safety, security and disposal of records. Policies on record keeping, access to records and release of information must reflect the rights of individual privacy, the confidentiality of records, and the best interests

of the student and the program/institution, and must comply with state and federal laws and regulations.

3. The program/institution must maintain data that will facilitate the compilation of the following records and statistics: student profiles showing the number of students enrolled, graduated and readmitted; admissions data showing the number of applications received and accepted; pass rates on national certification examinations (where available); student loan default rates (where available); and ages, gender, educational backgrounds, and racial/ethnic origins (optional) of the student body.

D. Financial Aid

1. If the institution utilizes public resources to provide financial aid to students enrolled in the nutrition professional program, the financial aid program must be administered—and financial aid records kept—in accordance with applicable state and federal requirements.
2. The program/institution must provide precise and complete information to students about opportunities and requirements for financial aid. The program/institution must ensure that students receiving financial aid participate in required interviews where loan repayment responsibilities are explained. Students have the opportunity to receive staff assistance in planning for efficient use of financial aid and the student's own resources for education in order to help students keep their borrowing at a responsible level.
3. The program/institution closely monitors student loan default rates; the program's default rate on loan programs, if ascertainable, is within acceptable limits under applicable state and federal law.

E. Academic Advisement

1. Students must have ready access to academic advising, and should have ready access to personal counseling.
2. The program/institution should have in place mechanisms to identify at-risk students and address their needs in a timely manner; should it become apparent that a student lacks the abilities necessary to successfully complete the program, he or she should be counseled out of the program in a timely manner.

F. Official Publications and Online Resources

1. The program/institution shall make available to students and to the general public a catalog, calendar, student handbook or comparable official publication (or publications) that, at a minimum, accurately sets forth its:
 - i. Current mission, and educational goals and objectives
 - ii. Admissions requirements and procedures
 - iii. Transfer credit and advanced standing policies, including the criteria for accepting transfer credit
 - iv. Tuition, fees and refund policies
 - v. Opportunities and requirements for financial aid (if applicable)
 - vi. Academic performance requirements
 - vii. Policies and procedures related to satisfactory academic progress
 - viii. Rules for student conduct
 - ix. Student disciplinary procedures
 - x. Student grievance procedures
 - xi. Grading and attendance policies
 - xii. Program completion requirements
 - xiii. Members of the administration, including their positions
 - xiv. Faculty members
 - xv. Non-discrimination policy
 - xvi. Academic calendar
 - xvii. Program sequence or curriculum outline
 - xviii. Course descriptions for each course
 - xix. Sources of information on the legal requirements for certification, licensure and entry into the profession, if readily available
2. Publications, advertising and other communications must provide complete, accurate and clear information regarding the nutrition professional program. Publications and advertising must not misrepresent employment, career and licensure opportunities.
3. The program/institution must publish its status and relationship with the ACNPE and provide the ACNPE's address and phone number in accordance with ACNPE policy.

G. Library and Information Resources

1. The institution must have a library and other information resources that are appropriate to the needs of the program's students and faculty and delivery model, including a collection of materials in a variety of formats that is appropriate to the program curriculum.
2. There must be ready access to library and information services for both residential students and students enrolled in online/distance education courses, including access

to qualified library personnel.

Standard VII: Finances

- A. The Institution in which the nutrition professional program is located shall allocate sufficient financial resources to the program 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, and educational goals and objectives;
 - 2. Maintain a program faculty that meets ACNPE's standard on faculty and that allows for adequacy of instruction;
 - 3. Maintain a program administration that meets ACNPE's Standard on Organization and Administration;
 - 4. Provide facilities, equipment and other learning resources to the program that meet ACNPE's standard on facilities and equipment; and
 - 5. Fulfill existing program commitments and complete the instructional commitment to current enrollees.
- 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. Program administrators and other relevant personnel are involved in the development of the annual budget, are provided with regular financial reports, and are informed of budget changes in a timely manner. Program administrators shall have appropriate authority and autonomy to utilize budgeted resources to achieve the program's mission, and educational goals and objectives.
- C. Financial considerations must not compromise the mission and quality of the program, or cause more students to be enrolled than the program's resources can reasonably accommodate.

Standard VIII: Facilities and Equipment

- A. The institution offering the nutrition professional program must have facilities and resources that are sufficient to meet its needs. Classroom and other instructional space (e.g. clinic space, if applicable)—and/or the space and equipment necessary for offering online instruction— must be appropriate to the curriculum, instructional and training methods, and the size of the student body. Faculty and staff offices, conference areas and other

physical resources must be sufficient for carrying out teaching, administration, and other assigned responsibilities. Online programs must have the resources and processes in place to address Policy 9 (Online and Distance Education). This includes and appropriate learning management system, security and proctored examination system, instructional design resources, faculty training, and technical support for faculty and students appropriate for the program's needs.

- B. The facilities must be safe, accessible, and appropriately maintained, and must meet federal, state and local fire, safety, health and other applicable rules and requirements.
- C. There must be sufficient instructional, office, computer/IT and other systems, equipment and supplies to meet the needs of the faculty, staff and student body, and to support the delivery model(s) used by the program. Systems, equipment, and supplies must be appropriately maintained, and replaced as needed.
- D. Facilities and equipment should be allocated to the program in accordance with a comprehensive plan. Appropriate program administrative staff must have input into the planning process to ensure that the program's needs are addressed.
- E. Adequate record storage, back-up and recovery procedures must exist for all essential records, including student records and patient records, if applicable.

Part Four: Self-Study Guide for Accreditation

■ 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., staff, faculty, students, the governing board, 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. As explained below, if a program submits a self-study report that does not meet the Council's requirements, it will be required to revise and resubmit the report; additionally, submission of an unacceptable report may result in the imposition of certain penalties or an adverse action by the Council.

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 applicable policies, 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 chapters/sections:

Table of Contents

Introduction: Background and History

1. Accreditation Standard I: Mission
2. Accreditation Standard II: Organization and Administration
3. Accreditation Standard III: Faculty
4. Accreditation Standard IV: Program of Study
5. Accreditation Standard V: Assessment
6. Accreditation Standard VI: Admissions and Student Services
7. Accreditation Standard VII: Finances

8. Accreditation Standard VIII: Facilities and Equipment
9. Compliance with ACNPE Policies
10. 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 institution'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, resources, faculty, students, curriculum, services, and activities 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 educational experience and success of students. 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—ideally at least a year before the anticipated submission date for the self-study report—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 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. This orientation normally takes place about one year prior to the submission deadline for the self-study report, and must take place at no later than nine months before the submission deadline.

■ 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, eight chapters that address the eight 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 institution and the program, including information on the institution's/program's authorization to operate and applicable accreditation(s). 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.

Eight Chapters on the Eight Accreditation Standards

The self-study report must include a chapter on each of the eight 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 institution/program in relation to each accreditation standard, the programmatic mission and, where applicable, student 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, faculty, operations, activities, institutional structures and processes, etc., in regard to 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 the its mission and educational objectives, meet the accreditation standards, and achieve specified student outcomes.

Questions for reflection are presented below to assist the institution/program with analyzing and assessing its processes, structures and activities in relation to its mission and educational objectives. Many of the questions are designed to determine the program's degree of compliance with ACNPE's accreditation standards; they are also intended to stimulate internal self-evaluation and to suggest areas of further study and evaluation. The program/institution may also wish to consider other questions that it believes are pertinent to its particular circumstances, and is encouraged to appraise, in its own fashion, significant aspects of its program about which no questions are specifically asked. Once these questions have served the purpose of eliciting essential information, the material must be organized into a coherent narrative presentation; a question-and-answer format for presenting information is not acceptable.

Plans and Recommendations for Future Development

Having described and appraised its practices in a given 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 by the board, administration and faculty to improve the quality of its educational programs and services 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, so as 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 accreditation standards, the ACNPE Handbook of Accreditation publishes three policies that a program must observe: Policy 5 (“Representation of a Program's Relationship with the Council”), Policy 6 (“Record of Student Complaints”), and Policy 9 (Online and Distance Education). In this chapter of the Self-Study Report, the program must describe and document how it complies with these three 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 eight 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. Because both the timeline for implementation and the program's structure for long-range planning must have the support of the governing board, administration and faculty in order to be successful, this support must be demonstrated and documented in the summary chapter.

■ **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 120 pages double-spaced or 90 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. The maximum page limit for appendices is 500 pages, not including course catalogues, student/faculty/employee handbooks, and other related manuals.
9. The hardcopy version of the report must be bound or placed in a loose-leaf binder (for ease of last-minute revisions, a loose-leaf binder is recommended). No more than two separate volumes may be submitted (e.g., a report binder and an appendices binder); however, catalogues, handbooks, manuals, etc., may be provided as separate documents and do not

need to be part of the bound report (it is helpful if they are placed in a binder insert or pocket).

10. 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 a draft version of the self-study report (and appendices) at least six 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, as follows:

- A word version of the report and PDF of the appendices must be emailed to the Executive Director for sharing with the review committee.
- In some cases, one hardcopy of the draft report and appendices mailed to the Executive Director may be requested (please check in advance).

Within 60 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 version of the self-study report that takes into account any feedback from the review committee at least two months prior to the date of the scheduled date for the evaluation visit, as follows:

- A PDF version of the final report and appendices must be emailed to the Executive Director for sharing with the site visit team.
- In some cases, hardcopies of the final report mailed to the Executive Director and members of the site team may be requested (please check in advance).

The Executive Director will supply to the program the contact information of individuals to whom the report should be submitted directly.

■ 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 two months 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.

■ Questions for Reflection and Required Report Materials

The purpose of this section of the Self-Study Guide is three-fold:

1. To provide guidance on the content of a clinical nutrition program’s self-study report to ensure that the report is comprehensive and responsive;
2. To encourage deep reflection about the program among the participants in the self-study process for the sake of ongoing improvement; and
3. To identify the supporting materials that the program must supply, either as appendices to the self-study report or onsite during the evaluation visit. Materials required to be available onsite should either be accessible in the team workroom—in hardcopy or electronic form—or should be made readily available to team members in specified locations. (Note that site team members have the discretion to request any additional materials they may need to conduct the visit.)

As noted earlier, 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 Self-Study Guide. To that end, the Council encourages each program to formulate additional questions as part of its in-depth exploration.

There may be some redundancy in the questions due to occasional overlap in the content of Council’s accreditation standards. Programs are encouraged to use their discretion in presenting information so as to avoid unnecessary repetition, provided that the self-study report comprehensively addresses all of the standards.

STANDARD I: MISSION

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. A copy of the institutional mission, programmatic mission and learning outcomes/objectives.
2. Documentation that demonstrates periodic review and, as applicable, approval of mission and objectives (e.g., samples of meeting minutes).

REQUIRED TEAM WORKROOM MATERIALS

Copies of publications containing the programmatic mission and objectives.

QUESTIONS FOR REFLECTION

Section A

Describe and analyze how the programmatic mission reflects master's degree level education, and is consistent with the institution's mission and operating authority.

Is the mission consistent with ACNPE's accreditation standards? Does it provide clear direction for the program? In what ways, if any, could the content or wording of the mission be strengthened?

Section B

Describe the process by which the programmatic mission was developed, including the ways in which the program's constituencies participated. Was there an opportunity for input from all of the major constituencies, including the administration, faculty and students?

Section C

Describe and analyze how the mission informs the development of the program's curriculum and learning outcomes.

Describe and analyze how the mission provides a foundation for the program's activities, services and policies. Does it inform the strategic planning process and guide the allocation of resources?

Section D

Describe and analyze the process for disseminating the mission in institutional and program

publications: Is it widely and consistently disseminated? Is it generally understood and supported by the program's constituencies? Could it be more effectively disseminated? If so, how?

Section E

Describe and analyze the extent to which the program is successful in achieving its mission: How are student achievement/outcomes data used as to determine the extent to which the program is successful in achieving the mission? Describe any actions the program has taken to improve student outcomes in relation to the mission.

Section F

Describe the process for periodically re-evaluating the mission. How is information derived through the program's ongoing self-study and assessment processes incorporated into the re-evaluation process? Has the program made any curriculum revisions or other changes that may necessitate revising the mission?

STANDARD II: ORGANIZATION AND ADMINISTRATION

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. Documentation from relevant agencies demonstrating degree authorization for the program and institutional accreditation for the institution.
2. An organization chart or charts that outline the administrative structure of the institution and the nutrition program, and that show how the program administration relates to the institutional administration.
3. Position description for the dean/chief academic officer of the program (i.e., the person responsible for leading the program).
4. CV/résumé for the dean/chief academic officer of the program.

REQUIRED TEAM WORKROOM MATERIALS

1. The latest official reports on the program and institution from the institutional accrediting agency and any governmental regulatory agencies that oversee the institution and/or program.
2. Current strategic/long-range plan for the program.
3. Personnel/employee handbook(s)/manual(s).
4. Copies of performance evaluation forms.
5. Position descriptions for senior program administrative staff.
6. CVs/résumés for senior program administrative staff.

QUESTIONS FOR REFLECTION

Section A

Describe the institution's accreditation status with an institutional accrediting agency. Which state agency is responsible for degree authorization of the clinical nutrition program? Are there any compliance/regulatory issues currently regarding either the accreditation status of the institution or degree authorization status of the program?

Section B

Describe and analyze the ways in which the program can formally communicate to the institution's governing board and administrative leadership regarding its needs, and can provide input on relevant institutional and program issues: Do these channels allow for regular and effective communication?

Section C

Summarize the professional qualifications of the program's dean/chief academic officer: Are they appropriate for the position? Describe and analyze the chief academic officer's job responsibilities: Does he or she have sufficient authority and autonomy to effectively manage the program? What role does he or she play in formulating the program's budget and participating in strategic planning for the program? Does he or she ensure that the program curriculum is regularly reviewed and revised as needed? What changes, if any, might be needed in the role of the chief academic officer to better meet the needs of the program?

Describe and analyze the program's organizational structure and administrative staffing: Is the program administration structured in a way that enables it to carry out its work effectively: Are job responsibilities and reporting lines clear? Do individual administrators have appropriate authority? Is there sufficient administrative staffing to meet the needs of the program and achieve the program's mission? Are administrators appropriately qualified for their roles? Is the administrative staffing reasonably stable? What are the strengths and weaknesses of the program administration?

Describe and analyze the institution's human resources policies and procedures: Are they comprehensive? Do they provide for the regular evaluation of employee performance and the mechanisms for faculty advancement in rank? Is there a reasonable grievance policy for employees? Are there non-discrimination and equal opportunity policies in place? Within the constraints of its resources, does the institution and program provide opportunities for professional development? Are there any gaps or weaknesses in the human resources policies and procedures?

Describe and analyze the mechanisms in place for faculty, administrative staff, students and

other appropriate constituencies to communicate their needs to the program's leadership team and provide input into matters of significant interest to them: Do these mechanisms provide reasonable access? Do faculty members have opportunities to provide substantive input into policy matters related to the educational program and faculty? What are the avenues by which the program's leadership team responds to such input? What weaknesses, if any, are there in regard to effective communication with the program's leadership team?

STANDARD III: FACULTY

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. A list of the faculty members who teach in the program, including: educational credentials; rank; full-time, part-time or adjunct status; and number of years at the institution.
2. Faculty handbook (or comparable publication).

REQUIRED TEAM WORKROOM MATERIALS

1. Any other personnel or policy manuals pertaining to faculty.
3. CV's/résumés of all program faculty.
4. List of faculty load/course assignments for the current academic year.
5. Faculty senate meeting minutes for the current and previous academic year.
6. Committee meeting minutes for the current and previous academic year.
7. Copies of forms used for faculty evaluation.
8. Examples of faculty development offerings and activities.

QUESTIONS FOR REFLECTION

Preamble and Section A

Describe and analyze the overall size, qualifications and credentials of program faculty: What qualifications are generally required of faculty members to teach in the program?

Describe and analyze the composition of the program faculty in terms of the number of full-time, part-time and adjunct faculty members: Is there overall a sufficient number of faculty to effectively meet program needs? What weaknesses, if any, are there in this regard? Are there any issues in relation to faculty instructional and academic administrative workload? Are there any challenges in recruiting a sufficient number of qualified individuals to serve on the faculty?

Section B

Do faculty members generally have appropriate professional experience, advanced/terminal degrees and instructional experience for their teaching assignments? Are there any weaknesses in the qualifications and/or professional experience of the program faculty?

Describe and analyze the ways in which faculty are encouraged or required to engage in professional development activities that enable them to keep abreast of their fields: Are there institutional policies regarding professional development? What opportunities, assistance and incentives are provided to promote professional development?

Section C

Describe the various responsibilities of the program faculty in addition to instruction, including administrative responsibilities and student advisement. How does the program/institution ensure that the conditions of service, such as assigned teaching loads, are reasonable and equitable?

Section D

Describe and analyze the institution's/program's faculty handbook(s) or comparable publication(s): Do these publications clearly set forth policies regarding hiring and termination, faculty promotion, salary and benefits, tenure (if applicable), teaching loads, instructional responsibilities, non-instructional responsibilities, conflict of interest, the resolution of grievances, academic freedom, and other areas that pertain to faculty? Do policies reflect a commitment to equal employment opportunity and non-discrimination? Are handbooks and policies sufficiently comprehensive and up-to-date? What changes, if any, might be needed to improve particular faculty policies or the handbooks?

Do program faculty members receive contracts specifying their employment terms and responsibilities? Are faculty members periodically evaluated? Who is responsible for conducting performance evaluations and how often do they take place? How is poor performance addressed? Are there any weaknesses in the evaluation process?

Section E

Describe and analyze the avenues by which program faculty can communicate among themselves and with the relevant administrative staff members of the program and institution: Do faculty and/or program staff find the current avenues for communication adequate to their needs? If not, how could they be improved?

Describe and analyze the faculty governance organization and the involvement of faculty members in it: How often does it meet? Does it operate according to a set of bylaws or some

other policy document? Is it appropriate to the size and complexity of the institution and broadly representative of the faculty? What changes, if any, might increase the effectiveness of faculty governance?

Describe and analyze the ways in which the full-time and other program faculty members are involved in the development and implementation of the program's curriculum, including specific examples—if any—of how faculty members have contributed to developing and revising the curriculum. Are faculty members and academic administrative staff satisfied with the faculty's role in curriculum development? What changes, if any, might benefit the program?

STANDARD IV: PROGRAM OF STUDY

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. An outline of the program curriculum, if different from that appearing in the catalog.
2. Any diagrams or charts that illustrate the integration or flow of the curriculum.
3. A copy of a typical course syllabus.
4. A copy of the clinic manual (or similar publication), if applicable.
5. A curriculum map or equivalent demonstrating how the core courses of the master's program explicitly meet the ACNPE core competencies outlined in Standard IV, Program of Study. Sufficient detail should be included to demonstrate that the specific topics in each competency are taught and / or assessed within a core required course.

REQUIRED TEAM WORKROOM MATERIALS

1. A hardcopy and/or electronic file containing all course syllabuses.
2. Policies and documentation related to any off-site clinical experiences, if applicable.
3. Copies of affiliation agreements with any off-site clinical training facilities, if applicable.

QUESTIONS FOR REFLECTION

Preamble

- Describe and analyze the prerequisite requirements for admission into the program: Which ACNPE competencies are attained through prerequisite coursework? Do the prerequisites adequately prepare students for entrance into—and successful completion of—the program? What changes, if any, to the prerequisite requirements would improve student success in the program?

- Describe and analyze core course requirements for the degree. Which ACNPE competencies are attained through core courses? What changes, if any, in required courses would improve student success in the program?

Section A – Fundamental Principles of Nutrition

Subsection 1: Information Literacy

Describe and analyze how well students in the program develop information literacy abilities, including the ability to:

- Demonstrate the information literacy skills necessary to practice evidence-based nutrition.
- Apply knowledge of research methodology to evaluate research findings and translate findings into evidence-based therapies for clients.

In what ways, if any, could the program be improved in these areas?

Subsection 2: Life Cycle

Describe and analyze how well students in the program learn about life cycles and how they relate to clinical nutrition, including the ability to:

- Distinguish the physiological changes associated with life cycle stages, including: pregnancy and lactation, infancy, childhood, adolescence, adulthood, and elderhood.
- For each life cycle stage, understand and predict its impact on nutrient requirements, including nutrient absorption, metabolism, and transport.
- Identify appropriate nutritional assessment for each life cycle stage.
- Understand the impact of environmental factors on nutritional status through the lifecycle (e.g., diet, heavy metals, pesticides, herbicides, persistent organic pollutants, etc.).

In what ways, if any, could the program be improved in these areas?

Subsection 3: Nutritional Biochemistry

Describe and analyze how well students in the program learn about nutritional biochemistry, including developing the ability to:

- Describe the structure, function, and metabolism of carbohydrates, protein, lipids and nucleic acids.
- Demonstrate working knowledge of energy production and regulation.
- Explain pathways of intermediate metabolism, with specific emphasis on the role of macro and micronutrients in these pathways, including: energy production and regulation, fluid and electrolyte balance, regulation of acid-alkaline balance, glucoregulation, free radical regulation, and inflammatory pathways.
- Demonstrate knowledge of specific biochemical defects involved in common chronic

metabolic conditions.

- v. Demonstrate the role of personalized genomics on nutritional biochemistry.
- vi. In what ways, if any, could the program be improved in these areas?

Subsection 4: Metabolism of Nutrients

Describe and analyze how well students in the program learn about metabolism of nutrients, including developing the ability to:

- i. Describe metabolism of macro- and micronutrients.
 - ii. Recognize major pathways of inflammation and oxidative stress, such as cytokine and eicosanoid pathways and their role in health and disease.
 - iii. Identify the mechanisms of nutrient digestion, absorption, and transport.
 - iv. Recognize factors that facilitate or interfere with absorption and transport of nutrients.
- In what ways, if any, could the program be improved in these areas?

Subsection 5: General Nutrition-Related Physiology

Describe and analyze how well students in the program learn about physiology as it relates to nutrition, including developing the ability to:

- i. Differentiate physiology and pathophysiology of the human body through the perspective of conventional, integrative and nutritional healthcare.
- ii. Explain the physiological concepts of homeostasis and allostasis.
- iii. Recognize maldigestion and malabsorption and consequences to macronutrient and micronutrient status.
- iv. Understand how gastrointestinal health interacts with the brain.
- v. Recognize the role of nutritional excess and insufficiency in relationship to health and disease.
- vi. Discuss the impact of chronic stress on digestive tract function and other body systems and the impact on human health over time.
- vii. Differentiate the pathophysiology of food allergy, intolerance, and sensitivity.
- viii. Explain the functions of the gut microbiota, its regulation of multiple body systems, its impact on nutrient requirements, and its impact on human health and vitality.
- ix. Explain the functions of adipose tissue as a metabolic endocrine organ and its impact on health and disease.

In what ways, if any, could the program be improved in these areas?

Section B – Nutrients and Foods in Human Health

Subsection 1: Function of Nutrients and Food Components

Describe and analyze how well students in the program learn about the function of nutrients, including:

- i. Developing working knowledge of functions of macronutrients, micronutrients and

- accessory nutrient co-factors (e.g., phytochemicals and zoochemicals*) in the body.
- ii. Recognizing the difference in function of soluble and insoluble fibers.
 - iii. Identifying the role and application of prebiotics, probiotics, and fermented foods in digestion and absorption.
 - iv. Applying principles of nutrient density.

In what ways, if any, could the program be improved in these areas?

Subsection 2

Describe and analyze how well students in the program learn to recognize signs and symptoms of macronutrient and micronutrient insufficiency/deficiency for application in clinical practice and nutrition education. In what ways, if any, could the program be improved in this area?

Subsection 3

Describe and analyze how well students in the program learn to recognize and appraise tolerable upper intake levels of nutrients, and the symptoms and treatment of nutrient toxicity. In what ways, if any, could the program be improved in these areas?

Subsection 4: Food Policy and Food Safety

Describe and analyze how well students in the program learn about food policy and food safety, including the ability to:

- i. Recognize the advantages and limitations of governmental policy, agricultural methods, transportation, processing, storage, environmental inputs, and food preparation techniques on nutrient value, food quality, and health risks (e.g., pesticide use, food processing, food additives, genetically engineered organisms [GMOs], and heavy metals).
- ii. Articulate basic principles of food safety, including causes and preventive measures for most common food borne illnesses and populations at risk.
- iii. Understand basic principles of food systems management.

In what ways, if any, could the program be improved in these areas?

Subsection 5: Micronutrient Sources

Describe and analyze how well students in the program learn about micronutrient sources, including the ability to:

- i. Apply food sources of micronutrients in dietary recommendations.
- ii. Identify key nutrients used in food fortification.
- iii. Demonstrate knowledge of quality and efficacy of micronutrient dietary supplements.

In what ways, if any, could the program be improved in these areas?

Subsection 6: Nutrient Requirements

Describe and analyze how well students in the program learn about nutrient requirements, including the ability to:

- i. Evaluate and apply current USDA guidelines for preventive and therapeutic interventions.

- ii. Demonstrate understanding of, and to differentiate and utilize, a wide range of nutraceuticals for health maintenance and disease management.

In what ways, if any, could the program be improved in these areas?

Subsection 7

Describe and analyze whether students in the program develop a working knowledge of roles that bioactive components in foods play in health maintenance and disease management. In what ways, if any, could the program be improved in these areas?

Section C – Nutrition Assessment

Subsection 1

Describe and analyze how well students in the program learn to assess clients via a comprehensive health and lifestyle history, including physical, psychosocial, medical, behavioral, and stress factors. In what ways, if any, could the program be improved in this area?

Subsection 2

Describe and analyze the degree to which students understand how to conduct a nutrition physical examination. In what ways, if any, could the program be improved in this area?

Subsection 3

Describe and analyze how well students in the program learn about biochemical and laboratory assessment—both standard and functional—and their ability to determine nutrient status, metabolic imbalances, and ethical use of such testing methods. In what ways, if any, could the program be improved in these areas?

Subsection 4

Describe and analyze the degree to which students in the program are familiar with the basic genetic, genomic, and epigenetic factors that influence nutrition status and requirements. In what ways, if any, could the program be improved in this area?

Subsection 5

Describe and analyze how well students in the program develop the ability to utilize scientifically supported and client-specific anthropometrics testing methods. In what ways, if any, could the program be improved in this area?

Subsection 6

Describe and analyze how well students in the program learn to evaluate and understand effective methods to acquire individual's dietary intake based on caloric values and macro- and micronutrient balance. In what ways, if any, could the program be improved in this area?

Subsection 7

Describe and analyze how well students in the program develop the ability to assess the impact of dietary patterns on individual health status, taking into consideration the impacts of:

- i. Hydration
- ii. Stress physiology
- iii. Sleep patterns
- iv. Medication or substance abuse
- v. Current nutrient guidelines
- vi. Perinatal and early childhood diet
- vii. Healthful and disordered eating patterns and relationship with food
- viii. Value of nutraceutical**/dietary supplementation
- ix. Stage of life
- x. Environmental factors

In what ways, if any, could the program be improved in these areas?

Subsection 8

Describe and analyze how well students in the program learn about the identification of clinical status, including the ability to do the following

- i. Correlate constellations of symptoms and/or lab results in recommendation for nutrition interventions.
- ii. Identify symptoms or scenarios that require medical or psychological referrals.
- iii. Identify obesity status and potential etiology.
- iv. Determine glucose regulation and risk or presence of insulin resistance, diabetes.
- v. Recognize presence or risk of renal disease and medical interventions.
- vi. Differentiate client's presentation of acute disease, chronic disease or health risks.

In what ways, if any, could the program be improved in these areas?

Section D – Clinical Intervention and Monitoring

Subsection 1: Medical Nutrition Therapy

Describe and analyze how well students in the program learn to:

- i. Apply principles of nutritional bio-individuality and lifestyle based on nutritional assessment to formulate personalized nutrition care plans. These plans include dietary and nutraceutical interventions for prevention, modulation, and management of individuals with chronic and or complex, systemic disorders, including:
 - a) obesity
 - b) cardiovascular disease
 - c) insulin resistance, metabolic syndrome, and diabetes
 - d) autoimmune disorders
 - e) gastrointestinal disorders

- f) hematologic disorders
 - g) bone disorders
 - h) hepatic disorders
 - i) pulmonary disorders
 - j) renal disorders
 - k) cognitive/neurodegenerative disorders l) psychological and psychiatric disorders
 - m) food allergies, sensitivities, and intolerances
 - n) eating disorders
 - o) co-morbidities and complex medical disorders
 - p) diseases related to malnutrition
 - q) hormonal and endocrine disorders
- ii. Apply nutritional therapy in compromised individuals (e.g., chemotherapy, radiation, dialysis, surgical procedures, etc.).
 - iii. Apply nutritional therapy in immunocompromised individuals (e.g., cancer, HIV-AIDS, tuberculosis, etc.).
 - iv. Educate clients in diabetes self-management.
 - v. Assess and utilize a variety of therapeutic diets and medically prescribed diets.
 - vi. Demonstrate working knowledge of the positive and negative aspects of popular diets and the application to dietary recommendations for specific individuals.
 - vii. Apply scientific evidence and methods when developing personalized nutrition care plans.
 - viii. Understand basic principles of enteral and parenteral nutrition support.
- In what ways, if any, could the program be improved in these areas?

Subsection 2

Describe and analyze how well students in the program learn to assess and evaluate drug-nutrient, drug-herb, alcohol, and dietary interactions. In what ways, if any, could the program be improved in these areas?

Subsection 3: Nutraceutical and Dietary Supplement Therapeutics

Describe and analyze how well students in the program develop the ability to:

- i. Demonstrate working knowledge of evidence-based dose and duration of use of nutraceuticals for common conditions.
- ii. Demonstrate working knowledge of good manufacturing practices and other markers of quality end-products.

In what ways, if any, could the program be improved in these areas?

Subsection 4: Body Composition, Energy Balance, and Regulation of Metabolism

Describe and analyze how well students in the program learn to:

- i. Apply the effect of age, weight, body composition, physical activity and health status on

energy requirements.

- ii. Calculate energy requirements of a given individual for weight loss or weight gain.
- iii. Explain the effect of body composition on health and disease.

In what ways, if any, could the program be improved in these areas?

Subsection 5

Describe and analyze how well students in the program learn to monitor and evaluate client progress with nutrition care plans and modify as required for maintenance, restoration and attainment of optimal health. In what ways, if any, could the program be improved in these areas?

Section E – Basic Counseling and Motivational Skills

Subsection 1

Describe and analyze how well students in the program learn to use the following counseling skills:

- i. Establish rapport.
- ii. Reflective listening and effective interview techniques to solicit responses.
- iii. Identify and address a client’s individual challenges.

- iv. Set realistic goals based on a client’s identified expectations, goals and readiness/ability to make change.
- v. Monitor intervention and revise treatment based on a client’s progress.
- vi. Motivate client to make changes needed to transform health and meet goals.
- vii. Monitor client progress with treatment plans and monitor as required.
- viii. Demonstrate behavior modification/optimization skills to:
 - a) Address the behavioral issues specific to the obese client and those with emotional and disordered eating patterns.
 - b) Identify links between behaviors learned in childhood, cultural weight/size messages, and their impact on body image, obesity, eating patterns, and chronic health issues in adulthood.
 - c) Apply psychological and motivational skills to enhance clinical outcomes.

In what ways, if any, could the program be improved in these areas?

Subsection 2: Cultural Issues and Boundaries

Describe and analyze how well students in the program are able to:

- i. Demonstrate working knowledge of nutrition issues within major American demographics. ii. Demonstrate working knowledge of dietary patterns, health related benefits or concerns, and belief systems of commonly encountered ethnic cultures (e.g., Asian, Indian, Hispanic, African American, Caucasian).
- iii. Develop nutrition care plans and interventions, taking into consideration the impact of personal and cultural beliefs on dietary and lifestyle patterns.

In what ways, if any, could the program be improved in these areas?

Section F – Professional Issues

Subsection 1: Scope of Practice and Careers

Describe and analyze the degree to which students in the program:

- i. Are familiar with the scope of practice of nutrition and the importance of working in collaboration with other healthcare providers for integrative care.
- ii. Are familiar with HIPAA regulations and compliance.
- iii. Are able to identify potential workplaces for nutrition professionals and credentialing requirements.
- iv. Are familiar with national and state regulations that affect the profession.
- v. Recognize role of professional and credentialing organizations

In what ways, if any, could the program be improved in these areas?

Subsection 2: Practice Management Principles and Skills

Describe and analyze the extent to which students in the program are:

- i. Familiar with key tasks needed to setup a private practice and practice building strategies.
- ii. Familiar with the process of developing a business plan, including legal issues and insurance requirements.
- iii. Familiar with basic marketing techniques for healthcare practices.
- iv. Familiar with health technologies relevant to the practice of nutrition.
- v. Familiar with effective means of communication and media outreach.

In what ways, if any, could the program be improved in these areas?

Definitions:

* zoochemicals: the animal equivalent of phytochemicals in plants. They are compounds in animals that are believed to provide health benefits beyond the traditional nutrients that foods contain.

**nutraceuticals: foods or part of foods, that provide health benefits, including isolated nutrients, dietary supplements, botanicals, and medical foods.

Section G – Additional Program Requirements

Subsection 1

What is the length of the program in semester, trimester or quarter credit hours? (Note that the minimum required length for an ACNPE-accredited program is 33 semester credit hours or the equivalent, not including prerequisite courses.) Is the program length appropriate for achieving its mission and effectively meeting ACNPE's standards?

Subsection 2

Provide information/evidence that demonstrates that the course content and rigor of the program are appropriate to master's degree level training.

Subsection 3

Under ACNPE's standards, programs may be taught using an online, blended or residential delivery formats. Describe the delivery format(s) used by the program: Are they effective? What changes to the delivery, if any, might improve the overall program and student learning outcomes?

STANDARD V: ASSESSMENT

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. A copy of the program's assessment policy or plan
2. Document demonstrating the process in place for assessing the progress and success of students in attaining the knowledge, skills, competencies, and attitudes required by the program.

REQUIRED TEAM WORKROOM MATERIALS

2. Examples of a variety of assessment tools used by the program.
3. Examples from the last three years of data/information gathered in accordance with the assessment policy or plan.
4. Program completion rates for the last five years.
5. Information/data gathered on the professional activities and success of graduates of the program during the last five years.

QUESTIONS FOR REFLECTION

Preamble

Describe and analyze the educational goals and objectives of the program: Do they reflect the programmatic mission? In what ways, if any, could they be improved?

Describe and analyze the ways in which the program engages in ongoing improvement through its assessment processes: How successful is the program in meeting its mission, goals and objectives? What shortcomings are there, if any, in this regard? How might the program increase its success?

Describe and analyze the assessment plan/process the program utilizes to evaluate student

success: Does it provide accurate information regarding the progress and success of students in attaining the knowledge, skills, competencies, and attitudes required by the program?

Section A

Describe and analyze how consistently and effectively the program engages in assessment activities in accordance with its assessment plan/process: Who is responsible for conducting assessment activities, and which constituencies are involved and in what ways? Are assessment activities conducted regularly? Are the results of assessment activities used to identify and address deficiencies in the content and delivery of the program? If so, what are some recent examples of this?

Section B

Provide information/evidence that shows that the program is committed to ongoing improvement through periodic, systematic review of its educational goals and objectives, training model, and curriculum. Describe and analyze the degree to which the program's educational goals and objectives, training model, and curriculum are appropriate in relation to:

1. the programmatic mission;
2. regional and national needs for nutrition professional services;
3. national standards of professional competency and practice in the field of professional nutrition; and
4. the evolving body of scientific and professional knowledge; and graduates' career paths.

What deficiencies, if any, in relation to the program's educational goals and objectives, training model, and curriculum have been identified?

Section C

Describe and analyze the principles and methods utilized by the program, including the grading system, for the ongoing assessment of student achievement in relation to the subject matter and competencies set forth in Standard IV (Program of Study): Are a variety of assessment measures used, and are they systematically and sequentially applied throughout the program? How comprehensive and effective are these measures?

Section D

Describe and analyze the data/records that the institution/program gathers and maintains on the professional career development and success of the program's graduates, including—as may be available and relevant—data on program completion, state licensure and national certification. How is this information used to evaluate and improve the program of study?

Section E

If the program is offered at multiple institutional sites, are equivalent methods and standards of student assessment applied at all of the sites.

STANDARD VI: ADMISSIONS AND STUDENT SERVICES

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. Student handbook (or comparable publication).
2. Institutional and program catalogs.

REQUIRED TEAM WORKROOM MATERIALS

1. Student council meeting minutes, if any, for the last three years.
2. Statistics on students and graduates for the last five years, including number of applicants, admitted students, and graduated students, as well as available demographic information on the student body (e.g., breakdown by gender, age, race, ethnic origin).
3. Statistics on cohort loan default rates for the program for the last three years, if available.
4. A copy of the program's most recent annual report to the ACNPE.
5. Brochures, etc., describing student services.
6. Examples of print advertisements, brochures and other marketing materials, particularly those related to student admissions.
7. Financial aid policies and information on financial aid that is available to students.

QUESTIONS FOR REFLECTION

Section A – General Provisions

Describe and analyze the degree to which the program's student services and activities reflect the program's mission, goals and objectives, support good student morale, and assist students in the achievement of professional growth as they progress through the program. Do the student services include, at a minimum, well-developed programs in the following areas: (i) admissions, (ii) orientation, (iii) advisement, and (iv) financial aid (if offered)? What are the perceived weaknesses, if any, of student services and activities?

Describe and analyze the student handbook (or comparable publication): Does it contain policies that clearly define the rights, privileges and responsibilities of students, and that specify the procedures for conducting disciplinary and academic standing proceedings for violations of those

responsibilities? Whenever the faculty or administration take a formal action that adversely affects the academic or enrollment status of a student, is there a fair, clearly defined and documented process that includes timely notice of the impending action, disclosure of the grounds on which the action would be based, an opportunity for the student to respond, and an appeals process in the event of an adverse action? Are there any perceived weaknesses in student policies in terms of comprehensiveness, clarity or content?

Describe and analyze the mechanisms by which the program can systematically obtain student views and input into institutional and programmatic planning and decision-making. Are these mechanisms perceived as adequate?

Does the student handbook (or a comparable publication) set forth fair and efficient policies and procedures for reviewing and responding to formal complaints and grievances made by students? Does the program maintain a record of their disposition during the preceding three-year period demonstrating that these complaints and grievances were handled in an equitable manner according to the published policies and procedures?

Section B – Admissions

Describe and analyze the program's published student admissions policy: Does it clearly specify the educational prerequisites, personal characteristics and minimum qualifications of applicants that the program considers necessary for academic and professional success? Does it reflect the program's mission, goals and objectives?

Describe and analyze the actual student selection process: Who is involved? What steps does the institution/program take to identify applicants who possess the intellectual capacity, integrity and personal characteristics necessary to succeed in the program and become successful clinical nutritionists?

Describe and analyze the program's opportunities to provide input into the program's admissions policies and its involvement in the student selection process: Does the program's involvement in the admissions process support the goal of admitting qualified students?

Describe how the institution ensures that its admissions policies comply with applicable federal and state laws and regulations regarding non-discrimination and physical challenges that do not preclude the ability to meet the intellectual and technical standards of the program?

Are specific admissions policies (e.g., policies pertaining to transfer credit, advanced standing, re-admittance into the program, non-discrimination, etc.) clearly stated in programmatic/institutional

publications? Do enrollment, cancellation and refund policies comply with applicable federal and state laws and regulations?

Does the program/institution adhere consistently to the published admissions policies? What exceptions, if any, may be made to these policies based on well-founded and documented reasons? Are admissions files for students complete in terms of the documents the institution requires?

How does the institution ensure that recruitment and admissions activities are conducted legally and with honesty and integrity? How does the institution ensure that marketing materials and representations made to prospective students are clear and accurate?

Describe the program's transfer credit and advanced standing policies: Is the policy consistent with ACNPE's requirements? How does the program determine that the coursework for which transfer credit is granted is comparable to the program's required coursework in regard to the nature, content, and level of the learning experience?

In considering education and training obtained in foreign countries, does the program obtain advisory assistance from a reputable educational credential evaluation service for the interpretation of foreign educational credentials whenever the program lacks sufficient information or expertise to make an interpretation?

Does the admissions policy involve planning and periodic assessment to determine whether the policy is adequately serving the needs and interests of the students, program and profession? Are there ways in which the admissions policy and process could be improved?

Section C – Student Records

Describe the institution's/program's record keeping system, including the system for maintaining permanent academic records. How are the accuracy, completeness and safety of records assured? Describe policies and procedure governing students' access to their academic, attendance, financial and other records.

Describe the institution's policies and procedures regarding the information/data maintained in students' permanent records, as well as the retention, safety, security and disposal of records. Do policies and procedures pertaining to keeping records, allowing access to records, and release of information protect individual privacy rights and confidentiality? Are they perceived to be in the best interests of the student and the program? Do the institution's policies and procedures regarding record keeping, access to records and release of information comply with federal and state laws and regulations?

Does the program maintain data that allows for the compilation of the following records and statistics: student profiles showing the number of students enrolled, graduated and readmitted; admissions data showing the number of applications received and accepted; pass rates on national certification examinations (where available); student loan default rates (where available); and ages, gender, educational backgrounds, and racial/ethnic origins (optional) of the student body?

Section D – Financial Aid

Describe the various types of financial aid available to students. If the institution utilizes public resources to provide financial aid to students, describe how the institution ensures that the financial aid program is administered—and financial aid records are kept—in accordance with applicable federal and state requirements.

What information on opportunities and requirements for financial aid does the program provide to students? Do students who receive financial aid participate in required interviews where loan repayment responsibilities are explained? Do students have an opportunity to receive staff assistance in planning for the most efficient use of financial aid and in keeping borrowing at a responsible level? In what ways, if any, could the administration of the financial aid program be improved?

Describe how the program/institution closely monitors student loan default rates: Is the program's default rate on loan programs, if ascertainable, is within acceptable limits under applicable state and federal law.

Section E – Academic Advisement

Describe and analyze the academic counseling services for students. Do students have ready access to these services? How well do they integrate with and reinforce the efforts of faculty members, program administration and student affairs officers to support student success in the program? Do students have access to personal counseling, if needed? In what ways, if any, could student counseling services be improved?

Describe the mechanisms in place that enable the program/institution to identify at-risk students and address their needs in a timely manner. How does the program determine whether a student lacks the abilities necessary to successfully complete the program? How does the program/institution ensure that a student who lacks the abilities to successfully complete the program is counseled out of the program in a timely manner? Are the mechanisms for identifying and dealing with at-risk students satisfactory? If not, what plans are there for improving them?

Section F – Official Publications and Online Resources

Describe the publications (e.g., catalog, student handbook, etc.) the program makes available to students and to the general public that outline the program and provide related program information. Do these publications include—and accurately set forth—the information required under ACNPE Standard VI, Section F, Paragraph 1, namely:

- i. current mission, goals and objectives
- ii. admission requirements and procedures
- iii. transfer credit and advanced standing policies, including the criteria for accepting transfer credit
- iv. tuition, fees and refund policies
- v. opportunities and requirements for financial aid (if applicable)
- vi. academic performance requirements
- vii. policies and procedures related to satisfactory academic progress
- viii. rules for student conduct
- ix. student disciplinary procedures
- x. student grievance procedures
- xi. grading and attendance policies
- xii. program completion requirements
- xiii. members of the administration, including their positions
- xiv. faculty members
- xv. non-discrimination policy
- xvi. academic calendar
- xvii. program sequence or curriculum outline
- xviii. course descriptions for each course
- xix. sources of information on the legal requirements for certification, licensure and entry into the profession, if readily available

Do program/institution publications and other communications present accurate, clear and complete information regarding the nutrition professional program? Do they accurately present employment, career and licensure opportunities? What improvements, if any, are needed in program publications?

Does the program/institution publish its accreditation status and relationship with the ACNPE—and provide the Council’s address and phone number—in accordance with ACNPE policy?

Section G – Library and Information Resources

Describe in detail and analyze the library and other information resources available to the program’s students and faculty: Are these resources appropriate to the needs of the program’s

students and faculty? Do they reflect the program curriculum and how it is delivered? Are materials available in a variety of formats? What input does the program have regarding the acquisition of materials to meet the needs of its students? Do residential students and students enrolled in online/distance education courses have ready access to library and information services and access to qualified library personnel?

STANDARD VII: FINANCES

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. The program budget for the current fiscal year, including budget assumptions.

REQUIRED TEAM WORKROOM MATERIALS

1. The program's financial report for the most recent completed fiscal year, including the budget vs. actual report and budget assumptions.

QUESTIONS FOR REFLECTION

Section A

Describe and analyze the adequacy/sufficiency of the program's financial resources to:

1. Achieve the program's mission, educational goals and objectives;
2. Maintain a program faculty that meets ACNPE's standard on faculty and that allows for adequacy of instruction;
3. Maintain a program administration that meets ACNPE's Standard on Organization and Administration;
4. Provide facilities, equipment and other learning resources to the program that meet
5. ACNPE's standard on facilities and equipment; and
6. Fulfill existing program commitments and complete the instructional commitment to current enrollees.
7. In which areas, if any, are resources perceived to be insufficient/inadequate, and how does this affect the program?

Section B

Is the program provided with an annual budget that clearly sets forth the program's financial resources/revenues and expenditures? Is the budget based on reasonable assumptions? Are program administrators and other relevant personnel involved in the development of the annual budget? Are program administrators provided with regular financial reports, and informed of budget changes in a timely manner? Do they have appropriate authority and

autonomy to utilize budgeted resources to achieve the program's mission? Could the budgeting development, monitoring and utilization processes be improved in any ways that would support the effective administration of the program?

Section C

Analyze whether budget/financial considerations affect enrollment decisions. If so, is there an adverse impact on the mission and/or quality of the program? Analyze whether the program's resources can reasonably accommodate the number of students who are admitted and enroll.

STANDARD VIII: FACILITIES AND EQUIPMENT

REQUIRED APPENDICES FOR SELF-STUDY REPORT

None required.

REQUIRED TEAM WORKROOM MATERIALS

1. Facilities plan(s) that show the physical space used by the program for instruction, administration, faculty offices and other purposes.

QUESTIONS FOR REFLECTION

Section A

Describe and analyze the physical resources available to the program, including classroom and other instructional space, staff and faculty office space, and clinic space if applicable: Are the physical resources sufficient to achieve the program's mission, goals and objectives, given the size of the student body? Are they sufficient for carrying out teaching, administration and other assigned responsibilities, given the curriculum and instructional/training methods? If online instruction is used, are the equipment and other resources for this type of delivery appropriate and sufficient? What are the perceived deficiencies, if any, in the physical resources and equipment made available to the program?

Section B

Describe and analyze the ways in which the institution ensures that facilities are safe, accessible and appropriately maintained. Is there a schedule for routine and preventive

maintenance and necessary capital improvements of the facilities? Describe how the institution ensures that the facilities comply with federal and state and local fire, safety, health and accessibility laws and regulations.

Section C

Are there sufficient instructional, office, computer/IT and other systems, equipment and supplies to meet the needs of the program's faculty, staff and student body? Is there a schedule for routine maintenance of equipment, and are adequate funds budgeted to allow for maintenance and replacement as needed? What deficiencies, if any, are there regarding allocation, maintenance and replacement of equipment and supplies?

Section D

Are the physical resources for the program allocated in accordance with a comprehensive plan? Are appropriate program faculty and staff involved in the planning process to ensure that the program's needs are addressed? What deficiencies, if any, are there regarding allocation to the program of physical resources?

Section E

Describe and assess the effectiveness of the record storage, back-up and recovery procedures for essential records, including student record and patient records (if applicable).

Part Five: Policies and Procedures of the Council

This part of the *Handbook of Accreditation* contains the formal policies and procedures of the Council that pertain to ACNPE-recognized programs and the Council itself. Additional policies and procedures pertaining to recognized programs and the Council are also found in other sections of the *Handbook*.

■ Policy 1: Council Membership

In accordance with the ACNPE Bylaws (see Part Six below), the volunteer members of the Council's Board of Directors are elected by the board from among the Council's three major stakeholders: ACNPE-affiliated educational institutions, the nutrition profession, and the general public (which includes nutrition patients/clients). The board establishes by resolution the size and composition of the board. Directors are distributed among the following categories:

- **Nutrition Educator Director:** a person who is currently—or was recently—directly engaged in a significant manner in postsecondary nutrition education in an academic capacity (e.g., professor, instructor, academic dean, or similar).
- **Nutrition Professional Director:** a person whose primary or significant professional activity is in the nutrition field, including but not limited to licensed or certified nutritionists, Certified Nutrition Specialists, and licensed or certified medical and healthcare practitioners who have received significant training in nutrition.
- **Public Director:** a person who represents the interest of the public and who is not: (i) an employee, consultant, director, graduate, or student at an institution that offers a nutrition professional program that has either achieved or has applied for ACNPE accreditation; (ii) a former or current practicing nutritional professional; (iii) a current employee, consultant, director, or member of an organization whose mission is primarily related to nutritional counseling or to the field of nutrition (e.g., a nutrition professional trade or membership association, a certification association); or (iv) a spouse, parent, child, or sibling of an individual described in (i), (ii) or (iii) of this definition.

Members of the Council's Board of Directors agree to:

1. Support the mission, goals and values of the Council;
2. Maintain confidentiality in accordance with ACNPE policies and procedures, abide by ACNPE's conflict of interest policies, and exercise loyalty to ACNPE and due care in all matters related to board service;

3. Be well informed on the Council’s articles of incorporation, bylaws, accreditation standards, and policies and procedures;
4. Remain mindful of the constituencies the Council serves: the general public (including nutrition patients/clients), nutrition programs and their students, and the nutrition field; and
5. Be well prepared for and attend the meetings of the Council.

■ **Policy 2: Conflict of Interest**

Revised and Approved 2/6/24

The decisions of the Council are to be made solely on the basis of promoting and balancing the best interests of the public, nutrition education programs, nutrition students and clients, and the field of nutrition in the United States. It is therefore the policy of the Council to have effective controls against actual conflicts of interest—and to address the appearance of conflicts of interest—by ACPNE directors, staff members, Appeal Board members, Site Evaluation members, consultants, and other Council representatives by adhering to these requirements:

1. Directors, Site Evaluation members, Appeals Board members, staff members, and consultants are required – upon appointment and annually thereafter -- to disclose in writing, on a form provided by ACNPE (Conflict of Interest and Disclosure Statement), any actual or potential conflicts of interest—including affiliations with nutrition programs, other nutrition organizations, and for-profit entities within the nutrition industry—, (Submitted forms are reviewed by the board Secretary and Executive Director, who are responsible for maintaining complete and accurate records.)
2. Whenever the Council enters into a hearing concerning a recognition action related to a nutrition program—or reviews a submission of a recognized program (e.g., an annual report)—any Council member who is affiliated with the program must:
 - a. disclose prior to the Council’s discussion on the matter before the Council the nature of his or her affiliation with the program; and
 - b. recuse himself/herself from discussion of and voting on the program’s application or recognition action or other matter.
3. No member of a Site Evaluation Team, or any Council representative accompanying the team, may be affiliated with the program being visited.
4. No administrative staff members or consultants hired by the Council may be affiliated with an ACNPE-recognized program or a program seeking recognition, except that the Council may waive this requirement if it determines that it can effectively address the potential conflict of interest.
5. No member of an Appeal Board may be affiliated with the appellant program.

For the purposes of this policy, a person is “affiliated” with a nutrition program if he or she, or a member of his or her immediate family (spouse, parent, child, brother, or sister):

1. Is currently—or during the last seven years has been—an officer, director, trustee, employee, contractor, or consultant of the institution where the nutrition program is located;
2. Has been a student in the nutrition program within the last three years; or
3. Has had during the last seven years other dealings with the institution at which the program is located from which he or she has or will receive cash or other remuneration.

If for any other reason a Council member, Site Evaluator, or Appeal Board member believes he or she has a conflict of interest or the appearance of one with regard to any program’s application or recognition action before the Council, or otherwise believes that he or she cannot make an impartial decision in regard to these matters, the member shall declare the conflict or the appearance of one.

If a representative of a nutrition program that has an application or recognition action before the Council has reason to believe a member may have a conflict of interest, or if any other Council member or the Council’s Executive Director may so believe—and if that member does not declare the conflict of interest—a request may be made that the Council consider the matter. Discussion of the possible conflict of interest shall take place with all parties present (except that the Council may require the person with the possible conflict of interest to recuse himself/herself from the deliberation over the matter), and shall be resolved, if necessary, by a majority vote of the Council, with the exception of the person in question who shall be recused from the vote.

■ Policy 3: Appeals

Revised and approved 2-6-24

The Council affords due process to nutrition programs by allowing programs affected by certain adverse actions (see below) to appeal the Council’s action to an independent Appeal Board. Within ten business days of an adverse action, the Council sends a notice by certified mail to the chief administrative officer of the affected program, and to the institution’s chief executive officer and governing board chair. The notice states the adverse action and describes with specificity the basis of the action; included with the notice is a copy of this Policy on Appeals. A program that wishes to file a letter of appeal to an adverse action must do so within 30 days of having received the notice of the action from the Council.

An appellant program may be represented by legal counsel throughout the appeal process; however, an appeal is not a formal judicial process and the attendant procedures and rules of a formal judicial process do not apply.

The accreditation status of an appellant program remains in effect until the expiration of the period within which the appellant program may file a letter of appeal, or until the completion of the appeals process, whichever shall later occur.

Appealable Adverse Actions

A nutrition program may appeal the following adverse actions within 30 days of having received notice of the action from the Executive Director: the denial, withdrawal, revocation, suspension, or termination of accreditation.

Basis for an Appeal

It is the responsibility of the program to substantiate one or more of the following as the basis for appeal:

1. There were errors and/or omissions in carrying out prescribed procedures on the part of the site visit team or the Council;
2. There was demonstrable bias or prejudice on the part of one or more members of the site visit team or the Council's Board of Directors that significantly affected the decision;
3. The evidence before the Council at the time of the decision was materially in error; ,
4. The decision of the Council was not adequately supported by the facts before it at the time, or it was contrary to the substantial weight of evidence before the Council; or
5. There is new financial information.

In its letter of appeal, the nutrition program must set forth in detail the grounds for the appeal, stating with specificity the reasons why the program believes those grounds exist.

Appointment of the Appeal Board and Scheduling of the Hearing

ACNPE maintains a pool of qualified individuals who have been trained by the ACNPE to serve on an ACNPE Appeal Board. The pool of qualified individuals is selected by the ACNPE Executive Director, in consultation with the Board Chair, from among former ACNPE board members, former members of the ACNPE site evaluator pool, nutrition educators, nutrition practitioners and individuals from outside of the field of nutrition (e.g. higher education). Current Council members are not included in the Appeal Board pool. Members of the Appeal Board pool

must provide a current ACNPE conflict of interest form upon appointment and with annual updates. A training session for new members of the pool is held on an as needed basis and is conducted by the Executive Director, with outside consultants as needed. At least every five years, the Executive Director updates the Appeal Board pool and arranges a training session for new Appeal Board members and members who are continuing to serve.

Upon receipt of an appeal letter, the Council's Executive Director notifies the board chair, who appoints a three-person Appeal Board from the members of the ACNPE Appeal Board pool that includes—one nutrition professional member and one nutrition educator—and designates one of the members to serve as the chair. No member of the Appeal Board may be a board or staff member of the Council, be affiliated (as defined in the ACNPE Conflict of Interest policy) with the appellant program, have served on a site visit team to the appellant program, or have any other conflict of interest. Appointments are made from the field of higher education, including academic and administrative personnel, and from the field of nutrition. Depending on the nature of the appeal, an individual with other relevant experience may also be appointed (e.g. accounting).

The Executive Director, in consultation with the appellant program, establishes a date, time and place for a meeting of the Appeal Board at least 30 days in advance of the meeting, and notifies in writing the parties concerned. At least 15 calendar days before the meeting, the program provides the Executive Director with (i) any documentation or evidence it wishes to support its position, provided that the documentation/evidence was available to the site visit team at the time of the visit, and (ii) the names and positions of any witnesses it plans to have in attendance. The Executive Director forwards this information to the members of the Appeal Board.

Role of the Appeal Board

In carrying out their duties, the members of the Appeal Board:

1. Appoint a chair;
2. Meet at the time and place designated by the Executive Director to consider the appeal (meetings of the Appeal Board may be conducted via video-conferencing);
3. Provide for a hearing if the appellant has so requested (hearings may be conducted via video-conferencing);
4. Consider the grounds for the appeal as stated by the appellant program;
5. Study the evidence submitted in writing by the program in support of its appeal;
6. Consider the reports of site visit teams, Council reports and decision letters, the program's response, and any other supporting or relevant statements and documents;

7. Compare the Council's policies and procedures with the procedures followed in arriving at the adverse action;
8. Prepare a report of the meeting of the Appeal Board, including the final decision of the
9. Appeal Board, within ten calendar days after the meeting; and
10. Forward the record of the Appeal Board's meeting and the decision of the Appeal Board to the Council's Executive Director, including a summary report of the Appeal Board's meeting, the appeal documents filed by the program, and other statements and documents considered by the Appeal Board.

Hearing Procedures

The following is an outline of the procedures followed by the Appeal Board:

1. The chair of the Appeal Board presides at the hearing. If the appellant has requested an opportunity to appear at the hearing, the chair ensures that all participants have a reasonable opportunity to be heard and to present all relevant oral and written evidence.
2. Technical rules of evidence do not apply to the hearing, and the chair of the Appeal Board may limit the evidence to avoid undue repetition and to ensure relevance. The chair rules on all questions pertaining to the conduct of the hearing.
3. Each party—the Council and the appellant—has the right to be represented by counsel or an authorized spokesperson, to examine the witnesses of the other party, and to present oral or written evidence.
4. The hearing is conducted in closed session with only necessary participants present. A secretary, selected by the Appeal Board from outside its ranks, records the minutes of the hearing; however, at the election of either party and at the expense of that party, a court reporter may be engaged to prepare a record of the hearing.
5. As the proceeding before the Appeal Board is appellate in nature and is therefore limited to the existing record from previous proceedings, no discovery shall be permitted for either side and no evidence not already properly in the record on appeal shall be accepted, provided that the parties may offer witnesses for the limited purpose of elucidating the meaning of evidence properly before the Appeal Board.

Notwithstanding this policy, before a final adverse action based solely upon a failure to meet a standard or other requirement pertaining to finances is issued, the program may on one occasion seek review of significant financial information that was unavailable to the institution or program prior to the determination of the adverse action, and that bears materially on the financial deficiencies identified by the Council. Such information shall be considered by the Appeal Board prior to rendering a decision. Any determination by the Council or the Appeal Board made with respect to the newly presented financial information shall not be separately appealable by the institution or program.

Decisions of the Appeal Board

The Appeal Board may issue a final decision that an adverse action be affirmed, reversed or modified; this decision is binding on the Council. After arriving at its final decision, the Appeal Board shall notify the Council of the decision and remand the decision to the Council for further action consistent with the decision of the Appeal Board. Upon receiving notification of the decision, the Council shall inform the program in writing of the result of its appeal and the basis for that result.

Should an appellant program believe that the Council has not correctly carried out the final decision of the Appeal Board, the appellant program may present this issue to the Appeal Board, which issue shall be appealable to the same Appeal Board; the Appeal Board in this circumstance shall retain jurisdiction for the limited purpose of determining whether its decision on remand has been correctly carried out and, if not, to provide further instruction to the Council.

Costs of an Appeal

A program's appeal letter to the Council shall be accompanied by a deposit of \$6,000 to cover travel, lodging, honoraria, and other necessary expenses of the Appeal Board and the Council (note that the Council's executive director may reduce this amount if the hearing is held via video-conferencing). The expenses of the appeals process will be handled as follows:

1. Members of the Appeal Board receive an honorarium of \$200 per day for each day or portion of a day that they meet, and a \$200 honorarium for preparation time.
2. If the Appeal Board affirms the adverse action of the Council, the appellant bears all of the expenses of the members of the Appeal Board and all of the Council's expenses related to the appeal.
3. If the Appeal Board remands the matter to the Council with the instruction that the adverse action be reversed or modified, the costs of the appeal are bourn equally by the appellant and the Council.
4. Following the completion of the appeals process, the Council's Executive Director prepares for the appellant a detailed statement of all expenses. The appellant is obligated to pay any expenses that exceed its deposit, and any unused portion of the appellant's deposit shall be refunded.

■ Policy 4: Formal Complaints against ACNPE-Recognized Programs or the Council

As an accrediting body, ACNPE is concerned primarily with the performance, improvement, and sustained effectiveness of nutrition programs. The Council does not generally intervene in the internal procedures of programs or their institutions, nor is the Council an adjudicatory or grievance-resolving body. The Council does, however, review formal written complaints against ACNPE-accredited programs, provided that (i) the complaints are adequately documented, and (ii) indicate lack of compliance with the Council's accreditation standards and/or policies. Accredited programs are required to make available to students the Council's mailing address and telephone number, and to provide access to the Council's Handbook of Accreditation through an administrative office or the library.

If litigation is initiated over the same issue brought to the Council by a complainant, the Council will review the matter but will defer action pending the outcome of litigation unless it finds evidence to indicate serious non-compliance with an accreditation standard or policy. In such a case, the Council's procedures for handling complaints against institutional members are implemented.

A Complaint against an ACNPE-Recognized Program

The following are the procedures the Council follows in addressing a complaint against an ACNPE-accredited program:

1. When an oral complaint against an accredited program is received, the complainant is provided a copy of this policy statement and advised that complaints must be submitted to Council in writing with sufficient documentation to substantiate the complaint.
2. When a written complaint against an accredited program is received, the Executive Director acknowledges receipt of the complaint in writing within 15 days. The Council will not review anonymous complaints.
3. The Executive Director analyzes the written complaint to determine whether the complaint: (i) is adequately documented, (ii) indicates non-compliance with any of the Council's accreditation standards and/or policies, and (iii) has been previously submitted to the program (or institution) and has been reviewed by the program (or institution) in accordance with its grievance and/or appeals process, if applicable to the situation. The Executive Director may, at his/her discretion and in consultation with the board president, appoint a review committee to conduct a preliminary review of the complaint to determine whether and what further Council action may be required.
4. The Executive Director notifies the complainant in writing within 30 days if documentation is inadequate or the complaint does not indicate non-compliance with the Council's standards and/or policies. Depending on the nature of the complaint, if the

- program's or institution's grievance and appeals procedures have not been utilized, the Executive Director advises the complainant to seek resolution through this process first.
5. When a complaint indicating non-compliance with the Council's standards and/or policies is adequately documented—or a pattern or practice of non-compliance appears to be present when considering past complaints received against the program—the Council's Executive Director sends written notification that a complaint has been filed to the chief administrative officer of the program and the institution's chief executive officer; the written notification either provides a report on the substance of the complaint or a copy of the actual complaint, and requests a written response to the complaint within 30 days. At the request of the complainant(s), the Council may keep the name of the complainant(s) confidential.
 6. Once a written response from the program is received, the Executive Director in consultation with the ACNPE president appoints a review committee to review the complaint and the program's response. The review takes place within 45 days of receipt of the program's response.
 7. Depending on the nature of the complaint, the review committee may:
 - a. Dismiss the complaint for lack of grounds;
 - b. Request additional information or documentation;
 - c. Suggest a resolution of the matter to the complainant and the program, specifying the timeframe for the resolution; and/or
 - d. Refer the matter to the Council with a recommendation on how to proceed.
 8. The Council may take one or more of the following actions:
 - a. Dismiss the complaint for lack of grounds;
 - b. Hold a hearing with the complainant(s) and program representatives to try to resolve the complaint in a way satisfactory to both parties;
 - c. Make recommendations binding on the program, based on the written record and/or information received during the hearing, to ensure compliance with the standards and/or policies; or
 - d. Require a focused visit to the program to review the matter cited in the complaint and take any action it considers appropriate based on the findings of the site team.
 9. The Executive Director sends a written report of the Council's action on the complaint to the program within ten business days of the Council meeting at which the action was taken, and also informs the complainant of the disposition of the complaint when possible (in the event of a group complaint or group petition regarding a program, the Council may not be able to inform the complainants). This report constitutes the Council's final action with regard to the complaint and may not be appealed, unless it is an adverse action as defined by the policy on Appeals.

A Complaint against the Council

A complaint against the Council itself must be submitted in writing with supporting documentation to the Council. The complaint must be related to the Council's standards or other program requirements, or its policies and procedures. Within 15 days of submission, the Executive Director acknowledges receipt of the complaint and refers it to the Council's executive committee for review. Within 45 days from receipt of the complaint, the Council's executive committee reviews the complaint and issues a written response to the complainant.

A complainant who considers the response inadequate may request to have the complaint reviewed by the full Council during one of the Council's next two regularly scheduled meetings; in this case, the complainant must contact the Council's Executive Director to request a hearing at least 30 days prior to the Council meeting at which he/she wishes the complaint to be reviewed. During the hearing at which the complaint is reviewed, the complainant and the Council are entitled to representation and may call witnesses. At the conclusion of the hearing, the Council enters into closed session with only board members present to take action on the complaint. The action of the Council is a final decision. Both the complainant and the Council bear their own expenses.

If, at any time, a complainant initiates legal action against the Council, the above procedures are no longer in effect and the Council takes no action to review the complaint pending legal resolution.

■ Policy 5: The Representation of a Program's Relationship with the Council

The Council requires ACNPE-accredited nutrition programs, as well as programs seeking accreditation, to honestly and responsibly represent their association with the Council orally and in writing. To this end, the Council requires programs to adhere carefully to the following practices:

1. No statement may be made by a program about its possible future status with the Council if that status has not yet been confirmed by an action of the Council. For example, no statement of the following nature may be made: "(Name of program) has applied for accreditation status with the ACNPE and is currently being evaluated. It is expected that accreditation will be granted in the near future."
2. The program may refer to itself as being "accredited" only after that status has been conferred by the Council.
3. If a program's self-study report for initial accreditation has been accepted by the Council, the program may describe its status with the Council as being an "applicant for accreditation." Since a program has no official recognition by the Council during the time

period that it is an applicant for accreditation, the program must make sure that its representations do not imply that the program is currently recognized by the Council or will achieve recognition.

4. An accredited program may not describe itself as “fully accredited,” since the Council does not grant partial accreditation; the correct terminology is “accredited.”
5. Accreditation is granted to a nutrition program as a whole and not to individual units, courses, or degrees. Therefore, statements such as “this course is accredited” or “this degree is accredited” are incorrect and must be avoided.
6. In representing its association with the Council in publications, the program will use a brief and accurate statement that includes the Council’s address and telephone number, as follows:
 - a. In the case of the Council’s acceptance of a program’s self-study report for initial accreditation: “(Name of program) had its self-study report for initial accreditation accepted by the Accreditation Council on Nutrition Professional Education, a programmatic accrediting agency for master’s degree programs in clinical nutrition. The Council’s acceptance of the report means that the program is under consideration for accreditation. However, the acceptance of the self-study report does not assure eventual accreditation or mean that the program is formally recognized by the Council.
 - b. In the case of the Council granting accreditation to a program: “(Name of program) is accredited by the Accreditation Council on Nutrition Professional Education, a programmatic accrediting agency for master’s degree programs in clinical nutrition. For information, contact: ACNPE, info@ACNPE.org.”

A program’s ability to abide by these principles of good practice in its public representations is considered by the Council as an indication of the program’s integrity as an educational entity. If a program, as determined by the Council or its chair, releases incorrect or misleading information about its accreditation or applicant status with the Council, or about any recognition action, the Council notifies the program to immediately provide for the public correction of the information, or the Council so provides.

■ Policy 6: Record of Student Complaints

In accordance with the Council’s Accreditation Standard VI (Admissions and Student Services), accredited programs are required to publish policies and procedures for addressing student complaints and grievances, and to review and respond in a timely manner to student complaints submitted in accordance with the published policies and procedures.

Also in accordance with the Accreditation Standard VI, accredited programs are required to

maintain a complete record of formal student complaints and grievances, dating back at least three years or to the time of the Council’s last comprehensive evaluation visit, whichever is longer, and to make the record available to the Council’s site visitors during any onsite visit or at such other times as the Council may request. The record includes the complaints filed and a description of the actions taken to resolve them.

During a comprehensive visit, a site team shall review student grievances and complaints contained in the program’s complaint record to determine the adequacy and appropriateness of the program’s response in light of the program’s written procedures. The Council may also conduct such a review at any other times as it may deem necessary.

■ **Policy 7: Public Comment on Accreditation Actions**

In accordance with U.S. Department of Education requirements, ACNPE invites public/third-party comment concerning a program’s qualifications for initial accreditation or reaccreditation whenever the Council has scheduled a hearing and plans to take action on a program’s recognition status. The Council provides for a public-comment period of at least 21 days’ duration before the meeting at which the hearing is scheduled and posts a notice on its website inviting public comment at least 40 days in advance of the meeting. The same public-comment notice is also sent at least 40 days in advance of the Council’s meeting to:

- State higher education agencies that oversee the institution;
- The institutional accrediting body that accredits the institution;
- National associations of clinical nutritionists that include graduates of ACNPE-recognized programs as members;
- The state agency that licenses or otherwise recognizes graduates of the program in the state where the institution is located; and
- Any other agency, organization, or individual who has requested in writing an opportunity to offer comment on a program’s qualifications for accreditation.

The Council’s official public-comment notice contains the name of the program, the accreditation action before the Council, the date of the Council meeting, and the date for the ending of the public-comment period (which is at least 15 days before the Council’s meeting).

A program is required to publicize to its students, faculty and staff the opportunity to provide public comment to the Council, using the Council’s official public comment notice—a copy of which the Council provides to the program.

An individual who wishes to submit a comment to the Council must provide to the Council his/her name and organizational affiliation or relationship to the program. The Executive Director

of the Council provides the Council’s Board of Directors with copies and a summary report of the comments received, and the Council considers the comments—together with all other documentation and testimony received—before taking action.

The program’s chief administrative officer may also request a copy of the public comments on the program by submitting a request in writing to the Council; should the institution make such a request, the Council will provide a copy of the comments to the program as follows:

- If the commenter is not affiliated with the program, the Council will provide the commenter’s organizational affiliation and name.
- If the commenter is affiliated with the program (e.g., as a student, faculty member, staff member, graduate, etc.), the Council will indicate the commenter’s affiliation, but will not provide the name of the commenter or any other information that might allow for identification of the individual.

■ Policy 8: Revision of Accreditation Standards and Policies

Comprehensive Review of Standards

The Council engages in a comprehensive review of its accreditation standards at least once every ten years from the time when the Council last began a comprehensive review process, but may engage in one sooner if it so chooses (note that ACNPE last engaged in a comprehensive review beginning in 2015, so the next comprehensive review will begin no later than 2025). The purpose of the comprehensive review process is to examine each of the Council’s standards individually and the complete set of standards as a whole. The Council involves all of the relevant constituencies in the review process, and affords them a meaningful opportunity to provide input into the review.

Comprehensive Review and Implementation Timeline

If, during the course of the comprehensive review of the standards, the Council determines that it is necessary to make changes to a specific standard, the Council will initiate action within 12 months to make the changes. The entire review process must, however, be completed within a 3-year period.

ACNPE gives programs a reasonable lead time to implement any changes necessary to comply with new and revised standards.

Ad Hoc Review of Standards

The Council may, at its discretion, initiate a review of individual accreditation standards whenever it determines that it may be necessary to revise these standards. In this case, the Council will initiate the review process within 12 months of identifying the need to revise the standards in question and will complete the review and revision process within a reasonable amount of time not to exceed four years.

Public Comment on Proposed Revisions

Before adopting any revisions to its accreditation standards at a scheduled meeting of the Council, the Council provides for a public-comment period of at least 21 days' duration, with the notice period starting at least 40 days before the Council meeting. Notice that the Council will be considering adopting a revision to its standards will be posted on its website and will be sent, at a minimum, to the following organizations and individuals:

- Chief administrative officers of programs that are accredited by the Council or that are applying for accreditation;
- National organizations and professional nutrition associations that include graduates of ACNPE-recognized programs as members;
- State post-secondary educational agencies in those states where accredited and nutrition programs are located;
- Any other agency, organization, or individual that has requested in writing to be informed of proposed changes in the Council's standards, or that the Council wishes to solicit comment from.

The notice contains a description and/or the text of the revision under consideration (or information on how to access the revised materials) and the ending date of the public-comment period. The Executive Director provides Council members with copies and a summary report of the comments received, and the Council considers the comments before taking action.

■ Policy 9: Online and Distance Education

In order to ensure the academic integrity of an ACNPE accredited program—or a program seeking initial accreditation—that is offered utilizing an online/distance learning delivery format for some or all of the program, the institution/program complies with the following policy requirements:

1. Distance/online learning is appropriate to and consistent with the institution's and program's mission.

2. The institution's plans for developing, sustaining, and, if appropriate, expanding distance/online learning offerings related to an ACNPE-recognized program are integrated into its regular planning and evaluation processes.
3. The institution uses processes that effectively protect student privacy;
4. The institution notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.
5. There is effective academic oversight of distance/online learning.
6. The curriculum of a clinical nutrition program offered using a distance/online learning format is coherent, cohesive, and consistent in academic rigor to a comparable program offered in a traditional instructional format.
7. The institution evaluates the effectiveness of a clinical nutrition program offered using a distance/online learning format—including the extent to which the learning goals are achieved—and uses the results of its evaluations to improve quality.
8. Faculty responsible for delivering distance/online learning courses and evaluating the students' success in achieving the distance/online learning goals are appropriately qualified and trained and are effectively supported.
9. The institution ensures that regular and substantive interaction between faculty and students takes place, including regular and substantive interaction initiated by the faculty.
10. The institution provides sufficient financial, personnel and other relevant and necessary resources and services to support a distance/online nutrition master's program, including appropriate student, academic and library/information services.
11. There must be processes in place through which the institution establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. This requirement will be deemed to have been met if the institution:
 - a. Verifies the identity of a student who participates in class or coursework by using—at the option of the institution—methods such as (i) a secure login and pass code, (ii) proctored examinations, and/or (iii) new or other technologies and practices that are effective in verifying student identity; and
 - b. Makes clear in writing that the institution uses processes that protect student privacy and notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

■ Policy 10: Eligibility Application

Introduction

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 along with the Eligibility Application Review Fee.

An institution interested in seeking initial accreditation for its master’s program must have students currently enrolled in each academic year of the program at the time the site visit takes place.

Content of Eligibility Application

The Eligibility Application consists of the following:

1. A letter of intent from the institutional governing entity indicating the program’s commitment to pursue accreditation status;
2. A copy of the documentation showing degree authorization for the program;
3. A copy of the documentation showing institutional accreditation of the sponsoring institution;
4. A copy of the catalog or other institutional publication that provides information on the program, including admissions requirements;
5. A list of program faculty, including academic degrees;
6. A curriculum outline of the program, including credit amounts; and
7. A narrative description of the program of up to 10 pages in length that explains how the program complies with ACNPE’s Standard IV, “Program of Study.”

Review Process

A complete eligibility application is reviewed by the ACNPE Board of Directors within 3 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.

■ Policy 11: Reporting and Disclosure of Information

U.S. Secretary of Education

The Council cooperates with the U.S. Secretary of Education by submitting to the Secretary or designated U.S. Department of Education staff any information required by law or regulation, and responds to inquiries and requests for information from the U.S. Secretary of Education (or his/her designate) in accordance with applicable laws and regulations. Specifically, the Council provides the following information:

- Any proposed change in the Council’s policies, procedures, or accreditation standards that might alter its scope of recognition or compliance with the criteria for recognition; and
- The name of any program the Council accredits that the Council has reason to believe is failing to meet its title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the Council’s reasons for concern about the program. (Note that the Council does not inform programs when it provides this information to Department.)

By January 30th of each year, the Council provides to the U.S. Secretary of Education an updated copy of its Information Report (see section below), and also provides an updated copy of the Information Report to the Secretary whenever one is issued during the course of a year.

Public Information and Notification to Agencies and the U.S. Secretary of Education

The Council makes the following information available to the public through a notice posted on its website, and provides written notification to the ACNPE-accredited program, the U.S. Secretary of Education, the appropriate accrediting agencies, the appropriate state postsecondary and authorizing agencies, and appropriate state nutrition regulatory authorities within 30 days after it reaches a decision:

- To award initial accreditation to a program;
- To reaffirm the accreditation of a program;
- To place a program on probation or to issue a show-cause letter to a program;
- To confirm that a program’s accreditation status has lapsed; or
- To deny, suspend, revoke, withdraw or terminate a program’s accreditation.

Notwithstanding the 30-day time limit above, ACNPE provides written notice of a final decision of a probation or equivalent status or an initiated adverse action to the U.S. Secretary of Education, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision. Also, ACNPE requires the institution or program to disclose such an action within seven business days of

receipt to all current and prospective students.

Additionally, the Council will, within 24 hours of its notice to the program, publicly announce on its website a final decision to place a program on probation or issue it a show-cause letter, or to deny, suspend, revoke, withdraw or terminate a program's accreditation.

Whenever the Council denies, suspends, revokes, withdraws or terminates a program's accreditation, the Council will make available the following information—no later than 60 days after its final decision—to the U.S. Secretary of Education, the appropriate accrediting agencies, the appropriate state post-secondary and authorizing agencies, and members of the public upon request:

- A summary of the Council's findings and reasons for the decision; and
- The official comments, if any, that the affected program may wish to make regarding the decision (note that in the event that the affected program declines to issue official comments regarding the decision, the Council shall provide evidence that the affected institution was offered the opportunity to do so).

A recognized program may voluntarily withdraw from accreditation at any time. If it does so, the Council will notify the U.S. Secretary of Education, appropriate state post-secondary and authorizing agencies, the appropriate accrediting agencies, appropriate state licensing and regulatory authorities, and the public (through a notice on the Council's website) within 30 days of receiving notice from the program of its decision. The Council will, within 30 days of its action, provide to the U.S. Secretary of Education a thorough and reasonable explanation, consistent with the Council's accreditation standards and policies, of why a negative/adverse action by a recognized institutional accreditor or a state agency does not preclude the Council's granting (or reaffirmation) of accreditation. The explanation will be provided if the Council ever grants or reaffirms the accreditation of a clinical nutrition program within an institution the Council knows is the subject of:

- A pending or final action brought by a state agency to suspend, revoke, withdraw or terminate the institution's legal authority to provide post-secondary education in the state;
- A pending or final action brought by a recognized accrediting agency to suspend, deny, revoke, withdraw or terminate the institution's accreditation or pre-accreditation; or
- Probation or an equivalent status imposed by a recognized agency.

Requests for Information from Appropriate Agencies

Upon request, ACNPE will share with other appropriate recognized accrediting agencies and recognized State approval agencies all information about the accreditation status of any ACNPE-accredited program and any adverse actions it has taken against an ACNPE-accredited program.

Actions by Other Accreditors and Public Agencies

An institution that offers an ACNPE-accredited clinical nutrition program is expected to remain in good standing with other accreditors with which the institution has accreditation or pre-accreditation, as well as with national and state regulatory agencies including boards of higher education (or similarly named agencies). The Council requires accredited and applicant programs to report within ten business days certain actions taken by recognized institutional accreditors and by state agencies. The actions to be reported are:

- Any interim action by a recognized institutional accreditor potentially leading to the denial, suspension, revocation, or termination of accreditation or pre-accreditation, or any final action leading to one of these results;
- Any interim action by a state agency potentially leading to the suspension, revocation or termination of the institution's authority to grant a master's degree or designation for its clinical nutrition program, or any final action leading to one of these results; and
- The granting of accreditation or pre-accreditation to the institution.

Whenever the Council learns that an institution that offers a Council-recognized clinical nutrition program is the subject of a pending or final adverse action as outlined above, the Council will promptly review its recognition of the program to determine whether the Council also should take action by withdrawing the program's recognition or imposing a sanction in the form of probation or a show-cause letter.

Information Report

The Council publishes and makes available to the public an information report that includes:

- A directory of accredited clinical nutrition programs with their addresses and telephone numbers;
- For each accredited program, the date of the most recent accreditation decision and the date when the Council is next scheduled to make a decision on the reaffirmation of accreditation;
- For any program on probation or subject to a show-cause action, a notation to that effect, including the date of the action;
- For each applicant program, the year during which it is scheduled to be considered for initial accreditation;
- For programs that will be reviewed by the Council at the next Council meeting, instructions for providing third-party comment in writing concerning the program's qualifications; and
- Instructions for obtaining the Council's published accreditation standards, policies and procedures, as well as for obtaining a list of Council members and staff that includes their academic and professional qualifications, and their relevant employment and organizational affiliations.

The information report is updated whenever the information is no longer current, and is sent to appropriate state licensing and regulatory authorities, appropriate state education agencies, national nutrition-related organizations and associations that include as members graduates of ACNPE-recognized programs, the U.S. Department of Education, and other agencies, organizations and individuals who inquire about the Council's activities or programs affiliated with the Council. The same information in the printed report is posted on the Council's website.

Confidentiality of Documents

In accordance with its Policy on Recordkeeping (see Policy #12 below), the Council routinely maintains a variety of materials associated with its oversight of recognized clinical nutrition programs. Generally, all materials and documents pertaining to the accreditation process—as well as the Council's monitoring of programs' ongoing compliance with standards and policies—are kept confidential by the Council except as described in Policy #12. Among the documents the Council treats as confidential are the following:

- Self-study reports for accreditation, interim reports, and progress reports;
- Site visit team reports and other reports of visiting representatives of the Council;
- Program responses to site visit team reports and other reports;
- Correspondence to and from the program related to the program's accreditation;
- Annual reports; and
- Substantive change reports.

The Council makes confidential documents for accredited programs available for review by members of the Council's Board of Directors and staff. The Council also allows access by the U.S. Department of Education to confidential materials as is necessary or required. In cases where a program evaluated by the Council is part of an institution that has accreditation or pre-accreditation from a recognized institutional accreditor, or if the institution is in the process of applying to a recognized institutional accreditor, the Council may share the program's self-study report and Council's site team report—and other materials as may be relevant—with the institutional accreditor, which also treats the materials as confidential. The Council may also provide access to confidential materials to the appropriate state higher education agencies. Additionally, the Council may provide access to confidential materials if required to do so as part of a legal action.

Nutrition programs may—but are not required to—make available to the campus community the self-study report, the site team report, and other reports submitted to or received from the Council. They may also elect to release to the public those reports and records that the Council treats as confidential. A program and its institution must be objective in publishing excerpts from a self-study report, site team report and other documents. Excerpts that quote only

commendations or take statements out of context are to be avoided as they may be misleading. When selective quotations are made or excerpts published, the program is required to provide access to the entire document from which the quotations or excerpts are taken. If the Council, its chair, or its Executive Director determines that a program or its institution has inaccurately or misleadingly published or stated information contained in a self-study report, site team report, or other document, the program or its institution must immediately provide an appropriate public correction, or the Council's chair or Executive Director will so provide.

■ Policy 12: ACNPE Recordkeeping

The Council maintains the following records dating back to the most recent comprehensive review of a program for initial or reaffirmation of accreditation:

1. The program's self-study report;
2. The Council's site visit report; and
3. The program's Formal Institutional Response to the site visit report.

The Council also maintains the following records on each program dating back at least eight years:

1. A copy of each of the annual reports submitted by the program;
2. Any interim reports, progress reports, and substantive change reports submitted by the program;
3. Any interim or focused site visit team reports and the program's responses; and
4. Any reports or materials generated as a result of a special review.

Additionally, the Council maintains throughout a program's affiliation with the Council the following records:

1. All decisions regarding accreditation, including correspondence that is significantly related to those decisions;
2. All decisions and correspondence related to substantive changes; and
3. A complete and accurate chronological record of all its decisions regarding accreditation of a program.

■ Policy 13: Distribution of Program Reports

Self-Study, Interim, Focused and Progress Reports

- The program is required to send to the ACNPE office one complete hardcopy of the required report, including all of the appendices. The report and appendices must also be provided as PDFs.

- Site team members and Council members assigned to review reports have the option of receiving a hardcopy or an electronic version of the report, or both.
- All other board members receive an electronic version of any report.

Annual Reports

- The program is required to email the Executive Director a complete PDF version of the annual report.
- The Executive Director will share the report with primary reviewers and board members.

The Executive Director may request the report in a different electronic version and will advise the program accordingly.

■ Policy 14: Donations and Grants

The mission of ACNPE is to promote high quality nutrition education in the United States through recognition of master’s degree programs in clinical nutrition that voluntarily seek accreditation. As a non-profit, 501(c)(3) tax-exempt organization, the Council welcomes unrestricted donations and grants from sources that are aligned with ACNPE’s mission, including foundations, non-profit organizations, governmental agencies, educational institutions, and individuals who wish to support this mission. The Council reserves the right, however, to refuse any contribution that it believes could potentially compromise the Council’s mission or be construed as presenting a conflict of interest. In particular, ACNPE does not accept contributions from for-profit corporations and from higher education institutions and employees of higher education institutions that offer nutrition programs that are accredited by ACNPE or are eligible for ACNPE accreditation.

■ Policy 15: Enforcement of Standards

1. Whenever the Council determines that a program is not in compliance with an accreditation standard or section of a standard, the Council shall either:
 - a. Immediately initiate adverse action against the program (i.e., denial, withdrawal, suspension, revocation, or termination of accreditation, or any comparable action); or
 - b. Require the program to take appropriate corrective action to bring itself into compliance with the accreditation standard, or section of a standard, within a time period specified by the Council that does not exceed two years in length from the date when the Council made its determination.

2. If the program does not bring itself into compliance within the time period specified by the Council, the Council shall either:
 - a. Take immediate adverse action; or
 - b. Extend for “good cause” the period of time provided for achieving compliance. To be eligible for an extension for “good cause,” the program must comply with the four conditions for “good cause” listed in Section 3 below. Such extensions are granted only for limited periods of time, as specified in Section 4 below.
3. The Council may grant an extension for “good cause” if:
 - a. The nature of the non-compliance issue is such that it might require additional time to fully address;
 - b. The program has demonstrated significant recent progress in addressing the noncompliance issue;
 - c. The program provides reasonable evidence that it will remedy the noncompliance issue within the extended time period specified by the Council; and
 - d. The program/institution provides assurance to the Council that it is not aware of any reasons or circumstances not known by the Council that would prevent the program from achieving compliance if granted additional time to address the noncompliance issue.
4. The Council may extend for “good cause” the time period granted to the program to remedy the noncompliance issue for a maximum of six months at a time, not to exceed a total of one additional year. If the Council extends the time period for “good cause,” the Council may, during the extension period, (i) apply a sanction against the program/institution or continue an existing sanction (i.e., letter of advisement, probation, or show cause), and/or (ii) require the program to host an onsite evaluation visit. At the conclusion of the first six-month extension period, the program must appear before the Council to provide further evidence if it seeks a second and final six-month extension period for good cause to remedy the noncompliance issue.
5. In the event that a program fails to remedy a noncompliance issue within the extended time period specified by the Council, the Council shall issue a show cause sanction.

The Council shall inform the program of this policy whenever the Council notifies a program of a Council finding of noncompliance.

■ **Policy 16: Site Evaluation Team Selection and Training**

Approved 02-06-24

Site Evaluation Pool Selection

ACNPE maintains a pool of qualified individuals who have been trained to serve on an ACNPE Site Evaluation Team. The pool of qualified individuals is selected by the ACNPE Executive Director, in consultation with the Board Chair, from among former ACNPE board members and task force members, nutrition educators, nutrition practitioners and individuals from outside of the field of nutrition (e.g. higher education, including academic and administrative personnel). Current Council members and staff members may not be included in the Site Evaluation Pool.

Members of the Site Evaluation Pool must provide a current ACNPE conflict of interest form and confidentiality form upon appointment to the Site Evaluation Pool and provide annual updates in accordance with Policy 2, Conflict of Interest. The Site Evaluation pool is updated at least every five years, or sooner as may be needed.

Upon acceptance of a self-study report for initial accreditation, the Council's Executive Director notifies the Board Chair, who appoints a three-person Site Evaluation Team from the members of the ACNPE Site Evaluation Team Pool. All Site Evaluation Teams must include at least one nutrition professional member and at least one nutrition educator. One member of the team is designated by the board Chair to serve as the team chair. No member of the Site Evaluation Team may be affiliated with the program under review or have any other conflict of interest (as defined in Policy 2, Conflict of Interest). The ACNPE Executive Director accompanies the team on site evaluations.

Site Evaluation Team Training

The Executive Director periodically arranges an orientation training session for new members of the Site Evaluation pool. The purpose of the training session is to acquaint new evaluators with ACNPE's standards, policies, and procedures, as well as the U.S. Department of Education criteria pertaining to recognized accrediting agencies. When needed, special training sessions are held to address changes in ACNPE's standards, policies, and procedures, and/or changes in the U.S. Department of Education criteria. The Executive Director may, upon appointment of a Site Evaluation Team, arrange for additional training sessions to address specifics relating to the upcoming site evaluation and relevant regulatory and policy changes.

Role of Site Evaluation Team

The ACNPE Site Evaluation Team is responsible for conducting an evaluation of a clinical nutrition degree program seeking ACNPE accreditation or reaccreditation. This evaluation covers both the onsite components of the program as well as any online components and is conducted onsite – though some preparatory work prior to the onsite visit may be conducted remotely. Each team member is assigned specific standards to evaluate and is responsible for handling specific tasks during the site visit. Upon completion of the evaluation, the Site Evaluation Team is responsible for preparing a “Site Team Report” for review by ACNPE’s board of directors and the program’s administration. The Site Team Report addresses the program’s compliance with ACNPE’s accreditation standards and policies. (More specifics of the evaluation process are found in the Handbook of Accreditation, Part II: The Accreditation Process and in the Site Team Member Job Description.

Part Six: Appendices

APPENDIX 1: BYLAWS OF ACNPE, INC.

ARTICLE I – PRINCIPAL OFFICE

The principal business office and any auxiliary business offices of ACNPE, Inc. (“Council”) may be located at such place or places as the Board of Directors (“Board”) may specify.

ARTICLE II – BOARD OF DIRECTORS

2.1 Board Authority. The Board of Directors shall exercise general control and direction of the affairs of the Council, and shall serve as the decision-making body of the Council. The Board shall, in particular, (i) develop and implement standards and policies for accrediting post-secondary nutrition professional educational programs offered by regionally accredited institutions of higher education, and (ii) conduct accreditation activities for programs that voluntarily seek ACNPE accreditation status. The Board of Directors shall have and exercise those powers prescribed by law, and established by the Council’s Articles of Incorporation and these Bylaws.

2.2 Size and Qualifications. The Board shall consist of no fewer than three or more than twelve persons. Directors shall be elected from the following categories as defined below:

- A minimum of one and a maximum of five directors shall be nutrition educators, including at least one member whose primary professional activity is teaching.
- A minimum of one and a maximum of five directors shall be nutrition professionals.
- A minimum of one and a maximum of three directors shall be public members, provided that there is at least one public member serving on the Board of Directors for every seven members.

The Board shall strive for an equal number of seats to be allotted for nutrition educators and nutrition professionals.

A nutrition educator Director is someone currently or recently directly engaged in a significant manner in postsecondary nutrition education in an academic capacity (e.g., professor, instructor, academic dean, or similar).

A nutrition professional Director a person whose primary or significant professional activity is in the nutrition field, including but not limited to licensed or certified nutritionists, Certified Nutrition Specialists, and licensed or certified medical and healthcare practitioners who have received significant training in nutrition.

A public Director is a person who is not: (i) an employee, consultant, director, graduate, or student at an institution that offers a nutrition professional program that either has achieved ACNPE accreditation status, or has applied for accreditation; (ii) a former or current practicing nutritional professional; (iii) an employee, consultant, director, or member of an organization whose mission is primarily related nutritional counseling; or (iv) a spouse, parent, child, or sibling of an individual described in (i), (ii) or (iii) of this definition.

The Board may, from time to time, establish by resolution the size of the Board and the apportionment of its members among the three Director categories noted above, provided that no decrease in the number of Directors shall have the effect of shortening the term of any incumbent.

2.3 Action by Board. The acts of a majority of the Directors present at a meeting at which a quorum is present shall be the acts of the Board of Directors, except in cases where the Virginia Commonwealth law and regulations, the Articles of Incorporation, or these Bylaws may otherwise provide.

2.4 Election and Term of Office. The Board of Directors shall be self-perpetuating, and shall have sole authority for the election of Directors. The initial Directors shall be those members set forth in the Council's Articles of Organization. The Board of Directors may elect a new Director anytime there is an actual or anticipated vacancy due to the completion of a term, resignation, death, removal or other cause. The term of office of a Director shall be three (3) years, except when a Director is elected to fill an unexpired term. The Board shall establish the time at which each Director term commences, and initial terms may be set at one year, two years or three years to allow for staggered terms. Directors may serve for three consecutive 3-year terms or 11 years total if the Director's initial term is a staggered term. Directors may be elected to additional terms following a one-year period of non-service on the Board.

2.5 Nominations. The Board of Directors shall periodically seek recommendations from nutrition professional programs, nutrition practitioner associations and other stakeholders regarding individuals qualified to serve on the Board of Directors, and such recommendations shall be included in a pool of potential nominees. However, no entity other than the ACNPE Board of Directors shall have authority to elect Directors. The Board shall strive to appoint Directors with diverse educational and professional backgrounds.

2.6 Delegation. The Board may delegate authority to committees, Directors, employees and others—as it deems necessary—in order to carry out the Council's purposes, provided that such delegation is in accordance with law and other provisions of these Bylaws.

2.7 Committees. The Board may establish such committees and taskforces as it deems appropriate to assist the Council in accomplishing its work; the duties and responsibilities of committees and

taskforces shall be set forth in a written charter adopted by the Board. Board committees may not speak or act for the board except when authorized for specific and time-limited purposes. Non-Directors may be appointed to committees and taskforces; however, a Director must serve as the chair.

2.8 Loans. The Council shall make no loans to Directors.

2.9 Removal. A Director may be removed at any time, with or without cause, by the affirmative vote of two-thirds of the other Directors then in office at a meeting of the Board, or by written consent of all of the Directors except for the Director whose tenure is in question.

2.10 Remuneration. No remuneration shall be paid to Directors as compensation for their service on the Board. The Board may, however, adopt policies that allow for Directors to be reimbursed for all reasonable expenses incurred in connection with service on the Board including attendance at meetings of the Board of Directors.

ARTICLE III – OFFICERS OF THE BOARD

3.1 Officer Positions. The following are officers of the Board: Chair, Secretary, and Treasurer. The Board may, at its option, elect a Vice Chair. With the exception of the Chair and Secretary positions, a Director may serve in more than one officer position simultaneously.

3.2 Election and Term of Officers. With the exception of the Executive Director, who is appointed by the Board (see Article III, Section 3.9 below), the officers of the Board shall be elected annually by and from the Board at the annual meeting of the Board. Each officer shall assume office at the completion of the annual meeting at which the election was held, and shall hold office until the completion of the annual meeting at which the subsequent officer election is held, or until the officer's prior death, resignation, disqualification, or removal. Officers may be reelected.

3.3 Removal. Any officer of the Board may be removed from his/her officer position, with or without cause, by the vote of a majority of all the then-seated Directors at a duly-called meeting of the Board, or by unanimous written consent of all of the current Directors except for the officer whose tenure is in question.

3.4 Vacated terms. Any vacated officer term shall be filled for the unexpired portion of the term by the Board at its first meeting following the occurrence of the vacancy, or sooner by unanimous written consent.

3.5 Chair. The Chair shall preside at all meetings of the Council, shall annually appoint

committees and shall, in general, perform all duties incident to the office of President and such other duties as may be prescribed by the Board of Directors from time to time.

3.6 Vice Chair. If a Vice Chair is elected by the Board, then in the absence of the Chair, or in the event of the Chair's inability or refusal to act, or in the event for any reason it shall be impracticable for the Chair to act personally, the Vice Chair shall perform the duties of the Chair, and when so acting shall have all the powers of, and be subject to all the restrictions upon, the Chair. In the event no Vice Chair has been elected by the Board, the Secretary shall assume the above duties.

3.7 Secretary. The Secretary of the Council shall: (i) ensure that accurate minutes of the meetings of the Council are kept, (ii) ensure that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; and (iii) in general perform all duties incident to the office of Secretary and have such other duties and exercise such authority as from time to time may be delegated or assigned by the Board of Directors.

3.8 Treasurer. The Treasurer shall serve as a resource for the Council to ensure that the Council's finances are appropriately managed and that appropriate financial controls are in place, have authority to sign checks issued by the Council and, in general, perform all duties incident to the office of Treasurer and have such other duties and exercise such authority as from time to time may be delegated or assigned to the Treasurer by the Board of Directors.

3.9 Executive Director. The Board of Directors shall appoint an Executive Director who shall serve as the Council's chief executive officer and as an ex officio, non-voting officer of the Council, and be responsible for the overall management and administration of the Council. The Executive Director shall report to the Board of Directors, work in partnership with the Chair and Council committees, and be responsible for carrying out such projects, tasks and responsibilities as the Board as a whole shall require.

ARTICLE IV – MEETINGS

4.1 Place and Time of Meetings. Annual, regular and special meetings of the Board of Directors shall be held at such place and time as the President, in consultation with the Executive Director and the other Directors—or a majority of the Board—shall decide.

4.2 Annual Meeting. The annual meeting of the Council shall be held in October of each calendar year, as may be specified more particularly in the notice or call for the meeting, or at such other time as the Board of Directors may direct.

4.3 Notice. Written notice stating the place, date and time of any annual, regular or special meeting of the Board of Directors shall be delivered—either personally, by mail, by fax, or by

email—to each Director, not less than 14 nor more than 60 days before the date of such meeting; notice shall be given by or at the direction of the Chair, Executive Director, or Secretary. If required by law or these Bylaws, the purpose or purposes for which the meeting is held shall be stated in the notice. If mailed, the notice of a meeting shall be deemed to be delivered when deposited in the United States mail addressed to the member at his address as it appears on the records of the Council, with postage thereon prepaid.

4.5 Waiver of Notice. Any Director may waive notice of any annual, regular or special meeting. A signed waiver—or the attendance of a Director at any annual, regular or special meeting—shall constitute a waiver of notice, except where a Director attends for the specific purpose of objecting to the transaction of business because the meeting was not called or convened in accordance with law or these Bylaws.

4.6 Consent Actions. To the extent allowed by law, any action required or permitted to be taken at a meeting of the Directors may be taken without a meeting by written consent setting forth the action to be taken, signed by all of the Directors before such action is taken. Written consent may be provided by a Director utilizing email or other electronic means that provide a record of the communication.

4.6 Participation in Meetings through Electronic Means. Unless otherwise provided by law, the Board may authorize Directors to participate in a meeting of the Board by means of conference telephone or similar communication equipment, provided that all persons participating in the meeting can hear each other. Participation in a meeting through electronic means shall constitute presence in person at the meeting.

4.7 Open or Closed Sessions. The Board has the discretion to conduct its meetings in open or closed session, and to invite individuals or groups to observe or participate in any portion of any meeting.

4.8 Quorum. A majority of the Directors shall be necessary and sufficient at all meetings to constitute a quorum for the transaction of business. Unless otherwise specified by law, the Articles of Organization or these Bylaws, a vote of a majority of Directors in attendance at a meeting at which a quorum is present shall be sufficient to adopt any resolution. Each Director shall be entitled to one vote upon all items of business transacted at a meeting of the Council; voting may not be done by proxy.

4.9 Minutes and Records. The Board shall ensure that the Council maintains: (i) complete and accurate records of account and accurate written minutes of meetings of the Board and committees in such form and at such location as to allow for ready access by Directors, and (ii) a record at its principal office of the current Directors, including names, addresses and email addresses.

5.0 Parliamentary Rules. Roberts Rules of Order shall serve as the procedural rules for conducting Board meetings unless the Board adopts another set of rules.

ARTICLE V – DUES, CONTRACTS, LOANS, CHECKS, AND DEPOSITS

5.1 Dues. The Board may establish annual dues and other fees for accredited programs, and may determine such penalties as it deems appropriate for non-payment.

5.2 Contracts. The Board of Directors may authorize any officer or officers, agent or agents, to enter into any contract or execute or deliver any instrument in the name of and on behalf of the Council, and any such authorization may be general or confined to specific instances. In the absence of any other designation, all such contracts and instruments shall be executed in the name of the Council by the President or Executive Director.

5.3 Loans. No indebtedness shall be contracted on behalf of the Council, and no evidence of any such indebtedness shall be issued in its name, unless authorized by or under the authority of a resolution of the Board of Directors. Such authorization may be general or confined to specific instances.

5.4 Checks, Drafts, Etc. All checks, drafts, or other orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the Council shall be signed by such officer or officers, agent or agents, of the Council and in such manner as shall from time to time be determined by or under the authority of a resolution of the Board of Directors.

5.5 Deposits. All funds of the Council not otherwise employed shall be deposited from time to time to the credit of the Council in such banks, trust companies, or other depositories as may be selected by or under the authority of a resolution of the Board of Directors.

ARTICLE VI – FISCAL YEAR

The fiscal year of the Council shall begin on January 1 and end on December 31.

ARTICLE VII – AMENDMENTS TO THE BYLAWS

These Bylaws may be altered, amended or repealed—and new Bylaws may be adopted—by a two-thirds vote of the Directors then in office at any regular meeting or at any special meeting, provided that 30 days' written notice is given in accordance with other provisions of these Bylaws of the intention to alter, amend or repeal or to adopt new Bylaws at such meeting.

ARTICLE VIII – VIRGINIA AND FEDERAL LAW

8.1 Virginia Law Controls. In the event that any provisions contained in these Bylaws are inconsistent with the laws and regulations of the Commonwealth of Virginia, or that these Bylaws do not address a specific operational or procedural issue, the laws and regulations of the Commonwealth of Virginia shall control.

8.2 Required Reports and Filings. The Board shall ensure that all corporate reports and other filings required under the laws and regulations of the Commonwealth of Virginia and the U.S. Federal Government are accurate and submitted in a timely manner.

(Adopted on January 20, 2014)

APPENDIX 2: COUNCIL ADMINISTRATION AND COMMUNICATIONS

ACNPE is governed by its Board of Directors and is administered by its Executive Director. The Executive Director reports to the Council's Board of Directors (see Appendix 3 for a listing of the officers and members of the Board).

Correspondence on any matter related to the Council may be addressed to:

Dana Reed, MS, CNS, CDN

Executive Director

ACNPE

9 East 8th Street, #145

New York, NY 10003

DReed@acnpe.org

www.acnpe.org

APPENDIX 3: ACNPE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR

As of the publication date; for up-to-date information on current board members, refer to the ACNPE website: www.acnpe.org.

BOARD MEMBERS

Nancy Cotter, MD, CNS, FACN

NJ Veterans Administration

Montclair, NJ

Nutrition Professional Member

Aviad Haramati, PhD -- Chair

Georgetown University Medical Center

Washington, DC

Nutrition Educator Member

Andrew Erlandsen, ND

National University of Naturopathic
Medicine

Portland, OR

Nutrition Educator Member

Gena Kadar, DC, MS, MEdL, CNS

Sonoran University

Tempe, AZ

Nutrition Educator Member

Romilly Hodges, MS, CNS, CN, IFMCP --

Secretary

Sandyhook, CT

Nutrition Professional Member

Marcy Kirshenbaum, MS, CNS, LDN --

Treasurer

Northbrook, IL

Nutrition Professional Member

Cheryl Musgrave, BA, CCEP

Stamford, CT

Public Member

James Snow, DCN, MA, RH (AHG)

Maryland University of Integrative Health

Laurel, MD

Nutrition Educator Member

EXECUTIVE DIRECTOR

Dana Reed, MS, CNS, CDN

DReed@acnpe.org

www.acnpe.org

APPENDIX 4: ACCREDITED MASTER'S PROGRAMS

University of Bridgeport Nutrition Institute MS in Human Nutrition

126 Park Avenue
Bridgeport, CT. 06604
203-576-2466

Initial accreditation was granted in October 2017. The next full-scale evaluation visit is scheduled for Spring 2025, with a decision on continued accreditation to be made in Fall 2025. The university has institutional accreditation with the New England Association of Schools and Colleges, a U.S. Department of Education recognized institutional accrediting agency.

Maryland University of Integrative Health MS in Nutrition and Integrative Health

7750 Montpelier Road
Laurel, Maryland 20723
410-888-9048

Initial accreditation was granted in June 2019. The next full scale evaluation visit is scheduled for Fall 2026, with a decision on continued accreditation to be made in Spring 2027. The university has institutional accreditation with the Middle States Commission on Higher Education, a U.S. Department of Education recognized institutional accrediting agency. The MSNIH program is approved by the Maryland Higher Education Commission.

APPENDIX 5: 2024-2025 FEE SCHEDULE & ESTIMATED EXPENSES

Graduate Degree Programs

	2024	2025
Initial Accreditation		
• Eligibility application review fee	\$500	\$500
• Self-study report review fee	\$5000	\$5000
• Site visit and accreditation review	\$2000	\$2000
• Estimated actual site visit expense (travel, lodging, honoraria for 3)*	\$7000-9000*	\$8000-10,000*
Estimated Total	\$15,500	\$16,500
Annual Sustaining Fees	\$4000	\$5000
Reaccreditation Fees		
• Estimated actual site visit expense (travel, lodging, honoraria for 3)	\$7000-9000*	\$8000-10,000*
• Site visit and accreditation review	\$1000	\$1000
Substantive Change Report Review	\$1000	\$1000

*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 beforehand for the approximate cost of a visit.

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