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**Commission on Osteopathic College Accreditation**

**Accreditation of Colleges of Osteopathic Medicine:  
COM Continuing Accreditation Standards**

Effective August 1, 2023

**Commission on Osteopathic College Accreditation  
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## Introduction

The American Osteopathic Association’s Commission on Osteopathic College Accreditation (COCA) accredits osteopathic medical education programs leading to the Doctor of Osteopathic Medicine (DO) degree in the United States (programmatic accreditation). The COCA also accredits free-standing colleges of osteopathic medicine where no other educational program is offered (institutional accreditation) and serves as the federal Title IV gatekeeper for those institutions. By assessing the compliance of osteopathic medical education programs based on the nationally accepted standards of the COCA, we serve the interests of the public and of the students enrolled in our colleges of osteopathic medicine (COM).

To achieve and maintain accreditation, an osteopathic medical education program leading to the DO degree must meet the standards contained in this document. COMs beginning the process towards accreditation must follow the guidelines detailed in the *Accreditation of Colleges of Osteopathic Medicine: COM New and Developing Accreditation Standards*.

The COCA regularly reviews the accreditation standards and seeks feedback from the osteopathic community and the public. Substantive changes to existing COCA standards which impose new or additional requirements on programs will be made only after providing notice and opportunity for comment by affected persons, institutions, and organizations. Once approved, new or revised standards are published in *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards*, which indicates when the changes become effective.

The *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards* is organized into 12 accreditation standards, each with an accompanying set of elements and evidentiary submission requirements. The first 11 standards must be met to achieve full accreditation. Standard 12 is applicable only when COCA serves as the institutional accreditor for a COM.

Each of the standards includes a concise statement of the principles that represent the standard. The elements of each standard specify the components that collectively constitute the standard; they are statements that identify the variables that the COCA considers in evaluating a medical education program’s compliance with the standard. The evidentiary submission requirements outline documentation that must be provided to demonstrate compliance with the element.

Within each standard, there are elements that are identified as “core elements.” A core element is critical to maintain the educational quality of the program. Therefore, a COM will be found out of compliance with the standard if the COM fails to meet any core element within that standard. The COCA will consider other non-core elements, which, while important, are considered in the context of the totality of a COM’s response to each of the elements associated with a specific standard in the determination of the compliance with that standard.

In the event a COM fails to meet any standard or element, the COCA will monitor the COM through progress reporting at specified intervals. The COM must come into compliance with each standard or element within 24 months of the initial determination. The United States Department of Education (USDE) requires a COM be compliant with all standards and all elements be met within this timeframe or the COCA must take an adverse accreditation action against the COM.

In addition to determining whether elements are met and the COM is compliant with all standards, the COCA may make any of the following accreditation decisions:

**Accreditation with Exceptional Outcome:** This indicates that the COM is compliant with all standards and that all elements are met at the time of the review with no progress report or additional written information required. For COMs with this status, accreditation will be granted for ten years. Monitoring is conducted through submission of the COCA annual report and the mid-cycle report that is due in year five. This accreditation status is not available to newly accredited COMs (progressing from pre-accreditation status) or following an accreditation status of Accreditation with Probation or Accreditation with Warning.

**Accreditation:** This indicates that a COM is compliant with all standards. However, there may be non-core elements that are not met and must be addressed via progress reporting. For schools with this status, accreditation will be granted for seven years. Monitoring is conducted through submission of the COCA annual report and the mid-cycle report that is due in year three. COMs achieving accreditation for the first time with all elements met will be granted this status for six years with a mid-cycle report due in year three.

**Accreditation with Finding:** This indicates that a COM is not compliant with one standard (including non-compliance with a core element(s) within a standard) and ongoing monitoring will occur through progress reporting and annual reports. For COMs with this status, accreditation will be granted for five years. Mid-cycle reporting is due in year three.

**Accreditation with Monitoring:** This indicates that a COM is not compliant with two standards (including non-compliance with a core element(s) within each standard) and ongoing monitoring will occur through progress reporting and annual reports. For COMs with this status, accreditation will be granted for four years. Mid-cycle reporting is due in year two.

**Accreditation with Warning:** This indicates that a COM is not compliant with three to five standards and ongoing monitoring will occur through progress reporting, annual reports, and any other monitoring the COCA deems necessary (e.g., focused site visits, etc.). For COMs with this status, accreditation will be granted for two years. The mid-cycle report will be submitted with the annual report.

**Accreditation with Probation:** This indicates that a COM is not compliant with more than five standards. For COMs with this status, the accreditation will be granted for no more than one year. Monitoring will occur continuously as deemed necessary by the COCA, including progress reporting, an annual report, and focused site visits.

**Withdrawal of Accreditation:** This indicates that the quality of the educational program is compromised, and the COM was unable to come into compliance with all standards within the allotted timeframe.

Additional information on COCA accreditation actions may be found in the *Accreditation of Colleges of Osteopathic Medicine: COCA Policies and Procedures* document posted to the COCA website ([www.aoacoca.org](http://www.aoacoca.org)). Additional information about the accreditation process and the standards and



elements may be obtained from the COCA website or by contacting the COCA office at (312) 202-8124 or [predoc@osteopathic.org](mailto:predoc@osteopathic.org).

### **Information for COMs with Additional Locations and Branch Campuses**

An additional location is geographically apart from the main campus and offers at least 50 percent of the COM's osteopathic medical education program. An additional location may not have separate administration, faculty, or budgetary independence. The additional location must have a common dean, faculty, budget, and curriculum with the parent COM.

Each additional location must have an osteopathic physician at the level of associate dean or higher with responsibility for the day-to-day operations at the additional location who reports directly to the dean at the main campus.

The accreditation for an additional location is under the parent COM and is extended to the additional location at the time permission to enroll students is granted. Reporting to the COCA will occur as a combined cohort for all sites as a singular COM. Requirements for student or faculty participation on committees must include representation from a COM's additional location(s).

A branch campus is a location that is geographically apart from the parent COM and 1) is permanent in nature; 2) offers courses in educational programs leading to a DO degree; 3) has its own faculty and administrative or supervisory organization; and 4) has its own budgetary and hiring authority.

The curriculum at the branch campus may be the same or different as at the parent COM but the dean and leadership at the branch campus is responsible for developing and managing the curriculum. The branch campus must have a dean and leadership distinct and separate from the parent COM with no reporting structure to the dean at the parent COM. The branch campus must have a separate and distinct budget and the dean at the branch campus must have full control and independent management of the budget. A branch campus may have its own mission and strategic plan or work under the parent mission and strategic plan.

The requirements for a COM in the following standards also apply to a branch campus.

The accreditation for a branch campus is under the parent COM and is granted at the time permission to enroll students is granted. Reporting to the COCA will occur as separate campuses. Evaluations and reporting for the branch campus will be separate from the main campus.

NOTICE TO ALL COMs

The submission of any information pursuant to the following accreditation standards is subject to the COCA's submission of that information to the US Department of Education in compliance with the Department's regulatory requirements to determine recognition of the COCA as an accrediting agency. To provide comprehensive and accurate information to the Department, the COCA does not redact any information received from any COM. Accordingly, please be advised that, should a COM wish to have redacted information submitted to the Department, a COM must submit to the COCA two sets of the same information. The first set must be an unredacted compilation of all responses to the accreditation standards and the second set must be redacted according to what the COM wishes to remain confidential. The redacted document must include the word "redacted" in its title and file name.

## **Standard 1: Mission and Governance**

A College of Osteopathic Medicine (COM) must have a written statement of mission and goals for the osteopathic medical education program, conduct ongoing planning and assessment, and have written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities the COM must demonstrate integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

### **Element 1.1: Program Mission (CORE)**

A COM must have a mission statement that explains the overall purpose of the COM's program and serves as a guide for program planning and assessment. A COM must include a commitment to advancing diversity, equity, and inclusion (DEI) in its mission, values, vision, goals, or objectives.

Where the COM is part of a larger educational institution or parent institution, the COM's mission must be consistent with the institution's mission. The COM must review its program mission at least once every five years and upon review, if the COM deems it to be appropriate to do so, the COM should revise its mission to meet the COM's growth and continued development. The COM must consider the input of its students, faculty, and staff, with representation from all additional locations and branch campuses (unless the branch has a separate mission) when reviewing and revising its mission and any value, vision, goal, or objective statements.

Note: An application for a Substantive Change: Change in Mission is required when the change in mission results in a need to alter the admissions policies, organizational chart, facilities, or financial plans as a result of the new mission or objectives.

### **Submission 1.1: Program Mission**

1. Provide a copy of the program mission.
2. Provide a copy of the values, vision, goals or objectives statements, if applicable.
3. Provide a link to the public webpage where the documents are published.
4. If the COM is part of a larger educational institution (parent institution), provide a copy of the parent institution's mission statement. The documents should show the last updated date (or effective date).
5. Provide documentation of the mission revision process, participants (including faculty, staff, and students), and meeting minutes documenting the most recent governing board approval of the COM's mission.

### **Element 1.2: Strategic Plan**

A COM must produce and publish a current strategic plan addressing all core aspects of the COM mission, including the advancement of diversity, equity, and inclusion (DEI). The strategic plan must include all additional locations. The strategic plan may include a COM's branch campus, or a branch campus may have a separate strategic plan. Students, faculty, and staff, from each additional location and branch campus (unless the branch has its own plan) must be included in the strategic plan development, review, and revision.

#### **Submission 1.2: Strategic Plan**

1. Provide a copy of the COM strategic plan.
2. Provide the list of individuals who participated in the plan creation/revision.
3. Provide a link to the webpage where the documents are published.

### **Element 1.3: Licensing and Regional / Institutional Accreditation (CORE)**

A COM must maintain in effect any charter, licenses, or approvals required for it to function as an institution of higher education, including the provision of degree programs beyond the secondary level.

The parent/sponsoring institution under which the COM operates (or the independent COM itself) must be recognized by an institutional accrediting agency that is recognized by the United States Department of Education (USDE).

[Any COM, branch campus, or additional location on or adjacent to another institution's campus must clearly state that the DO degree is not affiliated with the host institution.](#)

A COM must report to the COCA any adverse actions that are taken against it or its parent institution by its institutional accreditor within five business days of notification of such action.

#### **Submission 1.3: Licensing and Regional / Institutional Accreditation**

1. Provide a copy of the charter, license, or letter of approval from all agencies issuing such approvals.
2. Provide a link to the public webpage where the most recent institutional accreditation and COCA accreditation information is published.
- ~~2.~~3. [Provide a link to the public webpage that describes the COMs relationship with a partner university \(if applicable\).](#)

**Element 1.4: Governance & Program Policies (CORE)**

A COM must have a governing body or be part of a parent institution with a governing body, that defines the mission of the COM and/or institution, approves the strategic plan, provides financial oversight, and approves requisite policies. [The majority of the members of the governing body must be independent of financial interest/benefit from the proposed COM.](#) The COM must publish and abide by policies regarding conflict of interest (for board members, employees, and institutionally employed faculty); due process for employees, students, and credentialed instructional staff; confidentiality of employee, student, and medical records; fiscal management; and ethics. The ethics policy must incorporate the American Osteopathic Association Code of Ethics.

**Submission 1.4: Governance & Program Policies**

1. [Submit an organizational chart documenting the ownership structure and the percent of institutional ownership for each party for the proposed COM.](#)
2. Provide the bylaws of the governing body and a list of members, including titles, of the body.
- ~~2.~~ 3. Provide a copy of the policies for:
  - a. Conflict of Interest for board members, employees, and institutionally employed faculty;
  - b. Due process for all employees, students, faculty, and credentialed instructional staff;
  - c. Confidentiality of employment, student, and medical records;
  - d. Fiscal management and accountability; and
  - e. Ethics, incorporating the AOA Code of Ethics.

**Element 1.5a: Non-Discrimination (CORE)**

A COM must have a policy of non-discrimination with regard to students, administrative personnel, faculty, and staff, based on race, ethnicity, color, sex, sexual orientation, gender, gender identity, national origin, age, disability, and religion. This must apply to all COM actions.

A COM, or its parent institution, must develop a mechanism for students, faculty, and staff to report alleged discrimination incidents and track their resolution.

**Submission 1.5a: Non-Discrimination**

1. Provide a copy of the non-discrimination policy.
2. Provide a link to the public webpage where the policy is published.
3. Describe and provide a flowchart of the process for reporting alleged incidents of discrimination and tracking their resolution.

**Element 1.5b: Non-Discrimination for Faith Based Institutions (CORE)**

The COCA respects the religious mission of faith-based schools. A COM having a religious affiliation or purpose must have a policy of non-discrimination with regard to students, administrative personnel, faculty, and staff but need not apply all selection criteria listed in Element 1.5a if each omission is directly related to that affiliation or purpose, and so long as the policies are made known to applicants and the public and do not contravene any other COCA standard. This must apply to all COM actions at all campus locations.

A COM or its parent institution must develop a mechanism for students, faculty, and staff to report alleged discrimination incidents and track their resolution.

**Submission 1.5b: Non-Discrimination for Faith Based Institutions**

1. Provide a copy of the COM's faith-based mission.
2. Provide a copy of the non-discrimination policy.
3. Provide a link to the public webpage where the policy is published.
4. Describe and provide a flowchart of the process for reporting alleged incidents of discrimination and tracking their resolution.

Note: Whether or not a COM is a faith-based institution, once a COM elects to comply with either element 1.5a or 1.5b, the COM is expected to comply with all requirements based on that election irrespective of its faith-based designation.

**Element 1.6: Degree-Granting Body**

The governing body of the COM and/or parent institution must confer the degree Doctor of Osteopathic Medicine (DO) upon those students who have satisfactorily completed the requirements for graduation and have been recommended for graduation by the COM's faculty

**Submission 1.6: Degree-Granting Body**

1. Provide a copy of the bylaws or governing documents that demonstrate the conferral of degree.
2. Provide a copy of the COM policy demonstrating that the faculty association (or approved body) must recommend candidates for graduation.
3. Provide minutes from the faculty association meeting where this recommendation was made for the most recent graduates.

## **Standard 2: Leadership and Administration**

A COM must have leadership and senior administrative staff with the knowledge, skills, time, and support necessary to achieve the goals of the osteopathic medical education program and to ensure the functional integration of all programmatic components.

### **Element 2.1: Dean Qualifications (CORE)**

A COM and any branch campus must have a dean who is qualified for the position by education, training, and experience to provide effective leadership in education, scholarly activity, and patient care. The dean must have:

1. An earned DO degree from a COCA-accredited college of osteopathic medicine;
2. An unrestricted medical license at some time in their career, free of disciplinary actions or sanctions while licensed;
3. AOA or ABMS board certification at some time in their career; and
4. At least five years of proven experience within the last ten years in academic leadership roles that includes budget management authority.

### **Submission 2.1: Dean Qualifications**

1. Provide a copy of the dean's diploma from a COCA-accredited college of osteopathic medicine.
2. Provide a copy of the dean's most recent medical license.
3. Provide a copy of the dean's AOA or ABMS board certification documents.
4. Provide a copy of the dean's complete and current curriculum vitae.
5. Provide the current job description for the dean.
6. Provide the dean's current Practitioner Profile report from the Federation Credentials Verification Service.

Note: A COM must notify the COCA of any change of dean (see COCA Policies and Procedures).

### **Element 2.2: Full Time Dean (CORE)**

The dean must be employed full-time by the COM and/or its parent institution.

**Note:** In carrying out the full-time responsibilities of the dean, the dean of a COM or branch campus is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at the COM and each of its additional locations.

This element requires a dean to be employed full-time without any conflicting, secondary employment. Any secondary employment for which remuneration is given must be: 1) under the auspices of the COM, or its parent institution's authorization; and 2) not in conflict with the time commitments required to carry out the full-time responsibilities of the dean.

#### **Submission 2.2: Full Time Dean**

1. Provide the employment contract (compensation redacted) demonstrating that the dean is employed full time.

### **Element 2.3: Academic and Administrative Leadership**

A COM and any branch campus must have academic and administrative leadership to accomplish the COM's mission. Assistant/associate deans must have proven experience in teaching, educational design and evaluation, scholarly activity, and academic leadership in a medical education setting appropriate for the position.

A COM and any branch campus must have at least one leadership position at an assistant/associate dean level or higher with oversight of the entire clinical education curriculum and assessment.

Each additional location must have an osteopathic physician at the level of associate dean or higher with responsibility for the day-to-day operations at the additional location who reports directly to the dean ~~at the main campus~~.

#### **Submission 2.3: Academic and Administrative Leadership**

1. Provide an organizational chart that shows the COM's leadership positions (including titles and names) and reporting relationships.
2. Provide the current job description for each member of the administrative leadership team (associate deans, assistant deans, and senior level administrators; do not include department chairs).
3. Provide a current curriculum vitae for each member of the administrative leadership team (associate deans, assistant deans, and senior level administrators; do not include department chairs).



4. Provide a copy of the employee's medical license (if a DO or MD).
5. Provide a copy of the employee's AOA or ABMS board certification documents (if a DO or MD) [that includes the certification expiration date if in the medical environment.](#)

Note: Reports from the American Osteopathic Information Association, the Federation of State Medical Boards, or the American Board of Medical Specialties may be used to demonstrate licensure and board certification.

#### **Element 2.4: Accreditation Standard Complaint Policies and Procedures (CORE)**

A COM and any branch campus must publish policies and procedures that include a confidential accreditation standard complaint resolution process that includes a description of how these complaints are filed with the COM, resolved through an adjudication process (without retaliation), and maintained through the COM's records retention system. The accreditation standard complaint filing process must also include instructions to filing confidential complaints directly with the COCA, and the contact information of the COCA.

#### **Submission 2.4: Accreditation Standard Complaint Policies and Procedures**

1. Provide documentation of policies and procedures regarding accreditation standard complaints and their adjudication including an explanation of how the complainant's confidentiality is maintained throughout the process.
2. Provide sample records of accreditation standard complaints that have been received, adjudicated, and resolved.
3. Provide a link to the public webpage where the accreditation standard complaint policies and procedures are published.

The COCA's accreditation complaint policies and complaint form can be found at <https://osteopathic.org/accreditation/accreditation-guidelines/>

The COCA contact information for filing complaints is:

American Osteopathic Association  
Commission on Osteopathic College Accreditation  
142 E. Ontario Street  
Chicago, IL 60611-2864  
[predoc@osteopathic.org](mailto:predoc@osteopathic.org)  
Phone: (312) 202-8124

**Element 2.5: Diversity, Equity, and Inclusion (DEI) Leadership (CORE)**

A COM and any branch campus or its parent institution must designate an individual with responsibility for oversight of DEI initiatives of the COM.

**Submission Element 2.5: Diversity, Equity, and Inclusion (DEI) Leadership**

1. Provide a copy of the job description for the DEI leader.
2. Provide a current curriculum vitae for the DEI leader.

### Standard 3: Finances

A COM must have sufficient financial resources readily available to meet the needs of the COM and to achieve the COM mission, consistent with its projected and authorized student class size.

#### Element 3.1: Financial Resources (CORE)

A COM and any branch campus must ensure that the financial resources of the school are adequate to sustain a sound program of osteopathic medical education and to accomplish the programmatic and institutional goals. Because of the potential financial consequences, if any COM or its parent institution experiences a change in status regarding its participation in the Title IV programs following its initial establishment of participation, it must notify the COCA.

##### Submission 3.1: Financial Resources

1. Provide the operational budget (income, revenue sources, and expenses) for the COM, including any additional location, covering at least the past three years of data.
- ~~2. Provide the most recent letter authorizing the COM to participate in the Title IV HEA program.~~

If applicable, also provide the above-referenced documents for any branch campus.

#### Element 3.2: Financial Planning and Budgeting

A COM and any branch campus must have a budgetary process that is designed to support the mission of the COM, including at any additional locations.

##### Submission 3.2: Financial Planning and Budgeting

1. Provide a flowchart demonstrating the budget development process for the budget covering the parent COM and any additional location(s), indicating where the final budget approval occurs and clearly reflecting the dean's role in the process.
- ~~2. Provide a list of all people with budgetary management and oversight at the COM.~~

If applicable, also provide the above-referenced documents for any branch campus.

**Element 3.3: Budgetary Authority**

A COM or parent institution must provide the dean (and the dean of any branch campus) with the resources and budgetary authority necessary to fulfill their responsibility for the management of the COM.

**Submission 3.3: Budgetary Authority**

1. Provide the current job description demonstrating that the dean possesses budgetary authority for the COM.
2. Provide the employment contract (compensation redacted) demonstrating that the dean possesses budgetary authority for the COM.

If applicable, provide the above documents for any branch campus

**Element 3.4: Financial Audit (CORE)**

A COM or its parent institution must commission an annual independent audit confirming financial viability and provide evidence of resolution of concerns cited in the audit's accompanying management letter.

**Submission 3.4: Financial Audit**

1. Provide the annual audited financial statement and audit report for the COM or its parent institution for the latest complete fiscal year.
2. Provide evidence of resolution for any concerns cited in the audit's management letter.

#### **Standard 4: Facilities**

A COM must have sufficient physical facilities, equipment, and resources for clinical, instructional, research, and technological functions at all locations/campuses of the COM. These resources must be readily available and accessible across all COM locations to meet the COM's needs and the needs of the students consistent with the approved class size, allowing the COM to achieve its mission.

#### **Element 4.1: Facilities (CORE)**

A COM (and any branch campus) and its additional location must have facilities for the program of instruction that enable the authorized class size of students and faculty to pursue the mission, curriculum, and research/scholarly activity of the COM.

A COM (and any branch campus) must have access to facilities for simulation and standardized patient encounters and must demonstrate how the facilities contribute to assessing student achievement of learning outcomes of its curriculum.

A COM (and any branch campus) must assess the adequacy of the core clinical rotation facilities and involve students in the assessment.

The COM must have space available for use by students in a manner intended to support diversity, equity, and inclusion, and must consult with students in the process of establishing such a space.

#### **Submission 4.1: Facilities**

1. Complete and submit Table 4.1 to describe the on-campus facilities. Complete and submit a separate copy of Table 4.1 for any additional location.
2. Provide facility floor plans of all campus facilities with designations of how the space will be utilized (full architectural drawings are not required).
3. Provide a description, and indicate on the floor plans provided, the facilities used for simulation and standardized patient encounters provided to students.
4. Describe how the COM assesses the adequacy of the core clinical rotation facilities, including how students are involved in the assessment.
5. [Describe how the COM facilities contribute to assessing student achievement of learning outcomes of the curriculum.](#)  
  
[6. Describe how the COM assesses the adequacy and efficacy of facilities intended to support diversity, equity, and inclusion, including how students are involved in the assessment.](#)

If applicable, also provide the above-referenced documents for any branch campus.

#### **Element 4.2: Security and Public Safety**

A COM must ensure that adequate security systems are in place and publish and follow policies and procedures for security; student, faculty, and staff safety; and emergency and disaster preparedness at all COM-operated teaching locations and core training sites.

The COM's policy must include methods of communication with students, faculty, and staff at all teaching and training locations.

##### **Submission 4.2: Security and Public Safety**

1. Provide a copy of all security and safety related policies and procedures.
2. Provide a link to the webpage where security and public safety information is published.
3. As required under 34 CFR § 668.46, provide a copy of your most recent report required under the *Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act*, 20 U.S.C. § 1092(f), as amended.
4. Provide the link to the public webpage where the COM's *Clery Report* is published.

#### **Element 4.3: Information Technology**

A COM must ensure access to information technology to support its mission at all locations and ensure Wi-Fi availability at all core rotation sites. Students, faculty, and staff must be involved in the assessment of information technology services.

##### **Submission 4.3: Information Technology**

1. Provide a copy of the COM's information technology strategic plan.
2. Describe how students, faculty, and staff are involved in the assessment of information technology services.
3. Provide the most recent technology assessment report, including [input from students, faculty, and staff at](#) all locations/campuses and Wi-Fi availability at core clinical rotation sites.

#### **Element 4.4: Learning Resources**

A COM and any branch campus must ensure students and faculty have access to in-person and electronic learning resources at all campus locations that support pre-clinical and clinical education that achieve program objectives and support its mission.

##### **Submission 4.4: Learning Resources**

1. Complete and submit Table 4.4 to describe the COM's learning resources at all campus locations.

### **Standard 5: Learning Environment**

A COM must ensure that its educational programs at all teaching locations occur in professional, respectful, non-discriminatory, culturally sensitive, and intellectually stimulating academic and clinical environments.

The COM must promote students' attainment of the osteopathic core competencies required of future osteopathic physicians.

#### **Element 5.1: Professionalism (CORE)**

A COM and any branch campus must ensure that the learning environment of its osteopathic medical education program is conducive to the ongoing development of professional behaviors in its osteopathic medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect.

A COM must have a committee, or other approved body, that oversees professionalism. A branch campus may have its own committee/approved body.

##### **Submission 5.1: Professionalism**

1. Provide a copy of the COM's professionalism policies and procedures
2. Provide a link to the webpage where the professionalism policies are published.
3. Provide a list of the membership of the committee or approved body with representation from all campuses, that oversees issues of professionalism, and ethics.
4. Provide a published description and charge of the committee, with representation from all campuses, that oversees issues of professionalism and ethics.

#### **Element 5.2: Diversity**

A COM must publish policies on and engage in ongoing, systematic, and focused recruitment and retention activities to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community.

A COM must include in these activities the use of programs and/or partnerships with other institutions and organizations aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

A COM must make publicly available on its website three years of student, faculty, and staff demographics, at a minimum including race/ethnicity and gender. When applicable, for any value on a table less than ten, the COM should indicate that value as "less than 10" in place of the value.

### **Submission 5.2: Diversity**

1. Provide the COM's policies that demonstrate its current practice of systematic and focused recruitment and retention activities to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community.
2. Describe the COM's programs and partnerships with other institutions and organizations aimed at achieving diversity among qualified applicants for medical school admission and the COM's evaluation of program and partnership outcomes.
3. Provide a link to the public webpage where admissions and faculty and staff demographics are published.

### **Element 5.3: Safety, Health, and Wellness**

A COM must publish and follow policies and procedures at all campus locations that effectively mitigate student, faculty, and staff exposure to infectious and environmental hazards, provide education on prevention of such exposures, and address procedures for care and treatment after such exposures.

A COM must publish and follow policies related to student, faculty, and staff mental health and wellness, and fatigue mitigation in the clinical learning environment.

### **Submission 5.3: Safety, Health, and Wellness**

1. Provide policies and procedures addressing safety and health issues.
2. Provide a link to the webpage to where safety, health, and wellness information is published.
3. Describe how this information is provided to students, faculty, and staff.

### **Element 5.4: Patient Care Supervision (CORE)**

A COM must ensure that osteopathic students in clinical learning situations involving patient care are under direct supervision by a licensed health care professional at all times in order to ensure patient safety. The COM must ensure that all supervised activities are within the scope of practice of the supervising health care professional. Students must have clear guidelines on their role in care and the limits of their scope of authority.

### **Submission 5.4: Patient Care Supervision**

1. Provide policies addressing student supervision during the provision of patient care, including policies on the use of telemedicine, if applicable.



2. Provide a link to the webpage where the documents are published.
3. Demonstrate how this information is provided to students.

**Element 5.5: Office of Diversity, Equity, and Inclusion (CORE)**

A COM and any branch campus, or its parent institution, must have an Office of Diversity, Equity, and Inclusion (DEI) (or similar) that supports students, faculty, and staff, and the COM's efforts to promote recruitment, retention, and success of its students, faculty, and staff throughout the osteopathic medical education program.

The DEI Office must have a strategic plan that is developed with input from students, faculty, and staff.

**Submission Element 5.5: Office of Diversity, Equity, and Inclusion**

1. Provide a copy of the DEI Office's strategic plan.
2. Describe how students, faculty and staff were involved in the development and review of the strategic plan.

## **Standard 6: Curriculum**

The faculty of a COM must define how the students will achieve the educational program objectives, including osteopathic core competencies, and is responsible for the detailed design and implementation of the components of a curriculum that enables its students to achieve those competencies and objectives. Educational program objectives are statements of the knowledge, skills, behaviors, and attitudes that osteopathic medical students are expected to demonstrate as evidence of their achievement prior to successful completion of the program.

The faculty of a COM must periodically and regularly review and revise the COM's curriculum and evaluate the COM's educational program to ensure that the quality of the program meets the current standards of osteopathic core competencies, and that students achieve all program objectives and participate in required clinical training experiences and environments.

An additional location must offer at least 50% of the same curriculum as its parent campus. All design, development, and management of the curriculum must include representation of students, faculty, and staff from the additional location.

The curriculum at the branch campus may be the same or different as the curriculum at the parent COM but the dean and leadership at the branch campus is responsible for developing and managing the curriculum. If the curriculum at a branch is different than the curriculum at the parent COM, provide the following information requested in the following elements for the branch campus.

### **Element 6.1: Curriculum Design and Management (CORE)**

A COM and any branch campus must have in place an approved body (e.g., curriculum committee) that exercises collective responsibility for the education program, and has responsibility for the development, management, evaluation, and enhancement of the curriculum. This committee must include student and faculty representation from the pre-clinical and clinical education years, including representation from any additional campus locations. The curriculum must ensure that students attain the skills, including osteopathic core competencies, interprofessional education and humanistic skills, necessary to demonstrate GME readiness and meet the mission of the COM.

#### **Submission 6.1: Curriculum Design and Management**

1. Provide the charge and responsibility of the curriculum committee.
2. Provide a list of the members of the curriculum committee and their titles.
3. Provide a list of meeting dates and meeting minutes for the past academic year.

**Element 6.2: Programmatic Level Educational Objectives (CORE)**

A COM and any branch campus must define and make all programmatic level educational objectives known to students, faculty, and others with responsibility for student education and assessment.

**Submission 6.2: Programmatic Level Educational Objectives**

1. Provide programmatic level educational objectives for the osteopathic medical education program..
2. Provide a link to the public webpage where the information is published.

**Element 6.3: Maximum Length of Completion**

A COM and any branch campus must have a policy that requires that each single degree student completes the DO degree within 150% of the standard time to achieve the degree (six years following matriculation) and describes any exceptions to the 150% time limit.

**Submission 6.3: Maximum Length of Completion**

1. Provide the policy that describes that single degree DO students must complete their education within 150% of the standard time (six years following matriculation).
2. Provide the link to the public webpage where this policy is published.
3. Provide a list identifying any single degree DO student(s) who graduated beyond 150% of the standard time and provide a detailed explanation as to the reason for allowing the student(s) to graduate past the 150% of the standard time.

**Element 6.4: Osteopathic Core Competencies (CORE)**

A COM and any branch campus must teach and educate students to ensure the development of the seven osteopathic core competencies of medical knowledge, patient care, communication, professionalism, practice-based learning, systems-based practice, and osteopathic principles and practice/osteopathic manipulative treatment.

**Submission 6.4: Osteopathic Core Competencies**

1. Provide a description of the COM's delivery of its curriculum including teaching and educating its students to ensure the development of the seven osteopathic core competencies of medical knowledge, patient care, communication, professionalism, practice-based learning, systems-based practice, and osteopathic principles and practice/osteopathic manipulative treatment. Not to exceed 250 words.
2. Provide a curriculum map demonstrating where the osteopathic core competencies are delivered.

### **Element 6.5: Scientific Method**

A COM and any branch campus must ensure that the curriculum includes instruction in the scientific method including data collection to test and verify hypotheses or address questions regarding biomedical phenomena and in the basic scientific and ethical principles of clinical and translational research. The curriculum must include the methods by which such research is conducted, evaluated, explained to patients who are part of clinical studies, and applied to patient care.

#### **Submission 6.5: Scientific Method**

1. Provide a description of the COM's delivery of its curriculum including instruction in the scientific method. Not to exceed 250 words.
2. Provide a curriculum map demonstrating where the content of these courses is delivered.

### **Element 6.6: Principles of Osteopathic Medicine (CORE)**

In each year of the curriculum, a COM and any branch campus must provide each student with instruction in Osteopathic Principles and Practice (OPP), including both observation and hands-on application of Osteopathic Manipulative Medicine (OMM) supervised by COM-credentialed physicians (DO or MD).

#### **Submission 6.6: Principles of Osteopathic Medicine**

1. Provide a description of the COM's delivery of its OPP and OMM curricula. Not to exceed 250 words.
2. Provide a curriculum map demonstrating where the content of these courses is delivered.

### **Element 6.7: Self-Directed Learning**

A COM and any branch campus must ensure that the curriculum includes self-directed learning experiences and time for independent study to allow students to develop skills for lifelong learning. Self-directed learning includes students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of sources of information.

#### **Submission 6.7: Self-Directed Learning**

1. Provide a description of the COM's delivery of its curriculum including self-directed learning experiences and time for independent study. Not to exceed 250 words.
2. Provide a curriculum map demonstrating where the content of these courses is delivered.

**Element 6.8: Interprofessional Education for Collaborative Practice (CORE)**

In each year of the curriculum, a COM and any branch campus must ensure that the core curriculum prepares osteopathic medical students to function collaboratively on health care teams, adhering to the Interprofessional Education Collaborative (IPEC) core competencies, by providing learning experiences in academic and/or clinical environments that permit interaction with students enrolled in other health professions degree programs or other health professionals.

**Submission 6.8: Interprofessional Education for Collaborative Practice**

1. Provide a description of the COM's delivery of its curriculum, which includes the COM's preparation of students to function collaboratively on health care teams, adhering to the IPEC core competencies. Not to exceed 250 words.
2. Provide a curriculum map demonstrating where the content of these courses is delivered.

Note: A single curriculum map may be provided for Elements 6.4 – 6.8.

**Element 6.9: Clinical Education (CORE)**

A COM must:

- a. Describe how clinical skills are taught and assessed throughout its curriculum;
- b. define eligibility requirements, including clinical skills, for a student to enter clinical rotations;
- c. define its core clinical rotations;
- d. define the types of patients and clinical conditions that osteopathic medical students are required to encounter, the clinical skills to be performed by the students, the appropriate clinical setting for these experiences, and the expected levels of student responsibilities;
- e. provide clinical education rotations, including demonstration of adequate faculty, for the three-year rolling average of the number of students eligible to enter core rotations for the first time, students repeating core rotations, and off-cycle students;
- f. have published policies and procedures (protocols) addressing methodologies by which students can satisfactorily complete, including remediation activities, the clinical education curriculum, including standardized/simulated and supervised patient encounters; and
- g. provide executed affiliation agreements that ~~support the clinical educational experience for its students at all its locations/campuses.~~ identify the number of students in each specialty at the core site.

**Submission 6.9: Clinical Education**

1. Provide a copy of a COM-approved clinical education affiliation agreement.
2. Provide all documents that demonstrate the acceptance of the COM's students to participate at the affiliate sites, including all executed affiliation agreements.
3. Provide the definition of a student eligible to enter clinical rotations.
4. Provide documentation (e.g., clinical education manual) listing core third- and fourth-year rotations
5. Provide sample syllabi for all core clinical rotations.
6. Provide policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.
7. Complete Table 6.9a detailing student population eligible to participate in clinical rotations.
8. Complete Table 6.9b demonstrating adequacy of core clinical rotation capacity.
9. Provide a contingency plan for all core rotations indicating how students will be placed in clinical education in the event opportunities are no longer available.

**Element 6.10: Clinical Experience**

A COM and any branch campus must ensure that each student's required core rotations prior to the fourth-year clinical clerkships include the following experiences: 1) at least one rotation conducted in a health care setting in which the student works with resident physicians currently enrolled in an accredited program of graduate medical education; 2) at least one rotation under the supervision of an osteopathic physician; and 3) more than one rotation in an inpatient setting.

**Submission 6.10: Clinical Experience**

1. Provide a de-identified document showing how the most recent cohort of students received the required clinical experiences prior to their fourth-year clinical clerkships from the system used by the COM to track compliance with these requirements.

**Element 6.11: Comparability across Clinical Education Sites**

A COM and any branch campus must ensure that the curriculum includes comparable educational experiences and equivalent methods of assessment across all core clinical educational sites where students learn, ensuring all students achieve similar outcomes based on core educational learning objectives. This comparison of comparability must include a statistical analysis.

**Submission 6.11: Comparability Across Clinical Education Sites**

1. Provide policies and procedures describing how student outcomes at clinical educational sites are reviewed and utilized in the determination of the comparability of outcome of the clinical experiences.
2. Provide the most recent report, including a statistical analysis, assessing student outcomes across clinical education sites, describing plans to address any issues found.

**~~Element 6.12: COMLEX-USA~~**

~~Prior to graduation, all students must demonstrate osteopathic medical knowledge and osteopathic clinical skills by passing the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) undergraduate examinations (Level 1 and Level 2) and meeting a national standard for osteopathic clinical skills competency.~~

~~The COM must publish to the public the first-time pass rates for all students in each of the competency assessments in the COMLEX-USA examination series (Level 1, Level 2, and Level 3).~~

**~~Submission 6.12: COMLEX-USA~~**

- ~~1. Provide all COM policies and procedures related to the COMLEX-USA.~~
- ~~2. Provide a link to the public webpage where the last four years of COMLEX-USA Level 1, Level 2, and Level 3 first-time pass rates are published.~~

**Element 6.13: Diversity, Equity, and Inclusion Curriculum (CORE)**

A COM must incorporate diversity, equity, and inclusion into its curriculum.

**Element Submission 6.13: DEI Curriculum**

1. Provide a description of the COM's curriculum that includes issues related to diversity, equity, and inclusion.
2. Provide a curriculum map demonstrating where the content of these courses is delivered.

## **Standard 7: Faculty and Staff**

The faculty members at a COM must be qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

A COM must ensure that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

### **Element 7.1: Faculty and Staff Resources and Qualifications (CORE)**

At all educational teaching sites, including affiliated sites, a COM must have sufficient faculty and clinical staff resources to achieve the program mission, including part time and adjunct faculty, and preceptors who are appropriately trained and credentialed. The physician faculty in the patient care environment must hold current medical licensure and have had AOA or ABMS board certification in the specialty being taught at some time in their career or be board eligible in the specialty being taught.

All non-physician faculty must have demonstrated appropriate qualifications in their disciplinary field.

#### **Submission 7.1: Faculty and Staff Resources and Qualifications**

1. Provide an organizational chart demonstrating how the faculty are organized.
2. Complete Tables 7.1a and 7.1b

In preparation for a site inspection and upon request of the COCA staff, the COM must have available for inspection the complete faculty file, including the most recent and complete curricula vitae and credentialing information, of all faculty including all adjunct faculty.

Note: For all submission requirements below, reports from the American Osteopathic Information Association, the Federation of State Medical Boards, or the American Board of Medical Specialties may be submitted to demonstrate licensure and board certification.

### **Element 7.2: Faculty Approvals at All Teaching Sites**

A COM must academically credential and/or approve the faculty at all COM and COM-affiliated and educational teaching sites.

#### **Submission 7.2: Faculty Approvals at All Teaching Sites**

1. Provide a copy of the policies and procedures for credentialing and appointment, or approval of all COM faculty.
2. Complete Table 7.2 listing credentials for all clinical faculty.



### **Element 7.3: Department Chair Qualifications**

A COM and any branch campus must employ chairs of department(s), or the equivalent of departments, with proven experience in teaching and academic leadership in a medical education setting. For clinical department chairs, the chair must have an active medical license and active AOA or ABMS board certification in their specialty.

#### **Submission 7.3: Department Chair Qualifications**

1. Provide the organizational chart, showing names and titles, demonstrating the reporting hierarchy for each department.
2. Provide the current job description for each department chair (or equivalent).
3. Provide a complete current, curriculum vitae, for each department chair (or equivalent).
4. For each clinical department chair (or equivalent), provide a copy of the department chair's medical license.
5. For each clinical department chair (or equivalent), provide a copy of the department chair's AOA or ABMS board certification documents.

### **Element 7.4: Primary Care Leadership**

A COM may organize its medical faculty under an organizational structure of its own design, but the leadership of the COM's clinical education must include one or more actively licensed osteopathic physicians who are AOA or ABMS board certified in a primary care discipline (family medicine, internal medicine, or pediatrics) with proven experience in teaching and academic leadership in a medical education setting.

#### **Submission 7.4: Primary Care Leadership**

1. Provide a copy of the job description for the chair of primary care (or equivalent).
2. Provide a complete and current curriculum vitae for the chair of primary care (or equivalent).
3. Provide a copy of the chair's (or equivalent) medical license.
4. Provide a copy of the chair's (or equivalent) AOA or ABMS board certification documents.

### **Element 7.5: OMM/OPP Leadership (CORE)**

Osteopathic philosophy and principles (OPP) that include osteopathic manipulative medicine (OMM) are defining characteristics of a COM in maintaining its osteopathic distinction. Accordingly, in a Department of OMM/OPP or equivalent, a COM must employ at least one full-time Doctor of Osteopathic Medicine with proven experience in developing and delivering OMM/OPP curriculum in a COM, an active medical license, and active board certification from the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) or a Certificate of Special Proficiency in OMM (C-SPOMM), whose principal duties include developing the osteopathic content of the COM's curriculum.

#### **Submission 7.5: OMM/OPP Leadership**

1. Provide a copy of the job description for the chair of OMM/OPP.\*
2. Provide a complete current curriculum vitae for the chair of OMM/OPP.\*
3. Provide a copy of the chair's\* medical license.
4. Provide a copy of the chair's\* AOA board certification documents.

\* or person responsible for developing the OMM/OPP curriculum

### **Element 7.6: Faculty Development**

A COM must develop and implement an ongoing needs-based, assessment-driven, faculty development program for faculty at all campus locations that is in keeping with the COM's mission.

#### **Submission 7.6: Faculty Development**

1. Provide a report of the most recent annual faculty development needs assessment.
2. Provide a roster of all faculty development activities, for the past academic year, including documentation of the faculty participation at each activity.

### **Element 7.7: Faculty Association**

A COM must have a faculty organization that serves as a representative forum for faculty participation for the free exchange of ideas and concerns, of all faculty. The faculty association must include representation of faculty from all campus locations, when applicable. A branch campus may have a faculty association independent from its parent COM.

#### **Submission 7.7: Faculty Association**

1. Provide a copy of the bylaws for the faculty association(s).
2. Provide a list of meeting dates and meeting minutes for the faculty association(s) for the past academic year.
3. Provide a copy of or link to the faculty handbook.

**Element 7.8: Faculty Appointment and Advancement**

A COM must have clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure (if a tenure program exists), and remediation. The policies and procedures must provide each faculty member with written information about his or her term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, due process, and, if relevant, the policy on practice earnings.

A COM or its parent institution must create a process to review internal pay and rank equity every three years.

**Submission 7.8: Faculty Appointment and Advancement**

1. Provide the policies and procedures for faculty appointment and advancement, including
  - a. term of appointment;
  - b. responsibilities;
  - c. lines of communication;
  - d. privileges and benefits;
  - e. performance evaluation and remediation;
  - f. terms of dismissal;
  - g. due process; and
  - h. the policy on practice earnings (if relevant).
2. Provide a link to the webpage where the documents are published.
3. Provide a copy of the pay/rank equity review policy.
4. Provide a copy of the most recent pay/rank equity study.

**Element 7.9: Diversity, Equity, and Inclusion (DEI) Training**

A COM must offer DEI training to employed faculty and staff at least annually.

**Submission 7.9: Diversity, Equity, and Inclusion (DEI) Training**

1. Provide documentation demonstrating that DEI training is offered to all COM-employed faculty and staff at least annually.

## **Standard 8: Research and Scholarly Activity**

A COM must demonstrate a commitment to research and scholarly activity through its budgetary processes, support of faculty research (including the establishment of a research infrastructure, including an office of research, faculty and personnel to assist students in research and peer review through publication or grant application), and inclusion of its students in research throughout all four years of the osteopathic medical education.

### **Element 8.1: Research and Scholarly Activity Strategic Plan (CORE)**

A COM must produce and publish a strategic plan for research and scholarly activities at all campus locations that documents how the COM intends to contribute to the advancement of knowledge through research and scholarly contributions. The plan must include cultural competency and health disparities research/scholarly activities.

#### **Submission 8.1: Research and Scholarly Activity Strategic Plan**

1. Provide a copy of the COM's research and scholarly activity strategic plan.
2. Provide a link to the public webpage where the research and scholarly activity strategic plan may be accessed.

### **Element 8.2: Research and Scholarly Activity Budget (CORE)**

A COM must have budgetary processes and a budget that support research and scholarly activity by its faculty and students.

#### **Submission 8.2: Research and Scholarly Activity Budget**

1. Provide information about the COM's budgetary processes that support research and scholarly activity by its faculty and students.
2. Provide a copy of the COM's research and scholarly activity budget(s).

### **Element 8.3: OMM/OPP Research and Scholarly Activity (CORE)**

A COM must demonstrate how its research/scholarly activity includes or incorporates osteopathic manipulative medicine (OMM) and osteopathic principles and practice (OPP).

#### **Submission 8.3: OMM/OPP Research and Scholarly Activity**

1. Provide a description of how OMM and OPP are incorporated into the COM's research and scholarly activity.
2. Complete and submit Table 8 to identify the OMM/OPP research/scholarly activity of the COM's faculty (and students and staff, if applicable) over the past three years.

**Element 8.4: Student Participation in Research and Scholarly Activity (CORE)**

A COM must publish and follow policies and procedures to support student driven research and scholarly activity, as well as student participation in the research and scholarly activities of the faculty at all campus locations.

**Submission 8.4: Student Participation**

1. Provide a copy of all student research and scholarly activity policies.
2. Provide a link to the public webpage where the policies are published.
3. Submit Table 8 to document student research and scholarly activity.

## **Standard 9: Students**

A COM must establish and publish admission requirements for potential applicants to the osteopathic medical education program and must develop and apply effective policies and procedures for medical student selection and enrollment consistent with the COM's mission, vision, and values.

A COM must develop and implement policies and procedures as well as provide the human and physical resources required to support and promote health and wellness in order to meet and advance the physical, emotional, mental, career, academic and professional needs of its students, faculty, and staff. All osteopathic medical students of the COM have the same rights to and must receive comparable services.

### **Element 9.1: Admissions Policy (CORE)**

A COM must establish and publish, to the public, admission requirements for potential applicants to the osteopathic medical education program and must use effective policies and procedures for osteopathic medical student selection for admission and enrollment, including technical standards for admissions. A COM must tie all admissions policies to the COM mission.

Admissions policies for COMs with additional locations must be the same for the parent campus and its additional location. Branch campuses may have separate admissions policies.

#### **Submission 9.1: Admissions Policy**

1. Provide all admission requirements, policies, and procedures for osteopathic medical student selection and enrollment.
2. Provide a copy of the technical standards required of matriculants.
3. Provide a link to the public webpage where the policies are published.

**Element 9.2: Academic Standards (CORE)**

A COM must publish and follow policies and procedures on academic standards that include grading, class attendance, tuition and fees, refunds, student promotion, retention, graduation, students' rights and responsibilities, and the filing of grievances and appeals.

**Submission 9.2: Academic Standards**

1. Provide copies of policies and procedures on academic standards, including:
  - a. grading
  - b. class attendance
  - c. tuition and fees
  - d. refunds
  - e. student promotion
  - f. retention
  - g. graduation
  - h. students' rights and responsibilities; and
  - i. filing of grievances and appeals
2. Provide a link to the public webpage where the documents are published.

**Element 9.3: Transfer Policies**

A COM must publish and follow policies regarding transfer or admissions with advanced standing. A COM may only accept credits from a school accredited by the COCA or the Liaison Committee on Medical Education (LCME) where the student is eligible for readmission. The COM must ensure that if transfer occurs from an LCME accredited school of medicine, the student must acquire OMM/OPP competency prior to graduation from the COM. The last two years of education must be completed at the COM granting the degree.

COMs with additional locations or branch campuses must indicate if the same transfer policies apply to all campus locations.

**Submission 9.3: Transfer Policies**

1. Provide copies of all transfer policies and procedures, including those made available to students pursuant to 34 CFR § 668.43(a)(11).
2. Provide a link to the public webpage where the COM's transfer policies are published.

#### **Element 9.4: Secure Student Recordkeeping**

A COM must develop an accurate, confidential and secure system for official student record keeping at all campus locations that includes admissions, advisement, academic and career counseling, evaluation, grading, credits, and the training of faculty and staff in the regulations regarding these records.

##### **Submission 9.4: Secure Student Recordkeeping**

1. Provide the policies and procedures on student recordkeeping.
2. Provide the policies and procedures for training of faculty and staff pursuant to the *Family Educational Rights and Privacy Act* (FERPA) (20 USC 1232g; 34 CFR § 99).

#### **Element 9.5: Academic Counseling (CORE)**

A COM must provide academic counseling to assist all students in study skills, learning styles, learning resources, and other assistance for academic success.

##### **Submission 9.5: Academic Counseling**

1. Describe the process for ensuring that academic counseling is provided to students at all locations. (250 words or less)
2. Complete Table 9.5.

#### **Element 9.6: Career Counseling (CORE)**

A COM must provide career counseling to assist all students in evaluating career options and applying to graduate medical education training programs.

##### **Submission 9.6: Career Counseling**

1. Describe the process for ensuring that career counseling, including GME readiness, is provided to students at all locations. (250 words or less)
2. Complete Table 9.6.

#### **Element 9.7: Financial Aid and Debt Management Counseling**

A COM must provide financial aid counseling to all students to assist them with financial aid applications and debt management.

A COM must publish annually a list of active scholarship opportunities made available by the institution to COM students.



**Submission 9.7: Financial Aid and Debt Management Counseling**

1. Provide a description (250 words or less) of all financial aid and debt counseling sessions provided to its students, including:
  - a. When the financial aid and debt counseling sessions are/were provided to the students;
  - b. The OMS year during which students are required to receive these sessions; and
  - c. A roster of students that received financial aid and debt counseling.
2. Provide the link to the public webpage listing scholarship opportunities made available by the institution to COM students.

**Element 9.8: Mental Health Services (CORE)**

A COM must have policies and procedures to provide its students at all locations with confidential access to an effective system of counseling and mental healthcare from a mental health care provider. A mental health care provider must be accessible 24 hours a day, 365 days a year, from all locations where students receive education from the COM.

**Submission 9.8: Mental Health Services**

1. Provide policies and procedures for students seeking counseling and mental health services.
2. Provide a link to webpage where students access mental health care information.
3. Provide a list of the mental health services available to students at all teaching locations with service locations and hours.

**Element 9.9: Physical Health Services (CORE)**

A COM must have policies and procedures to provide its students with access to diagnostic, preventive, and therapeutic health services accessible in all locations where students receive education from the COM.

**Submission 9.9: Physical Health Services**

1. Provide policies and procedures for students seeking diagnostic, preventive and therapeutic health services.
2. Provide a link to webpage where students access physical health care information.
3. Provide a list of the health services locations where students may seek care at all teaching locations.

**Element 9.10: Non-Academic Health Professionals (CORE)**

A COM must ensure that any health professional providing health services, through a provider patient relationship, must recuse themselves from the academic assessment or promotion of the student receiving those services.

A COM must provide a copy of the recusal policy annually to students and faculty.

**Submission 9.10: Non-Academic Health Professionals**

1. Provide policies and procedures on recusal from student assessment and promotion for health professionals providing services to students.
2. Provide links to webpage where these policies and procedures are published for students and faculty.
3. Describe how this information is provided to students and faculty (not to exceed 250 words).

**Element 9.11: Health Insurance**

A COM must require that all students have health insurance. [A COM, or its parent institution, must offer a health insurance plan option to students.](#)

**Submission 9.11: Health Insurance**

1. Provide policies and procedures regarding health insurance for students, [including the verification process. Describe the process to ensure student compliance with insurance requirements as least annually.](#)
2. Provide a link to webpage where the student health insurance policies are published.

**Standard 10: Graduate Medical Education (GME)**

The faculty of a COM must ensure that the curriculum provides content of sufficient breadth and depth, to prepare students for entry into a graduate medical education program for the subsequent practice of medicine. The COM must strive to develop graduate medical education to meet the needs of its graduates within the defined service area, consistent with the mission of the COM.

**Element 10.1: Osteopathic Educational Continuum**

A COM must have policies, procedures, personnel, and budgetary resources to support the continuum of osteopathic education, including graduate medical education.

**Submission 10.1: Osteopathic Educational Continuum**

1. Provide the COM's policies and describe the COM's procedures, personnel, and budgetary resources that support the continuum of osteopathic education.

**Element 10.2: Accredited GME**

A COM must provide a mechanism to assist new and existing GME programs in meeting the requirements for accreditation.

**Submission 10.2: Accredited GME**

1. Provide the COM's policy and description of its mechanism to assist new and existing GME programs in meeting the requirements for accreditation.

**Element 10.3: Osteopathic Recognition of GME**

A COM must provide a mechanism to assist GME programs in meeting the requirements of osteopathic recognition.

**Submission 10.3: Osteopathic Recognition GME**

1. Provide documentation demonstrating the COM's processes and commitment of resources to assist GME programs to achieve osteopathic recognition.

**Element 10.4: GME Placement Rates (CORE)**

~~A COM must publish publicly the placement rates of its students in graduate medical education programs, including by race/ethnicity and gender.~~

~~The requirement to report race/ethnicity and gender data will begin with the graduating class of 2023 and beyond.~~

**Submission 10.4: GME Placement Rates**

- ~~1. Provide a link to the public webpage where the COM's GME placement rates are published, including placement rate by race/ethnicity and gender, for the last four academic years in all residency programs. The placement rate must be calculated by dividing the number of students who matched into a PGY1 position by the number of students were match eligible.~~
- ~~2. Submit Table 10.~~

### **Standard 11: Program and Student Assessment and Outcomes**

A COM must define and assess both programmatic and individual student outcomes, including attainment of core osteopathic core competencies and skills, to ensure GME readiness, including its DEI mission, vision and goals.

A COM must use the data from programmatic and individual outcomes to continuously improve all aspects of the COM and to meet its mission.

#### **Element 11.1: Program Assessment (CORE)**

A COM must conduct learning outcome assessments that connect to its program mission, goals, and objectives to continuously improve the educational quality of its osteopathic medical education program.

##### **Submission 11.1: Program Assessment**

1. Provide guiding documents which govern how the COM conducts program learning outcome assessments. This may be in the form of a program review manual or guide that has been adopted by the faculty. This must describe an assessment of the osteopathic core competencies in the curriculum.
2. Provide a list of the program learning outcome assessments performed over the past three academic years.
3. Provide examples of changes in curriculum, pedagogy, counseling, or other aspects of the student experience that have been made as a result of recent program reviews in order to more fully support student learning, including the core competencies.

#### **Element 11.2: Student Evaluation of Instruction**

A COM must have policies and procedures in place to collect and consider confidential student evaluations of their courses, clerkships, faculty, and other relevant student experiences. The COM must demonstrate that these results are incorporated into the COM's self-assessment to improve curriculum, including that which promotes diversity, equity, and inclusion; and address deficiencies in student experiences.

##### **Submission 11.2: Student Evaluation of Instruction**

1. Describe the processes for obtaining student evaluation of classroom and clinical instruction.
2. Describe how student evaluations are kept confidential (not to exceed 250 words).
3. Provide a copy of the evaluation forms used by the students for these purposes.
4. Provide a flowchart demonstrating how the evaluation data are utilized in curricular improvement.

### **Element 11.3: Student Debt Outcomes**

A COM and/or its parent institution must collect and publish data on the debt load and student loan default rates of its students in such a way that applicants can be aware of the information.

#### **Submission 11.3: Student Debt Outcomes**

1. Provide the current average debt for the last four years of students at each campus location. Information should be disaggregated by race/ethnicity and gender, if available (beginning with the graduating class of 2023 and beyond).
2. Provide a link to the public webpage where the information is published.
3. For each of the four academic years preceding the submission of this information, provide the student loan default rate for all federal financial aid obtained under the Higher Education Act of 1965, as amended, including financial aid provided under Title IV of the HEA.

### **Element 11.4 Student Outcomes**

#### **11.4a COMLEX-USA**

Prior to graduation, all students must demonstrate osteopathic medical knowledge and osteopathic clinical skills by passing the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) undergraduate examinations (Level 1 and Level 2) and meeting a national standard for osteopathic clinical skills competency.

The COM must publish to the public the first-time pass rates for all students in each of the competency assessments in the COMLEX-USA examination series (Level 1, Level 2, and Level 3) as reported by the NBOME. COMs must update their public websites within 30 days of receiving their annual update for each COMLEX-USA level testing cycle.

#### **Submission 11.4a COMLEX-USA**

1. Provide all COM policies and procedures related to the COMLEX-USA.
2. Provide a link to the public webpage where the last four years of COMLEX-USA Level 1, Level 2, and Level 3 first time pass rates are published.

#### **11.4b GME Placement Rates**

A COM must publish publicly the placement rates of its students in graduate medical education programs, including by race/ethnicity and gender.

The requirement to report race/ethnicity and gender data will begin with the graduating class of 2023 and beyond.

#### **Submission 11.4b GME Placement Rates**

1. Provide a link to the public webpage where the COM's GME placement rates are published, including placement rate by race/ethnicity and gender, for the last four academic

\_\_\_\_\_ years in all residency programs. The placement rate must be calculated by dividing the number of students who matched into a PGY1 position by the number of students were match eligible.

\_\_\_\_\_ 2. Submit Table 11.4b.

### **11.4c Cohort Graduation Rates**

A COM must publish publicly the graduation rates by matriculation cohort at years 4, 5, and 6 for students only pursuing the DO degree.

#### **Submission 11.4c Cohort Graduation Rates**

\_\_\_\_\_ 1. Provide a link to the public webpage where the COM's cohort graduation rates at years 4, 5, and 6 are published.

\_\_\_\_\_ 2. Submit Table 11.4c.

### **11.4d Cohort Retention Rates**

A COM must publish publicly the retention rate (as defined in the glossary) by matriculation cohort.

#### **Submission 11.4d Cohort Retention Rates**

\_\_\_\_\_ 1. Provide a link to the public webpage where the COM's cohort attrition rates are published.

\_\_\_\_\_ 2. Submit Table 11.4d.

### **Element 11.45: Student Survey**

A COM must cooperate with the administration of the COCA student survey as part of the comprehensive accreditation process.

#### **Submission 11.45: Student Survey**

1. Describe the methods the COM used to support the completion of the COCA student survey.

### **Element 11.56: COCA Annual and Mid-Cycle Reports (CORE)**

A COM having accreditation status must submit specified annual and mid-cycle reports to the COCA.

#### **Submission 11.56: COCA Annual and Mid-Cycle Reports**

1. COCA staff will confirm that the COM has completed and submitted the required COCA Annual and Mid-Cycle Reports by the established deadlines.

## **Standard 12: Institutional Accreditation (if applicable)**

For any COM that is not affiliated with a parent institution, the COCA may serve as both institutional and programmatic accreditor. When the COCA serves as the institutional accreditor, the COM must demonstrate that it is compliant with this standard and its supporting elements. A COM may not add another program of study in addition to the osteopathic medicine program while the COCA serves as its institutional accreditor.

### **Element 12.1: Incorporation of the Institution (CORE)**

A COM that is not affiliated with a parent institution must demonstrate its incorporation as a non-profit or for-profit entity (e.g., corporation, limited liability company, etc.) with governing bylaws that are consistent with the COCA accreditation standards. The COM must have an autonomously appointed functioning governing body that is broad in representation of expertise in education, DEI, finance, law, health policy, and osteopathic medicine.

#### **Submission 12.1: Incorporation of the Institution**

1. Provide the annual registration documents for ongoing incorporation for the COM.
2. Provide a copy of the bylaws of the governing body.
3. Provide a list of members of the governing body and their titles.
4. Provide evidence of an annual assessment of the governing body's conflicts of interest.

### **Element 12.2: Degree and Other Educational Offerings (CORE)**

A COM that is not affiliated with a parent institution must demonstrate evidence of approval to grant the Doctor of Osteopathic Medicine (DO) degree and any other educational offerings from all appropriate regulatory agencies whether it is a board of regents, a state regulatory agency, or any other regulatory agency charged with granting such authority under the laws of the state in which the COM is located.

#### **Submission 12.2: Degree and Other Educational Offerings**

1. Provide a list of all degrees and educational programs (certificates and courses) offered by the COM.
2. Provide a copy of all charters, licenses, or letters of approval from any educational or business agencies that grant authority to the COM.



**Element 12.3: Chief Executive Officer (CORE)**

A COM that is not affiliated with a parent institution must employ a chief executive officer who is qualified by education, training, and experience to provide effective leadership to the COM's administration, faculty, students, and staff. The chief executive officer must have a minimum of five years' experience in senior administration in an institution of higher education or healthcare setting.

**Submission 12.3: Chief Executive Officer**

1. Provide the current job description for the chief executive officer.
2. Provide a current and complete curriculum vitae for the chief executive officer.

**Element 12.4: Chief Financial Officer (CORE)**

A COM that is not affiliated with a parent institution must employ a chief financial officer who is qualified by education, training, and experience to provide organizational leadership related to the financial health of the COM. The chief financial officer must have a minimum of three years' experience in administration in financial management of an institution of higher education or healthcare setting.

**Submission 12.4: Chief Financial Officer**

1. Provide the current job description for the chief financial officer.
2. Provide a current and complete curriculum vitae for the chief financial officer.

**Element 12.5: Course Credit Hours**

A COM that is not affiliated with a parent institution must publish policies and procedures for the assignment of credit hours for all intended courses within its anticipated curriculum

**Submission 12.5: Course Credit Hours**

1. Provide a copy of the COM's credit hour assignment policy.
2. Provide a link to the public website where the document is published.

**Element 12.6: Public Information**

All public information published by a COM in its catalogs, student handbooks, advertising literature, or any other publicly available information must be presented in an accurate, fair, and complete manner.

A COM's catalog must include a diversity statement and the student handbook must include a description of the discrimination incident reporting system and how such situations are resolved.

**Submission 12.6: Public Information**

1. Provide all documentation that demonstrates the institution's calendar, as well as its policies on grading, admissions, academic program requirements DEI training, discrimination incident report, tuition and fees, and refunds.
2. Provide evidence of all communication that accurately represents the COM's accreditation status. This communication must include information regarding how to contact COCA.

**Element 12.7: Public Notification and Opportunity to Comment**

A COM that is not affiliated with a parent institution must seek third-party comments addressing the quality of the COM's educational program prior to the completion of a comprehensive or focused review by the COCA. The notice must include information regarding how the public can contact the COCA directly.

**Submission 12.7: Public Notification of Opportunity to Comment**

1. Provide evidence that a public notice inviting any third-party comments prior to an impending comprehensive or focused site visit was posted on the institution's website no later than three months prior to the date the site visit is scheduled to commence, including information regarding how to contact the COCA directly.

**Element 12.8: Academic Freedom**

A COM that is not affiliated with a parent institution must include in its publications policies regarding academic freedom. All such policies must be approved by the COM's governing board. Policies must apply to all campus locations.

**Submission 12.8: Academic Freedom**

1. Provide the institution's policies regarding academic freedom evidencing a commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights.

**Element 12.9: Title IV Responsibility (CORE)**

A COM that is not affiliated with a parent institution must demonstrate compliance with the requirements for participation in federal programs under Title IV of the Higher Education Act of 1965, as amended.

**Submission 12.9: Title IV Responsibility**

1. Provide a copy of the most recent annual audit meeting the requirements of the Single Audit Act Amendments of 1996 and OMB Circular A-133.
2. Provide the date of the most recent program review conducted pursuant to Title IV of the HEA and the final action letter from that review.
3. Provide a copy of the most recent audit(s) performed in connection with any state financial aid programs, if applicable.
4. Provide copies of all relevant correspondence submitted to, and received from, the U.S. Department of Education for ongoing noncompliance issues, including liabilities owed.
5. Provide negotiated settlement agreements for the payoff of any fines or monies owed in connection with program reviews.
6. Provide institutional responses to all audits and/or findings.

**END OF STANDARDS**

## Glossary

The glossary should be used for information and guidance purposes only. The glossary should not be used as a resource to interpret the Standards; only the Commission on Osteopathic College Accreditation may interpret the Standards according to the context presented. The following information serves only to define terms.

AACOM – American Association of Colleges of Osteopathic Medicine

Academic Credentialing – Approval of faculty members either for on-campus or off campus instruction, through a process of verification of education, licensure, insurance, and other requirements deemed necessary to meet COM policy.

Accreditation – The status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency’s standards and requirements. This process ensures that educational programs provided by institutions of higher education meet acceptable levels of quality, as follows:

**Accreditation with Exceptional Outcome:** This indicates that the COM is in compliance with all standards and that all elements are met at the time of the review with no progress report or additional written information required. For schools with this status, accreditation will be granted for ten years. Monitoring is conducted through submission of the COCA annual report and the mid-cycle report that is due in year five. This accreditation status is not available to newly accredited COMs (progressing from pre-accreditation status) or following an accreditation status of Accreditation with Probation or Accreditation with Warning.

**Accreditation:** This indicates that a COM is compliant with all standards. However, there may be non-core elements that are not met and must be addressed via progress reporting. For schools with this status, accreditation will be granted for seven years. Monitoring is conducted through submission of the COCA annual report and the mid-cycle report that is due in year three. COMs achieving accreditation for the first time with all Elements met will be granted this status for six years with a mid-cycle report due in year three.

**Accreditation with Finding:** This indicates that a COM is not compliant with one standard (including non-compliance with a Core Element(s) within a standard) and ongoing monitoring will occur through progress reporting and annual reports. For schools with this status, accreditation will be granted for five years. Mid-cycle reporting is due in year three.

**Accreditation with Monitoring:** This indicates that a COM is not compliant with two standards (including non-compliance with a Core Element(s) within each standard) and ongoing monitoring will occur through progress reporting and annual reports. For schools with this status, accreditation will be granted for four years. Mid-cycle reporting is due in year two.

**Accreditation with Warning:** This indicates that a COM is not compliant with three to five standards and ongoing monitoring will occur through progress reporting, annual reports, and any other monitoring the COCA deems necessary (e.g., focused site visits, etc.). For schools with this status, accreditation will be granted for two years. The mid-cycle report will be submitted with the annual report.

**Accreditation with Probation:** This indicates that a COM is not compliant with more than five standards. For schools with this status, the accreditation will be granted for no more than one year. Monitoring will occur continuously as deemed necessary by the COCA, including progress reporting, an annual report, and focused site visits.

**Withdrawal of Accreditation:** This indicates that the quality of the educational program is compromised, and the school was unable to come into compliance with all standards within the allotted timeframe.

ACGME – Accreditation Council for Graduate Medical Education.

Additional Location – A location that is geographically apart from the main campus at which the institution offers at least 50 percent of an educational program. The Additional Location will not have separate administration, faculty, or budgetary independence. The additional location must have a common Chief Academic Officer, faculty, budget, and curriculum with the parent COM. Students may be admitted directly to the Additional Location as their primary place of enrollment (34 CFR §602.22).

Adverse Action – A decision by the COCA involving the status of probation, warning, denial, withdrawal, suspension, revocation of accreditation or pre-accreditation or any other negative effect on a COM's accreditation status. Upon the determination of the COCA, the decision is reported to the United States Department of Education, irrespective of the appeal status of a decision.

Affiliated Clinical Site – A clinical site in an accredited healthcare facility or clinic, not owned or operated by a COM, which agrees to provide specific and limited clinical instruction to a COM's students.

Annual Report – A required report from each COM addressing programmatic outcomes.

AOA – American Osteopathic Association

Approved Class Size – The maximum class size allowed by the COCA. All COMs with entering first-time matriculants in excess of the approved class size plus a permitted variance of eight percent (8%) will be determined to have an unplanned class size increase and will be required to submit a Substantive Change, Unplanned Class Size Increase application, including the required fees. For the purpose of an accurate accounting of class size, in those instances where a student matriculates in one year but takes a leave of absence or other decelerated program options, the COM will count that student towards the class in which they matriculated

Branch Campus – A branch campus is a location that is geographically apart from the COM and is:

1. Permanent in nature;
2. Offers courses in educational programs leading to a DO degree;
3. Has its own faculty and administrative or supervisory organization; and
4. Has its own budgetary and hiring authority.

The COCA may serve as the programmatic or institutional accreditor for COMs wishing to request a Branch Campus. (34 CFR §600.2).

CHEA – Council for Higher Education Accreditation

Clery Act – The *Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act* (Clery Act) is a federal statute which requires all colleges and universities that participate in federal financial aid programs to keep and disclose information about crime on and near their respective campuses.

COCA – Commission on Osteopathic College Accreditation

COM (SOM) – College (or school) of osteopathic medicine offering instruction leading to a Doctor of Osteopathic Medicine (DO) degree.

Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) – A series of osteopathic medical licensing examinations administered by the National Board of Osteopathic Medical Examiners (NBOME).

CORE Element – An element considered fundamental to meeting the standard. A COM will be found out of compliance with the standard if the COM fails to meet any core element within that standard.

Core Rotation – A Clinical rotations required for all medical students in the OMS-III and sometimes the OMS-IV year that must be completed within hospitals or other sites affiliated with the COM. prior to graduation from the COM. Core rotations provide exposure to a wide range of medical topics and issues. They are generally completed in the OMS-III year but may be completed in OMS-IV. This could be an assigned hospital(s), hospital system, or the COM’s network of training sites. These rotations must have a defined syllabus and written assessment in addition to the preceptor evaluation. This differs from an elective or selective rotation where the students can complete the rotation in any approved specialty at any approved training site.

At a minimum, Core rotations should are defined by each COM. Generally, they may include, but are not limited to: internal medicine, surgery, family medicine, obstetrics and gynecology women’s health, pediatrics, psychiatry behavioral health, and/or emergency medicine. A minimum of 4 weeks is required for each core rotation.

Culturally-Sensitive – To be aware that differences and similarities exist between people without judging those differences as positive or negative.

Credit Hour – A credit hour is defined by the regulations of the U.S. Secretary of Education at 34 CFR 600.2 – Except as provided in 34 CFR 668.8(k) and (l), a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than:

1. One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or
2. At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practicum, studio work, and other academic work leading to the award of credit hours.

Curriculum Changes – A substantive change in curriculum will be considered when a comprehensive change in the curriculum is occurring, which means a significant departure from the existing curriculum content or method of delivery. A substantive change is NOT merely a modification made as part of the routine curricular improvement process. A substantive change in curriculum may also be considered if there is a change from clock hours to credit hours or a substantial increase or decrease (more than 20%) in the number of clock or credit hours awarded for successful completion of a program. CFR 602.22 a-(2)iii.

Curriculum Vitae – A brief account of an individual’s education, qualifications, and professional experiences, updated within the last three years.



Direct Supervision of a Medical Student – Observation of a student in the clinical learning environment that can occur while the supervisor is physically present with the student and the patient, or when the supervisor allows the student to interact with the patient without being present but is immediately available. In both cases the supervisor must physically see the patient during the key portions of the interaction and is responsible for student and patient safety.

Distance Education – Education that uses one or more of the technologies listed below to deliver the entire course of instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and instructor, either synchronously or asynchronously. The technologies may include:

1. The internet;
2. One-way and two-way transmission through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
3. Audio conferencing; or
4. Video cassettes, DVD's and CD-ROMs, if the cassettes, DVDs or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3) of this definition. (34 CFR 600.2)

EPAs – Entrustable Professional Activities

Escrow Reserve Fund – A minimum segregated, unencumbered reserve fund escrowed until one year after graduation of the first class of students and equal to an amount approved by the COCA. The escrowed reserve fund must not be borrowed or pledged funds and must be 100% wholly owned assets of the COM or its parent institution.

Faculty Member – An individual who contributes in a full or part time manner to a COM in the areas of teaching, research/scholarly work, service, or administrative responsibilities.

Adjunct Faculty Member – Faculty serving in a temporary or auxiliary capacity with limited duties and benefits.

Full Time Faculty Member – A faculty member is determined to work full time for a COM or institution if he/she contributes at least thirty-two hours per week of work, including responsibilities in the area of teaching, research/scholarly work, service or administrative responsibilities. In the faculty adequacy model, a faculty member meeting this definition may be considered full-time or 1.0 full time equivalent (FTE).

Part Time Faculty Member – Faculty members working fewer hours or with contractual arrangements resulting in routine payments from sources other than the COM or institution are considered part-time and should be assigned the working percentage of a full time equivalent.

Feasibility Study – An assessment of the practicality of a proposed plan or method required as part of the Candidate Status Application. The submitted document will be verified at the time of the site visit.

4-year Graduation rate - Total number students awarded the DO degree in four years minus transfer students divided by the total number of students entering the OMS-I year.

5-year Graduation rate - (Total number students awarded the DO degree in four years plus total number students awarded the DO degree in year 5) minus transfer students divided by the total number of students entering the OMS 1 year.

Full-time Equivalent (FTE) – An FTE is the number of hours worked by one employee on a full-time basis.

Institutional Accrediting Agency – An agency that accredits institutions of higher education; such an agency grants accreditation decisions that enable its accredited institutions to establish eligibility to participate in Higher Education Act Programs.

Interprofessional Education (IPE) – When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. (World Health Organization 2010)

NACIQI – National Advisory Committee on Institutional Quality and Integrity

NBOME – National Board of Osteopathic Medical Examiners, Inc

Observer – A site team member who is an official from a federal or state agency or a representative of any other organization, who is not assigned a specific role on the site visit team.

Operating Reserve Fund – A fund consisting of an amount approved by the COCA but no less than one-fourth of the escrow reserve fund. The minimum operating reserve fund must not be borrowed or pledged funds and must be 100% wholly owned assets of the COM or its parent institution.

Osteopathic Core Competencies – The Seven Osteopathic Core Competencies were defined to meet the requirements of AOA-accredited postdoctoral training programs: Medical knowledge; osteopathic philosophy and osteopathic manipulative medicine; patient care; professionalism; interpersonal and communication skills; practice-based learning and improvement; and systems-based practice.

Planned Class Size Increase – A substantive change initiated by the COM and approved by its governing board to increase its COCA-approved class size.

-Progress Report – A document submitted by a COM for compliance monitoring purposes to demonstrate the COM's compliance with accreditation standards the COCA has deemed not met.

Proposed College of Osteopathic Medicine – A COM that has not yet achieved pre-accreditation status. A proposed COM may not advertise, interview, or admit students or accept any money or other compensation from any applicant as a reservation fee or payment for any part of a future tuition. A proposed COM may not begin to offer any facts, ideas, or skills imparted through education, erudition, knowledge, learning, scholarship, science that will result in awarding partial or complete credit leading to the awarding of the DO degree until pre-accreditation status is awarded. The proposed COM must specifically and conspicuously note this status on its website or in communication to the target audience.

Public Document – A statement or document that is accessible to or shared with members of the public.

Public Website – An unencrypted webpage published by the COM that is accessible to all members of the public without need for a password or other specific permission.

Published Document – A document that is provided by the COM in hard copy or posted to the COM's website. Documents requiring public notice must be made available on request to the public or posted to the COM's website for access without a password.

[Retention Rate – Total number students entering the cohort on matriculation day minus \(students who withdraw for any reason plus students dismissed for any reason plus transfer students\) divided by the Total number students entering the cohort on matriculation day.](#)

Right to Recruit but not to Admit Students or to Offer Instruction – This phrase identifies a proposed COM (i.e., a COM that has not yet achieved pre-accreditation status) that has been approved by the COCA to advertise, interview, and otherwise seek applicants for a future class, but may not accept payments for fees or tuition, admit students, or offer instruction. A proposed COM with the right to recruit but not to admit students or to offer instruction must specifically and conspicuously note this status on its website and in all communications.

Self-Study – A self-assessment report submitted by a COM to the COCA to demonstrate the COM's compliance with all applicable COCA standards.

Show Cause – A directive by the COCA to a COM mandating the COM to produce information or evidence as to why the COCA should not take an adverse accreditation decision following information evidencing a COM's non-compliance with the accreditation standards, policies or procedures.

Site Visit – The process through which the COCA examines, through an on-site review, a COM's compliance with all accreditation standards. Site reviews may be conducted virtually as directed by the COCA.

Comprehensive Site Visit – A review that addresses all standards.

Focused Site Visit – A review that addresses a specific set of identified standards.

Site Visit Team – A group of individuals each classified under certain categories of on-site evaluators, as required by 34 CFR § 602.15. The categories of on-site evaluators are:

1. Administrator – An individual who is currently or recently, and directly, engaged in a significant manner in postsecondary program or institutional administration.
2. Educator – An individual who is currently or recently, and directly, engaged in a significant manner in osteopathic education in an academic capacity (e.g., professor, instructor, academic dean).
3. Academic – An individual who is currently or recently, and directly, engaged in a significant manner in postsecondary teaching and/or research.
4. Practitioner – An individual who is currently or recently, and directly, engaged in a significant manner in the practice of the osteopathic profession.

[6-year Graduation rate - \(Total number students awarded the DO degree in four years plus total number students awarded the DO degree in year 5 plus total number students awarded the DO degree in year 6\) minus transfer students divided by the total number of students entering the OMS-I year.](#)

Substantive Change – Any modification in a COM's operations, governance, or legal status that does not have a material adverse effect that could impact the COM's capacity to continue to meet the COCA's accreditation requirements for the delivery of the osteopathic medical education curriculum. See *COCA Substantive Changes Policies and Procedures*.

Teach-out Agreement – A written agreement an accredited COM provides for the equitable treatment of its students to complete their program of study, if the COM stops offering its educational program before all students enrolled in that program complete their program of study.

Teach-Out Plan – A written plan developed by a COM providing for the equitable treatment of its students if an institution, an additional location or a branch campus ceases to operate before all students enrolled in that program complete their program of study. This plan may include, if required by the COCA, a teach-out agreement between COMs.

Technical Assessment Report – The process of setting goals about technical facets of the institution, determining how well those goals are being met, and determining the best course of action to take to improve those results.

Title IV – Title IV of the Higher Education Act of 1965, as amended.

USDE – United States Department of Education and the Secretary of Education.

Withdrawal - The voluntary withdrawal of a COM from the accreditation process.