



PCS Information and Computing Accreditation Board

ACCREDITATION POLICIES AND PROCEDURES MANUAL

Effective for Reviews

during the 2014-2015 Accreditation Cycle

Approved by PICAB

July 11, 2014

PDN 005

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I. INTRODUCTION

This document specifies the policies and procedures that are followed by the Philippine Computer Society (PCS) Information and Computing Accreditation Board (PICAB) and its Computing Accreditation Commission (CAC) in the accreditation of information technology education (ITE) baccalaureate degree programs. This document is made available to PICAB: its concerned staff, Program Evaluators (PEs), members of CAC, members of the PICAB Board of Directors, for their use, reference, and guidance. This document is also made available to higher education institutions (HEIs) which request for evaluation of their ITE programs for possible accreditation by PICAB-CAC.

The policies and procedures described in this manual have been approved by PICAB. This version of the manual is for use during the 2014-2015 accreditation cycle.

The accreditation system developed by PICAB is substantially equivalent to those of the signatories of the Seoul Accord, including criteria, policies and procedures, and organizational structure. This manual is closely patterned after the ABET Policy and Procedure Manual. This manual essentially follows the sequence of topics in the ABET Policy and Procedure Manual in order to facilitate easy comparison with and thence confirm that PICAB policies are substantially equivalent to those of ABET and similar to those of the signatories of the Seoul Accord. The adoption of the ABET Policy and Procedure Manual as basis for this PICAB manual, including its organization, is gratefully acknowledged.

I.A. Features of PICAB Accreditation System

The PICAB Accreditation System is called Dynamic Accreditation Base for Information Technology Education (DYNABITE) System. It has the following features:

1. The computing and information technology-related professional organizations have developed DYNABITE for the purpose of evaluating outcomes-based computing and IT-related programs offered by higher education institutions (HEIs) for possible accreditation in alignment with the Seoul Accord. The DYNABITE system is essential to assuring the desired quality of professionals entering computing and information technology-related occupations at entry-level.
2. The DYNABITE system stimulates continuous improvement of outcomes-based programs, through processes based on assessment and evaluation of program goals.
3. The DYNABITE system respects the desire of HEIs to align their programs with their own institutional missions.
4. The DYNABITE system is responsive to the needs of program constituencies, particularly the needs of industry employers.
5. The DYNABITE system is substantially equivalent to the accreditation systems of the signatories of the SEOUL ACCORD.

I. B. Authorization to Accredit Programs

PICAB has been recognized by the Commission on Higher Education (CHED) as the organization representing the Philippine jurisdiction that utilizes an accreditation system that is substantially equivalent to those of signatories of the Seoul Accord in the evaluation and accreditation of outcomes-based ITE programs.

I.C. Recognition

PICAB is the only accreditation body recognized by CHED as representing the Philippine jurisdiction in its application for membership in the Seoul Accord.

II. PICAB ACCREDITATION POLICIES

II.A. Public Release of Information by an HEI Regarding a Program

II.A.1. HEIs are required to represent the accreditation status of each program accurately and without ambiguity. Programs are either accredited or not accredited. An HEI may not use the same program name to identify both an accredited program and a non- accredited program.

II.A.2. Unauthorized use of PICAB's official logo is prohibited. Accredited programs are authorized to use special logos provided by PICAB for use on websites, in course catalogs, and in other similar publications. These logos can be requested from PICAB.

II.A.3. When PICAB-CAC awards accreditation to a program, the accreditation action indicates only the nature of the next review and is not an indicator of the program's quality. A program must not publish nor imply the length of the period of accreditation. Public announcement of the

accreditation action should only relate to the attainment of accredited status. All statements of accreditation status must refer only to those programs that are accredited.

- II.A.4.** Direct quotation in whole or in part from any PICAB-CAC statement addressed to the HEI is unauthorized. Communications between PICAB-CAC and the HEI/program are confidential and should only be released to authorized personnel at the HEI. Any document so released by the institution/program must clearly state that it is confidential. Wherever law or HEI policy requires the release of any confidential document, the entire document must be released.
- II.A.5.** HEI catalogs and similar publications must clearly indicate the programs accredited by PICAB-CAC as separate and distinct from any other programs or kinds of accreditation. The HEI must specifically identify each accredited program as “Accredited by the Computing Accreditation Commission of PICAB”.
- II.A.5.a** Each PICAB-CAC-accredited program must publicly state the program’s educational objectives and student outcomes.
- II.A.5.b** Each PICAB-CAC-accredited program must publicly post annual student enrollment and annual graduation data corresponding to the program.
- II.A.6.** When an HEI submits a request for evaluation of a program to PICAB-CAC, the HEI agrees to disclose publicly the program’s accreditation status to assist stakeholders, such as students, parents, and the general public, in making appropriate education decisions.

II.A.7. The HEI must make a public correction if misleading or incorrect information is released regarding any item cited in Section II.A.

II.B. Confidentiality of Information

II.B.1. PICAB-CAC demands that every volunteer and staff member adhere to the highest standards of professionalism, honesty, and integrity. The public services provided by PICAB-CAC must be impartial, fair, and equitable.

PICAB requires each volunteer and staff member engaged in PICAB-CAC accreditation activities to protect the confidentiality of information provided by higher education institutions (HEIs) who have volunteered their programs for evaluation by PICAB-CAC for possible accreditation by PICAB-CAC. In particular, information contained in Self Study Reports (SSRs) prepared regarding programs of these HEIs is confidential and used only for the purpose of PICAB-CAC accreditation. Information so provided should **not** be shared with any other organization, not even the organizations represented on the Board of Directors of PICAB. Neither should the information be shared with employers of those who volunteer with PICAB.

All visiting-team discussions are considered privileged and confidential. Information contained in materials provided for review purposes during

CAC meetings is confidential. The final accreditation action may be disclosed only by CAC in official communication with the HEI. All communications between HEIs and program evaluators or CAC members regarding accreditation actions must be directed to the PICAB Executive Director.

II.B.2. Serious violations of PICAB Policies on Confidentiality of Information may result in removal from the PICAB Board of Directors, the CAC, the PICAB Registry of Program Evaluators, in the case of volunteers, or termination of employment in the case of PCS-PICAB staff.

II.C. Conflict of Interest

II.C.1. Serving as a PICAB director, CAC member, Team Chair, Program Evaluator, or staff member may result in situations of conflict of interest. To ensure the objectivity and credibility of the accreditation process, PICAB expects these volunteers and staff members to disclose real or perceived conflicts of interest and to excuse themselves from discussions and decisions related to real or perceived conflicts of interest. In the case of Team Chairs and Program Evaluators (of programs they are to evaluate), simply excusing themselves is not feasible and not sufficient to avoid conflict of interest; so in this situation they should not serve as Team Chairs or Program Evaluators.

This policy is intended to:

II.C.1.a. Maintain objectivity in the accreditation process and credibility of the decisions of PICAB directors, CAC members, Team Chairs, Program Evaluators, and staff members;

II.C.1.b. Assure impartiality in decision-making; and

II.C.1.c. Avoid impropriety.

II.C.2. Individuals representing PICAB-CAC must not participate in any decision-making capacity if they have or have had a close and active association with a program or institution that is being considered for official action by PICAB-CAC. Close and active association includes, but is not limited to:

II.C.2.a. Current or past employment as faculty member of, staff of, or consultant to the HEI or program;

II.C.2.b. Current or past discussion or negotiation of employment with the HEI or program;

II.C.2.c. Attendance as a student at the HEI;

II.C.2.d. Receipt of an honorary degree from the HEI;

II.C.2.e. Involvement of a close family relative as a student or employee of the HEI or the academic unit managing the program;

II.C.2.f. An unpaid official relationship with an HEI, e.g., membership on the HEI's board of trustees or industry advisory board; or

II.C.2.g. Any reason that prohibits the individual from rendering an unbiased decision.

II.C.3. CAC members are not eligible to serve concurrently on the PICAB Board of Directors; nor are members of the PICAB Board of Directors eligible to serve on CAC. Members of the PICAB Board of Directors

and of the PICAB staff may observe accreditation visits, but they are not eligible to serve as program evaluators nor as team chairs.

- II.C.4.** A record of known conflicts of interest will be maintained for every individual involved in the accreditation process. Each individual will be provided the opportunity to update this record annually. The **record of conflicts of interest** are utilized in the selection of team chairs and program evaluators.
- II.C.5.** Each individual representing PICAB-CAC must **sign a conflict of interest and confidentiality statement** indicating that he has read and understands PICAB policies on conflict of interest and confidentiality. **The policies on conflict of interest and confidentiality shall be presented and discussed at the start of each PICAB Board of Directors or CAC meeting.**
- II.C.6.** Individuals must excuse themselves from any portion of a PICAB Board of Directors or CAC meeting involving discussions or decisions relative to which they have a real or perceived conflict of interest.
- II.C.7.** PICAB Board of Directors and CAC shall maintain – **for each meeting related to accreditation decision making – a record of the names of individuals who excuse themselves due to conflicts of interest.**
- II.C.8.** PICAB directors, CAC members, and PCS-PICAB staff members are prohibited from offering or accepting personal consulting fees or honoraria from HEIs that provide ITE programs, for conducting workshops, seminars, lectures, or other assistance regarding ITE accreditation. **PICAB may offer workshops, seminars, or lectures to ITE providers, and PICAB may provide honoraria to resource**

speakers and others who assist in the development and implementation of the activities. PICAB directors, CAC members, PICAB volunteers, and PCS-PICAB staff participating in these PICAB activities are prohibited from accepting additional payments from the HEIs.

II.C.9. Serious violations of PICAB Policies on Conflict of Interest may result in removal from the PICAB Board of Directors, the CAC, the PICAB Registry of Program Evaluators, in the case of volunteers, or termination of employment in the case of PCS-PICAB staff.

II.D. Accreditation Criteria. There is a separate document describing PICAB criteria for the accreditation of baccalaureate degree programs in information technology education.

II.D.1 Definitions. Certain terms and phrases used in the criteria are defined in this section of the Criteria document.

II.D.2. General Criteria. These criteria address requirements for all programs accredited by PICAB-CAC, as described in the Criteria document.

II.D.3. Program Criteria. These criteria address program-specific requirements within areas of specialization, as described in the Criteria document.

II. E. Compliance with Regulations of the Commission on Higher Education.

Programs to be accredited by PICAB-CAC must comply with the regulations of CHED.

II. F. Compliance with PICAB Policies and Procedures.

Programs to be accredited by PICAB-CAC must comply with PICAB Policies and Procedures.

II. G. Total PICAB Requirements for Program Accreditation.

Programs to be accredited by PICAB-CAC must comply with II.D.2, II.D.3, II.E, and II.F.

III. PICAB Accreditation Procedures

III.A. Eligibility of Programs for Accreditation Review

III.A.1. PICAB defines an educational program as an integrated, organized experience that culminates in the awarding of a baccalaureate degree by an HEI. The program would have program educational objectives, student outcomes, a curriculum, faculty, facilities, industry-academe linkage and community oriented activities, assessment and evaluation of student outcomes and program educational objectives, and a program improvement process based on assessment and evaluation of student outcomes and program educational objectives, and other information such as changes in PICAB criteria, changes in PICAB policies, changes in PICAB procedures, changes in graduate attributes published by the Seoul Accord, and changes in CHED policies.

III.A.2. Programs will be considered for evaluation and accreditation if they are offered by an HEI that has verifiable CHED authorization to confer corresponding degrees.

III.A.2.a. PICAB-CAC accredits individual educational programs leading to degrees.

III.A.2.b. PICAB-CAC does **not** accredit departments nor institutions.

III.A.2.c. Programs accredited by PICAB-CAC are those leading to professional practice across the broad spectrum of computing and information technology-related disciplines.

III.A.2.d. The program name must be shown consistently on transcripts of records of its graduates, in the HEI's electronic and print publications, and on the PICAB-CAC Request for Evaluation (RFE).

III.A.2.e. To be eligible for an initial accreditation review, a program **must have had at least one graduate within the academic year prior to the academic year of the on-site review.**

III.B. Application and Timeline for Accreditation Review

III.B.1. A program is considered for accreditation review only upon receipt of a written request from the HEI offering the program. An HEI contemplating a PICAB-CAC review for the first time must contact PICAB for more information prior to making the formal written request.

III.B.1.a. An HEI wishing to have a program considered for accreditation or reaccreditation must submit to PICAB a **Request for Evaluation (RFE)** not later than January 31 of the calendar year in which the review is desired. The RFE must be signed by the HEI's Chief Executive Officer (President, Chancellor, Rector, or equivalent) and **must be submitted with one official transcript of records of a recent graduate for the program listed on the RFE. If there are several programs listed, a transcript must be submitted corresponding to each program.**

III.B.1.b. An RFE may be modified or withdrawn by the HEI at any time up to the beginning of the CAC's decision meeting.

Changes to the RFE must be in writing, signed by the HEI
Chief Executive Officer.

III.B.2. The Accreditation Fee Schedule will be posted on the PICAB web site.
The HEI will receive an invoice for fees associated with the requested
review. Payment is due 45 days from date of the invoice.

III.B.3. Prior to the final appointment of the team, the HEI will have the
opportunity to review all assigned team members with regard to
PICAB's published Conflict of Interest Policy (Section II.C.). The HEI
may reject a team member only in the case of real or perceived conflicts
of interest.

III.B.4. The HEI and the Team Chair will mutually determine dates for any on-
site review that is required. On-site reviews are normally conducted
during September through December of the calendar year in which the
review is requested.

III.B.5. The HEI will submit a *Self-Study Report* or an *Interim Report*, as
required, for each program to be reviewed.

III.B.5.a. The Self-Study Report or Interim Report should be received
by PICAB Headquarters no later than July 1 of the calendar
year in which the review is to be conducted.

III.B.5.b. The HEI should provide a copy of the appropriate report
directly to the Team Chair no later than July 1.

III.B.5.c. The HEI will provide a copy of the appropriate report
directly to each Program Evaluator at the direction of the
Team Chair.

III.B.6. When an on-site review is required, the duration of the review is normally three days from team arrival to departure but may be extended or shortened depending on review requirements. Typically the on-site review is conducted from Sunday through Tuesday.

III.B.7. As a result of the review, the HEI will typically receive a *Draft Statement to the Institution* for review and comment.

III.B.8. The HEI has 30 days from receipt to provide a *Due Process Response* to the Draft Statement. This response will be evaluated and used as the basis for revising the Draft Statement to create the *Final Statement*.

III.B.9. Final action on each program will be based upon the CAC's consideration of the findings in the Draft Statement, the analysis of the Due Process Response, and the analysis of additional information received in time for proper consideration. The Draft Statement will be modified to reflect these analyses, resulting in a Final Statement that reflects the final action by CAC.

III.B.10. The HEI will receive the Final Statement and the *Summary of Accreditation Actions* no later than August 31 of the calendar year following the review.

III.C. Program Reviews

III.C.1. Reviews are conducted to verify that a program is in compliance with the appropriate accreditation criteria, policies, and procedures. In order for a program to be accredited, all paths to completion of the program must satisfy the appropriate criteria.

III.C.2. Types of Review

III.C.2.a. A *Comprehensive Review* addresses all applicable criteria, policies, and procedures.

III.C.2.a.(1) A **Comprehensive Review** consists of:

III.C.2.a.(1)(i) The examination of a Self-Study Report prepared by the program and

III.C.2.a.(1)(ii) An on-site review by a team.

III.C.2.a.(2) An Initial Program Review, conducted on a program that is not already accredited, must be a comprehensive review.

III.C.2.a.(3) Comprehensive Reviews must be conducted for each accredited program at intervals no longer than six years for continuous accreditation, except as provided in Section III.F.

III.C.2.a.(3)(i) PICAB establishes a six-year cycle of scheduled general reviews for each institution. This general review applies to all programs accredited by CAC. A year in which such a review occurs is

called a *general review* year.

III.C.2.a.(3)(ii) In a general review year for a given HEI, all accredited programs under the purview of CAC will receive a comprehensive review simultaneously.

III.C.2.a.(3)(iii) The general review cycle for CAC will be set by the date on which CAC accredits its first program at the HEI.

III.C.2.b. An *Interim Review* occurs between Comprehensive Reviews when Weaknesses or Deficiencies remain unresolved in a prior review. An Interim Review typically uses the accreditation criteria in effect at the time of the previous comprehensive review. However, an HEI may elect to base its interim review on criteria in effect at the time of the last comprehensive review or on those in effect at the time of the Interim Review.

III.C.2.b.(1) A review following an *Interim Report (IR)* or a *Show Cause Report (SCR)* accreditation action consists of:

III.C.2.b.(1)(i) The examination of an Interim Report prepared by the program addressing Concerns, Weaknesses, and Deficiencies that remained unresolved in the Final Statement from the prior review.

III.C.2.b.(2) A review following an *Interim Visit (IV)* or a *Show Cause Visit (SCV)* accreditation action consists of:

III.C.2.b.(2)(i) The examination of an Interim Visit (IV) Report prepared by the program addressing Concerns, Weaknesses, and Deficiencies that remained unresolved in the Final Statement from the prior review, and

III.C.2.b.(2)(ii) An on-site review focused on Concerns, Weaknesses, and Deficiencies that

remained unresolved in
the Final Statement from
the prior review.

III.C.2.b.(3) New Concerns, Weaknesses, and Deficiencies
can be cited if they become evident during the
conduct of an Interim Review.

III.C.3. Self-Study Report – Educational programs at an HEI will be evaluated,
in part, on the basis of information and data submitted to PICAB in the
form of a Self-Study Report. The Self-Study Report addresses how a
program meets each criterion in addition to applicable policies and
procedures requirements. The Self-Study Report must include
information about all methods of program delivery, all possible paths to
completion of the degree, and remote offerings. To assist programs in
completing a Self-Study Report, CAC has developed *Self-Study
Guidelines* that is available from PICAB.

III.C.4. Final Preparation for On-Site Review

III.C.4.a. Submittal of Transcripts of Records - Prior to arriving on-
site, the team will request official transcripts of records of the
most recent graduates from each program. Each program
being evaluated will provide official transcripts of records
with associated worksheets and any guidelines used by the
advisors.

III.C.4.b. Additional Information – Prior to arriving on-site, the team
may request additional information it deems necessary for
clarification.

III.C.5. On-Site Review – PICAB-CAC conducts an on-site review to assess factors that cannot be adequately described in the Self-Study Report.

III.C.5.a. Teams for on-site reviews will typically consist of a team chair and one program evaluator for each program being reviewed. The typical minimum team size is three members.

III.C.5.a.(1) Team chairs will typically be those Program Evaluators in the PICAB Registry of Program Evaluators who have also completed the required workshops for Team Chairs. Program evaluators will be selected from the PICAB Registry of Program Evaluators (PEs). These PEs have completed required training workshops for PEs and satisfy other qualification requirements of PICAB. These **PEs are selected by CAC.** In a case where a program must satisfy more than one set of Program Criteria, there will be one program evaluator for each set of Program Criteria to be used in the review.

III.C.5.a.(2) For cases such as the following, the team size and/or duration of the on-site review may be adjusted:

III.C.5.a.(2)(i) A very high degree of overlap between two

programs being reviewed.

III.C.5.a.(2)(ii) A program with multiple sites or nontraditional delivery method.

III.C.5.a.(2)(iii) An Interim Review with a very limited focus.

III.C.5.a.(2)(iv) A single program seeking reaccreditation.

III.C.5.a.(2)(v) A review team may include observers at the discretion of the team chair and the institution.

Observers are typically:

III.C.5.a.(3)(i) Program evaluators undergoing further training

III.C.5.a.(3)(ii) Representatives from the Seoul Accord.

III.C.5.a.(3)(iii) PICAB directors

III.C.6. Comprehensive Review - The review team will examine all program aspects to judge compliance with criteria and policies. PICAB-CAC will assist each program in recognizing its strong and weak points. To accomplish this, the team will:

III.C.6.a. Interview faculty, students, administrators, and staff to obtain an understanding of program compliance with the applicable criteria and policies and of specific issues that arise from the examination of the Self-Study Report and from the on-site review.

III.C.6.b. Examine the following:

III.C.6.b.(1) Facilities - to assure that the instructional and learning environments are adequate and are safe for the intended purposes. Neither PICAB-CAC nor its representatives offer opinions as to whether, or certify that, the HEI's facilities comply with any or all applicable rules or regulations pertaining to: fire, safety, building, and health codes, or consensus standards and recognized best practices for safety.

III.C.6.b.(2) Materials - PEs will review samples of displayed course materials including course syllabi, textbooks, example assignments and exams, and examples of student work, typically ranging from excellent through poor.

III.C.6.b.(3) Evidence that the program educational objectives stated for each program are based

on the needs of the stated program stakeholders.

- III.C.6.b.(4)** Evidence of a documented, systematically utilized, and effective process, involving constituents, for periodic review of the program educational objectives stated for each program.
- III.C.6.b.(5)** Evidence of the assessment, evaluation, and degree of attainment of student outcomes for each program.
- III.C.6.b.(6)** Evidence of the assessment, evaluation, and degree of attainment of program educational objectives for each program.
- III.C.6.b.(7)** Evidence of actions taken to improve the program, based on III.C.6.b.(5), III.C.6.b.(6), or other information.
- III.C.6.b.(8)** Student support services, to confirm adequacy of services appropriate to the HEI's mission, the program's educational objectives, and student outcomes.
- III.C.6.b.(9)** The process for certifying completion of the program and awarding of the degree, including visits with persons responsible to ascertain that the process works as reported.

III.C.6.c. Present the team's factual findings orally at the conclusion of the visit in an *Exit Meeting* for the HEI's chief executive officer or designee and such personnel as the chief executive officer wishes to assemble.

III.C.6.d. Provide to the dean or other appropriate academic officer, a written copy of the *Program Audit Form (PAF)* for each program reviewed along with an explanation of the seven-day period in which the HEI can provide the Team Chair with corrections to any errors of fact in the oral statement or on the PAFs.

III.C.7. Effective Date of Initial Accreditation

For a program obtaining initial accreditation, the accreditation normally will apply to all students who graduated from the program no earlier than the academic year prior to the on-site review. CAC, at the time of the accreditation decision, has the authority to set the date of initial accreditation as conditions warrant, but the date of initial accreditation can be no earlier than two academic years prior to the on-site review. In order **for a program to be considered for retroactive accreditation two academic years prior to the on-site review**, the program must inform the PICAB-CAC team chair and the PEs prior to the on-site review. The program must also provide the following additional information to the review team:

III.C.7.a. Documentation in the Self-Study Report that no changes that potentially impact the extent to which an accredited program satisfies PICAB-CAC accreditation criteria and policies have

occurred during the two academic years prior to that of the initial review.

III.C.7.b. Transcripts of Records and sample student work for both academic years prior to that of the initial review.

III.C.8. Interim Review

III.C.8.a. Types of Interim Reviews – There are two types of interim reviews:

III.C.8.a.(1) Those that do not require an on-site review (resulting from an Interim Report or Show Cause Report action), and

III.C.8.a.(2) Those that require an on-site review (resulting from an Interim Visit or Show Cause Visit action).

III.C.8.b. Composition of Interim Review Team

III.C.8.b.(1) If an on-site review is not required, a team chair will typically review an Interim Report or a Show Cause Report.

III.C.8.b.(2) If an on-site review is required, review teams will typically consist of a team chair and one PE for each program having an on-site review.

III.C.8.b.(2)(i) The minimum team size for an Interim Review following a Show Cause

Visit action is three persons.

III.C.9. Draft Statement to the HEI – The team chair prepares a Draft Statement of preliminary findings and recommendations to be edited by a CAC member, and then to be transmitted to the HEI. PICAB-CAC will prepare and send the Draft Statement to the HEI for each review conducted. The Draft Statement will consist of general information plus a program-specific section for each program reviewed.

III.C.9.a. The statement regarding each program will typically include the following:

III.C.9.a.(1) Findings of Fact – A finding of fact indicates a program characteristic that exists and is verifiable through the review process.

III.C.9.a.(2) Findings of shortcomings:

III.C.9.a.(2)(i) Deficiency – A Deficiency indicates that a criterion, policy, or procedure is not satisfied. Therefore, the program is not in compliance with the criterion, policy, or procedure.

III.C.9.a.(2)(ii) Weakness – A Weakness indicates that a program lacks the strength of

compliance with a criterion, policy, or procedure to ensure that the quality of the program will not be compromised. Therefore, remedial action is required to strengthen compliance with the criterion, policy, or procedure prior to the next review.

III.C.9.a.(2)(iii) Concern – A Concern indicates that a program currently satisfies a criterion, policy, or procedure; however, the potential exists for the situation to change such that the criterion, policy, or procedure may not be satisfied.

III.C.9.a.(3) Findings of Observation – An Observation is a comment or suggestion that does not relate directly to the current accreditation

action but is offered to assist the institution in its continuing efforts to improve its programs.

III.C.10. 30-Day Due Process – PICAB-CAC provides the HEI with a Draft Statement. The HEI may respond in 30 days to report progress in addressing shortcomings or to correct errors of fact in the Draft Statement. This is referred to as the ***30-day Due Process Response.***

III.C.10.a. Shortcomings are considered to have been resolved only when the correction or revision has been implemented during the academic year of the review and substantiated by official documents signed by the responsible administrative officers.

III.C.10.b. All unresolved shortcomings will be evaluated by CAC at the time of the next review.

III.C.10.c. Supplemental Information from the HEI– The team chair may, at his or her discretion **in consultation with the CAC chair, accept additional information after the 30-day Due Process period. Any such information must be received in time for proper consideration prior to the CAC Meeting in June.**

III.C.11. Final Statement to the HEI - The team chair will prepare a draft of the Final Statement after reviewing the HEI’s Due Process Response. A **member of CAC will edit the draft and CAC will determine the accreditation actions based on this draft.** The Final Statement to the

HEI will be **completed after all updates from the June CAC Meeting are incorporated.**

III.C.12. Accreditation Actions - The decision on program accreditation rests with CAC.

III.C.12.a. NGR (Next General Review) – This action indicates that the program has no Deficiencies or Weaknesses. This action is taken only after a Comprehensive General Review and has a typical duration of six years.

III.C.12.b. IR (Interim Report) – This action indicates that the program has one or more Weaknesses. The Weaknesses are such that a progress report will be required to evaluate the remedial actions taken by the HEI. This action has a typical duration of two years.

III.C.12.c. IV (Interim Visit) – This action indicates that the program has one or more Weaknesses. The Weaknesses are such that an on-site review will be required to evaluate the remedial actions taken by the HEI. This action has a typical duration of two years.

III.C.12.d. SCR (Show Cause Report) – This action indicates that a currently accredited program has one or more Deficiencies. The Deficiencies are such that a progress report will be required to evaluate the remedial actions taken by the institution. This action has a typical duration of two years. This action cannot follow a previous SC action for the same Deficiency(s).

III.C.12.d.(1) PICAB expects the HEI to notify students and faculty that the program is required to make specific corrective actions to maintain accreditation.

III.C.12.e. SCV (Show Cause Visit) - This action indicates that a currently accredited program has one or more Deficiencies. The Deficiencies are such that an on-site review will be required to evaluate the remedial actions taken by the institution. This action has a typical duration of two years. This action cannot follow a previous SC action for the same Deficiency(ies).

III.C.12.e.(1) PICAB expects the HEI to notify students and faculty that the program is required to make specific corrective actions to maintain accreditation.

III.C.12.f. RE (Report Extended) – This action indicates that satisfactory remedial action has been taken by the HEI with respect to Weaknesses identified in the prior IR action. This action is taken only after an IR review. This action extends accreditation to the next General Review and has a typical duration of either two or four years.

III.C.12.g. VE (Visit Extended) -- This action indicates that satisfactory remedial action has been taken by the HEI with respect to Weaknesses identified in the prior IV action. This action is taken only after an IV review. This action

extends accreditation to the next General Review and has a typical duration of either two or four years.

III.C.12.h. SE (Show Cause Extended) -- This action indicates that satisfactory remedial action has been taken by the institution with respect to all Deficiencies and Weaknesses identified in the prior SC action. This action is taken only after either an SCR or SCV review. This action typically extends accreditation to the next General Review and has a typical duration of either two or four years.

III.C.12.i NA (Not to Accredit) -- This action indicates that the program has Deficiencies such that the program is not in compliance with the applicable criteria. This action is usually taken only after a SCR or SCV review, or the review of a new, unaccredited program. Accreditation is not extended as a result of this action. This action can be appealed as specified in the Appeals Section (III.G) of this document.

III.C.12.i.(1) An Executive Summary of the findings leading to the not-to-accredit action will be provided to the HEI along with the Final Statement.

III.C.12.i.(2) A “Not to Accredit” action, as a result of a “Show Cause” focused review, is effective September 30 of the year of the “not to accredit” decision, pending final action on

any request from the HEI for immediate revisit, reconsideration, or appeal.

III.C.12.i.(3) For accredited programs, PICAB will require the HEI to formally notify students and faculty affected by the revocation of the program's accredited status, not later than September 30 of the calendar year of the "not to accredit" action and to remove the accreditation designation from all program catalog copy, electronic and print.

III.C.12.j. T (Terminate) – This action is generally taken in response to a request by an HEI that accreditation be extended for a program that is being phased out. The intent is to provide accreditation coverage for students remaining in the program.

III.C.12.j.(1) The duration of this action may be up to three years.

III.C.12.j.(2) This action may not follow either Show Cause action.

III.D. Changes During the Period of Accreditation

III.D.1. The **HEI administrative officer responsible for PICAB accredited programs will notify the PICAB Executive Director of changes** that potentially impact the extent to which an accredited program satisfies PICAB accreditation criteria or policies. A third party may also notify PICAB of a change to an accredited program. The HEI provides PICAB

with detailed information about the nature of each change and its impact on the accredited program. Such changes include, but are not limited to:

III.D.1.a. Changes related to criteria

III.D.1.a.(1) Program Educational Objectives

III.D.1.a.(2) Student Outcomes

III.D.1.a.(3) Curriculum

III.D.1.a.(4) Students

III.D.1.a.(5) Faculty

III.D.1.a.(6) Facilities

III.D.1.a.(7) Institutional Support

III.D.1.a.(8) Industry-academe linkage and community-oriented activities

III.D.1.a.(9) Program Improvement

III.D.1.a.(10) Program Criteria

III.D.1.b. Changes related to PICAB policy

III.D.1.b.(1) Program name

III.D.1.b.(2) Methods or Venues of Program Delivery

III.D.1.b.(3) HEI Authority to Provide Tertiary Education

III.D.1.b.(4) Decision to Terminate a Program's Accreditation

III.D.1.b.(5) Decision to Terminate an Accredited Program

III.D.2. PICAB will review the information provided by the HEI and any third party as follows:

- III.D.2.a.** The PICAB Executive Director sends copies of the information provided by the HEI or the third party to the CAC Chair.
- III.D.2.b.** The CAC Chair requests a CAC *ad hoc* committee to review the documentation provided and make recommendations to CAC within 30 days.
- III.D.2.b.(1)** The CAC *ad hoc* committee may request additional information through the PICAB Executive Director.
- III.D.2.b.(2)** The *ad hoc* committee will recommend either: (1) that accreditation be maintained for the duration of the current accreditation period, or (2) that a focused on-site review be required to determine the accreditation status of the changed program.
- III.D.2.c.** The CAC will review the recommendations and make one of the follow decisions:
- III.D.2.c.(1)** The program must provide specific additional information.
- III.D.2.c.(2)** Accreditation will be maintained for the duration of the current accreditation period.
- III.D.2.c.(3)** A focused on-site review is required to determine the accreditation status of the changed program and the review will be

scheduled in the earliest available review cycle.

III.D.2.c.(3)(i) Based on the recommendation coming from the focused on-site review, the accreditation status of the program may be changed upon vote of CAC.

III.D.2.d. PICAB will notify the HEI of CAC's decision.

III.D.2.e. If an immediate focused on-site review is required and the HEI declines to have one, this action shall be cause for revocation of accreditation of the program under consideration.

III.D.2.f. If an accredited program ceases to exist or ceases to be offered by an HEI the program accreditation will terminate as of the date the program ceases to exist or ceases to be offered.

III.E. Program Termination By HEI

III.E.1. An HEI may decide to eliminate an accredited program from its offerings. In the case where the program's termination date is beyond the expiration date of the current period of accreditation, extension of accreditation up to three years may be granted to cover students remaining in the program.

- III.E.1.a.** If the request for termination is synchronous with a scheduled review of the program, the HEI submits a Request for Evaluation (RFE) indicating the decision to terminate the program. The program submits a *Termination Plan*, in lieu of the Self-Study Report or Interim Report, by July 1 after the RFE is submitted. The normal review process is followed per Section III.B, as appropriate.
- III.E.1.b.** If the request for termination is not synchronous with a scheduled review of the program, the institutional administrative officer responsible for PICAB accredited programs will notify the PICAB Executive Director per Section III.B.1. The HEI provides a Termination Plan, as described below. The process described in Section III.B.2. above, will be invoked.
- III.E.1.c.** The Termination Plan demonstrates the program's ability to continue delivery of an accredited program during its phase-out. The Plan should include the following information:
- III.E.1.c.(1)** Name of HEI;
 - III.E.1.c.(2)** Name of Program;
 - III.E.1.c.(3)** The number of students remaining in the program with the expected date of graduation for the last student;

- III.E.1.c.(4)** Copies of all notices to students in the program regarding the discontinuation of the program;
- III.E.1.c.(5)** The name, official position, and contact information of the individual responsible for the continuing administration of the program;
- III.E.1.c.(6)** The names of the faculty members teaching all required technical courses and any other courses specific to the program. Courses being taught in connection with other programs whose accreditation is being continued need not be covered in the report;
- III.E.1.c.(7)** *Biographical data sheets* for all persons included in (5) and (6) above;
- III.E.1.c.(8)** Description of how the program will continue to support student attainment of the outcomes;
- III.E.1.c.(9)** Descriptions of any substitutions or major changes in the curriculum since the time of the last accreditation review, or that are planned through to the termination of the program;

III.E.1.c.(10) Descriptions of how instructional laboratory facilities will be maintained for remaining students;

III.E.1.c.(11) Descriptions of advising processes that will be available to students remaining in the program; and

III.E.1.c.(12) Descriptions of any remedial actions taken with respect to any Weaknesses remaining at the time of the last accreditation review.

III.E.1.d. If the requested extension is more than six years from the date of the most recent general review, an on-site termination review will be required.

III.E.1.d.(1) The on-site termination review will be focused on the Termination Plan.

III.E.1.d.(2) The on-site termination review will be conducted by a team chair only and will typically be a one-day visit.

III.E.1.e. If an on-site termination review is not required, a CAC member will review the Termination Plan.

III.E.1.f. A decision on the “Termination” action will be made by CAC.

III.F. Continuation of Accreditation

From time to time programs may find it necessary to seek an extension of accreditation outside a scheduled review.

- III.F.1.** The program must submit an official request to PICAB-CAC with a detailed rationale for the request.
- III.F.2.** Continuation of accreditation beyond a normal scheduled review year requires CAC approval and can be granted only under very limited circumstances:
- III.F.2.a.** Events clearly beyond the control of the HEI that prevent the program from preparing for the review and/or prevent the team from conducting a complete on-site review.
- III.F.2.a.(1)** Length of continuation is limited to one year.
- III.F.2.a.(2)** General review year would not change.

III.G. Revocation of Accreditation

If, during the period of accreditation, a program appears to be no longer in compliance with criteria or policies, PICAB may institute Revocation for Cause according to the following procedures:

- III.G.1.** PICAB will notify the HEI, providing a comprehensive document showing the reasons why revocation is being considered.
- III.G.2.** The HEI will be asked to provide an analysis and response to the reasons provided by PICAB.
- III.G.3.** An on-site review may be scheduled to evaluate the reasons provided by PICAB.

III.G.4. If the on-site review and/or the HEI's response fail to demonstrate compliance with accreditation criteria and/or policies, accreditation will be revoked.

III.G.5. PICAB will promptly notify the institution of such revocation. A supporting statement, detailing the cause for revocation, will accompany the notice.

III.G.6. Revocation for Cause constitutes a Not to Accredit (NA) action and the HEI may appeal.

III.H. Appeals, Reconsiderations, and Immediate Re-Visits

III.H.1. Appeals, requests for reconsideration, and requests for immediate revisits may be made only in response to not-to-accredit actions.

Further, those appeals or requests for reconsideration may be based only upon the grounds that the not-to-accredit decision of CAC was inappropriate because of errors of fact or failure to conform to PICAB's published criteria, policies, or procedures. Only conditions known to CAC at the time of CAC's decision will be considered by PICAB in the cases of appeals or requests for reconsideration. In the case of a request for immediate revisit, substantive improvements and corrective actions taken prior to the request and documented by the HEI will also be considered.

III.H.2. In lieu of an immediate appeal, an HEI may first request reconsideration or an immediate revisit. If such a request is denied, the HEI may appeal the original not-to-accredit action. Requests for reconsideration or an immediate revisit must be made in writing to the Executive Director of

PICAB within 30 days of receiving notification of the not-to-accredit action.

III.H.3. Appeals must be made in writing to the Executive Director of PICAB within 30 days of receiving notification of the not-to-accredit action or notification of the denial of a request for reconsideration or an immediate revisit.

III.H.4. Immediate Revisit

III.H.4.a. A program that has received a not-to-accredit action may be a candidate for an immediate revisit if it will undergo substantive and documented improvement before the onset of the next accreditation cycle. In such a case, the HEI must submit a written request for an immediate revisit to the Executive Director of PICAB within 30 days of receiving notification of the not-to-accredit action. This request must be accompanied by 3 copies of a report stating the actions already taken to eliminate the deficiencies cited in PICAB-CAC's statement to the HEI. This report should contain appropriate documentation of substantive improvements and corrective actions taken, and should support the request for a revisit. The HEI is cautioned, however, that the extent to which corrective actions have not been made effective may make a revisit unproductive.

III.H.4.b. The CAC Chair shall accept or deny the HEI's request within 15 days of PICAB-CAC's receipt of the HEI's

request for immediate revisit. This action will be based solely on the report and supporting documentation supplied by the HEI in accordance with the nature of the deficiencies which led to the not-to-accredit action.

III.H.4.c. If the CAC Chair judges that an immediate revisit is not warranted, the request will be denied with a statement of reasons and a reiteration of the HEI's right to pursue an appeal of the not-to-accredit action.

III.H.4.d. When the CAC Chair grants an immediate revisit, the HEI shall be deemed to have waived its right to appeal either the original not-to-accredit action or the action that will result from the revisit. If the request for revisit is granted, the HEI will be charged the regular *visitation fee* for the revisit.

III.H.4.e. If, following the immediate revisit, the CAC, upon *unanimous* vote, judges that the institution is correct in its claim of substantive improvement, CAC may overturn the not-to-accredit decision and grant whatever accreditation action it deems appropriate, within the choices that were available to CAC.

III.H.5. Reconsideration

III.H.5.a. A program that has received a not-to-accredit action may be a candidate for reconsideration if it can demonstrate that there were major, documented errors of fact in the information used by the commission in arriving at the not-

to-accredit decision. In such cases, the institution must submit a written request for reconsideration to the Executive Director of PICAB within 30 days of receiving notification of the not-to-accredit action. This request must be accompanied by 3 copies of a report specifying the major, documented errors of fact and how such errors contributed to the not-to-accredit action, along with substantiating documentation.

III.H.5.b. The CAC Chair shall accept or deny the HEI's request for reconsideration of the not-to-accredit decision **within 15 days of PICAB-CAC's receipt** of the HEI's request for reconsideration. This action will be based solely on the report and supporting documentation supplied by the HEI in accordance with the nature of the deficiencies which led to the not-to-accredit action.

III.H.5.c. If the CAC Chair judges that reconsideration is not warranted, the request for reconsideration will be denied with a statement of reasons and a reiteration of the institution's right to pursue an appeal of the not-to-accredit action.

III.H.5.d. When the CAC Chair grants reconsideration, the HEI shall be deemed to have waived its right to appeal either the original not-to-accredit action or the action that will result from the reconsideration.

III.H.5.e. If, following reconsideration, the CAC, upon unanimous vote, judges that the HEI is correct in its claim of such error leading to an erroneous conclusion by the CAC, the CAC may overturn the not-to- accredit decision and grant whatever accreditation action it deems appropriate, within the choices that were available to the CAC. **The new accreditation action must be decided by unanimous vote of the CAC.**

III.H.6. Appeal

III.H.6.a. Only not-to-accredit actions may be appealed. A notice of appeal must be submitted in writing by the chief executive officer of the HEI to the Executive Director of PICAB within 30 days of receiving notification of the not-to-accredit action. This submission must include the reasons why the not-to-accredit decision of CAC is inappropriate because of either errors of fact or failure of CAC to conform to PICAB’s published criteria, policies, or procedures.

III.H.6.b. **Upon receipt of a notice of appeal, the Chair of PICAB will notify the PICAB Board of Directors of the appeal and will select three or more members or past members of the PICAB Board of Directors to serve as an appeals committee.** Current members of the PICAB staff, are ineligible to serve on the appeals committee. At least one member of this committee should be experienced as a

program evaluator and/or former member of CAC. The Chair of PICAB will designate one of the committee members as chair of the appeals committee.

III.H.6.c. The appeals committee will be provided with copies of all documentation that have been made available to the CAC during the different phases of the accreditation cycle, including the HEI's due process response and other materials submitted by the HEI or CAC.

III.H.6.d. The HEI is required to submit a response (normally one page) to the executive summary previously sent to the HEI. The HEI may also submit other material it deems necessary to support its appeal. However, such materials must be confined to the status of the program at the time of the accreditation action of CAC and to information that was then available to CAC.

III.H.6.e. **The appeals committee will not consider improvements made to a program subsequent to the annual meeting of CAC.**

III.H.6.f. CAC may submit written materials beyond the statement to the HEI and the executive summary for clarification of its position. Such materials must be provided to the HEI and appeals committee at least 60 days prior to the date of the committee's meeting. Any rebuttal by the HEI must be submitted to the committee at least 30 days prior to the committee meeting.

III.H.6.g. The appeals committee will meet and, on behalf of the PICAB Board of Directors, consider only the written materials submitted by the HEI and CAC in arriving at its determination. **Representatives from the HEI and CAC may not attend this meeting.** The appeals committee's decision is limited to the options available to CAC. The appeals committee's findings and its decision will be reported to the PICAB Board of Directors in writing by the appeals committee chair. The **decision rendered by the appeals committee is the final decision of PICAB.**

III.H.6.h. The Executive Director of PICAB, within 15 days of the final decision, will notify the HEI and the CAC of this decision and the basis for the decision, in writing.

III.I. Complaints

III.I.1. It is the policy of PICAB to review all complaints received from any source, including students, against either an accredited program or PICAB itself that are related to compliance with PICAB's standards, criteria, policies, or procedures and to resolve any such complaints in a timely, fair, and equitable manner. Furthermore, it is the **policy of PICAB to retain all documentation associated with any such complaint received against an accredited program for a period of not less than one accreditation cycle (typically six years), and for a period of not less than five (5) years for any complaints received against CAC itself.**

- III.I.2.** Every accredited program must maintain a record of the program's student complaints made to the HEI and upon written request make that record available to PICAB.
- III.I.3.** PICAB will not pursue complaints that are not in writing or that are anonymous. The receipt of a complaint will be acknowledged to the complainant within fourteen (14) days.
- III.I.4.** PICAB cannot assume authority for enforcing the policies of programs or HEIs regarding faculty, professional staff, or student rights. **PICAB does not adjudicate, arbitrate, nor mediate individual grievances against a program or HEI.**
- III.I.5.** The PICAB Executive Director will initially review complaints. If the complaint is not within the purview of PICAB, the complainant will be notified and no further action will be taken. If the complaint appears to warrant further investigation, the PICAB Executive Director will forward a copy of the complaint to PICAB, CAC or HEI authorities within fourteen (14) days of receipt of the complaint. The complainant will be notified within fourteen (14) days of the receipt whether the complaint falls within the purview of PICAB and the next steps in the investigative process.
- III.I.6.** Complaints against an HEI or its Program
- III.I.6.a.** If the complaint appears to warrant further investigation, the Executive Director will forward a copy of the complaint to CAC and to the principal administrative officers of the HEI within fourteen (14) days of receipt of the complaint with a request for an institutional response

within thirty (30) days. CAC will review the institutional response within thirty (30) days of its receipt.

III.I.6.b. If CAC determines that the institutional response satisfactorily addresses the issue or issues raised in the complaint, the matter will be considered closed. Within fourteen (14) days of the determination, the PICAB Executive Director will inform the complainant of the results of the determination in writing.

III.I.6.c. In the event that an institutional response is not received by CAC within thirty (30) days of the request for the response, or if the response is not deemed to have satisfactorily resolved the issue, CAC may initiate further proceedings as circumstances warrant, up to and including revocation of accreditation.

III.I.6.d. If the HEI has released incorrect or misleading information regarding the accreditation status of the institution or program, the contents of visit reports and final statements, or the accreditation action taken by PICAB-CAC, the **HEI will be required to make a public correction.**

III.I.7. Complaints Against CAC

III.I.7.a. If the complaint is concerned with PICAB's criteria, policies, or procedures or with the implementation of these, the Executive Director will forward a copy of the complaint to CAC or to the PICAB Board of Directors within fourteen (14) days of receipt.

- III.I.7.b.** If it appears that a CAC representative or an individual working on behalf of CAC may have violated PICAB's criteria, policies, or procedures, that individual will be asked to respond to the issues raised in the complaint within thirty (30) days. CAC will make its determination within thirty (30) days of receipt of the response. The complainant will be notified of the final action of CAC in writing within fourteen (14) days of the determination.
- III.I.7.c.** If CAC determines that a violation has occurred, CAC will counsel the responsible party and may take further action as circumstances warrant, up to and including termination as a CAC representative. If CAC finds that a violation of PICAB's policies or procedures has occurred which may have had an effect on the accreditation action, CAC may initiate further proceedings as circumstances warrant, up to and including an immediate revisit to the HEI.
- III.I.7.d.** Complaints against PICAB-CAC employees will be handled in accordance with the *PCS-PICAB Employee Operations & Procedures Manual* and may result in actions up to and including termination of employment.