

Guidance for
Standards and Guidelines
for the Accreditation of Educational Programs in Blood Bank Technology/Transfusion
Medicine

**Essentials/Standards initially adopted in 1971;
revised in 1977, 1983, 1991, 2000, and 2004**

Adopted by the
American Association of Blood Banks
and
The Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the American Association of Blood Bank's Committee on Accreditation of Specialist in Blood Bank Technology Schools (CoA-SBBT).

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Specialist in Blood Bank Technology/Transfusion Medicine (SBBT/TM) profession. The accreditation **Standards** therefore constitute the minimum requirements to which an accredited program is held accountable.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in *italic* typeface in narrative form. *Guidance information is italic and red typeface.*

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the American Association of Blood Banks cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Specialist in Blood Bank Technology/Transfusion Medicine and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards** are to be used for the development, evaluation, and self-analysis of Specialist in Blood Bank Technology/Transfusion Medicine programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation **Standards**.

Description of the Profession.

Individuals certified as Specialists in Blood Banking by the American Society of Clinical Pathology (ASCP) are knowledgeable in all aspects of blood banking, transfusion medicine, hematopoietic, cellular and gene therapies, and tissue transplantation. These individuals are subject matter experts on variety of subjects including regulatory and quality systems, genetics, immunology, blood groups, collection and storage of blood and components, donor processing, immune mechanisms, component therapy, transfusion of the newborn, complications of transfusion, general administration, personnel administration, education and automated data processing.

Specialists in Blood Banking serve in many roles within the transfusion medicine field such as regulatory experts, technical/procedural advisors, laboratory administrators, quality assessors and managers, educators within their field for technical and scientific training in blood transfusion medicine and researchers in transfusion medicine.

Certification by the American Society of Clinical Pathologists Pathology (ASCP) is required for designation as a Specialist in Blood Banking.

I. Sponsorship

A. Sponsoring Educational Institution

A sponsoring institution must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.
2. A hospital, medical center, transfusion service, blood donor center, or branch of the United States Armed Forces that is accredited by American Association of Blood Banks, which awards a minimum of a certificate at the completion of the program.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring institution as described in I,A.
2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must assure that the provisions of these **Standards** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, the public, and nationally accepted standards of roles and functions.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

Definitions

Program goals are a listing of expected objectives a student will gain by the completion of the program.

Learning domains has been defined by Bloom and colleges. Learning can be divided into three domains; cognitive (knowledge), affective (attitude) and psychomotor (skills). Domains are categories. A summary definition of learning domains is topics that the student should gain knowledge about, develop new skills and develop an appreciation of the topic.

Intent

The program goals should address technical, clinical, managerial, administrative and educational skills that the student is expected to obtain through hands-on practice and classroom work. The program goals and learning domains should be clearly outlined in a document.

The learning domains are best summarized not only by a curriculum but should also be matched with improved appreciation/knowledge base and skill development. Each aspect or activity within a program is not required to address all of the learning domains; however, it should address at least one.

Examples of how to address a learning domain may include but are not limited to the following: the cognitive domain may be lecture objectives and/or lab objectives, the affective domain may be a lecture on lab operations, teamwork, lab management, and/or some type of professional development activity, and psychomotor domain may be a checklist of clinical rotations, lab requirements and/or teaching requirements for each student.

Examples of evidence to demonstrate compliance

- *Listing of Program Goals and Objectives*
- *Summary of the Program Curriculum (lecture, rotation schedule, etc.)*
- *Summary of professional development activities of the student*
- *Summary of Laboratory Experience during the program*

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of these communities of interest, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Intent

In an effort towards continued improvement, at least on an annual basis, the program goals and curriculum should be analyzed. This should be performed by an advisory committee whose objective is to offer constructive feedback to the program coordinator as to the effectiveness of the program goals and curriculum. The committee should be comprised of professionals within the sponsoring institution who represent aspects of the technical, clinical and administrative curriculum. If the goals or curriculum does not meet the expected outcome, that goal or aspect of the program should be updated.

Examples of evidence to demonstrate compliance

- *Documentation of revision or annual review of the program goals and curriculum.*
- *Documentation of minutes of the advisory committee and their annual analysis.*
- *Documentation of a change/update in curriculum in response to an update the AABB Standards. (Example - bacterial detection methodologies).*

C. Minimum Expectations

The program must have the following goal defining minimum expectations: “To prepare competent entry-level Specialist in Blood Bank Technology/Transfusion Medicine (SBBT/TM) in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

Intent

The minimum expectation of an SBB/TM Program is to prepare individuals to be a competent entry level SBB with adequate knowledge, skills and professional appreciation for Blood Bank Technology/Transfusion Medicine. The program should have goals and definitions clearly documented as to how the program deems an individual has achieved basic competencies within the program.

Programs that have goals beyond entry-level competence must have these additional goals and definitions clearly documented as to how the program deems an individual has achieved the additional competencies within the program. These programs must have documentation that students achieved these additional goals prior to entry into the field.

Examples of evidence to demonstrate compliance

- *Documentation of minimum expectations for the Program Students.*
- *Summary of the completion of minimum expectation goal being met or not met by students.*

- *Documentation of other educational goals of the Program.*
- *Summary of the completion of other educational goals of the Program met by the students.*

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical/support staff, curriculum, finances, offices, classroom/laboratory facilities, ancillary student facilities, clinical affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

Intent

The program must have individuals (faculty, clerical/support staff, etc) and facilities (classrooms, laboratories, clinical settings, etc.), as well as, equipment and references (computers, supplies and textbooks) available to the students of the Program.

Examples of evidence to demonstrate compliance

- *Faculty listing*
- *Clerical/Support staff for the program*
- *Description of classroom setting*
- *Description of the laboratory setting or floor plan*
- *Listing and Description of Clinical Rotations.*
- *Listing of References readily available to students*
- *Evidence of computer access for all students*

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Medical Director or Medical Advisor
 - a. Responsibilities: The Medical Director or Medical Advisor of the program must provide competent direction and/or guidance to ensure that the medical components of the curriculum, both didactic and supervised clinical practice, meet current acceptable performance standards.
 - b. Qualifications: The Medical Director must be a physician with expertise in immunohematology and hemotherapy and licensed to practice medicine in the state in which the program operates. The Medical Director must be a diplomate of the American Board of Pathology in Clinical Pathology or Blood Banking. Other specialization such as the American Board of Internal Medicine or Pediatrics with special competence in immunohematology and hemotherapy and appropriate experience in the field is acceptable. The Medical Director must show evidence of continuing professional growth and involvement in one or more areas related to immunohematology and hemotherapy
2. Program Director
 - a. Responsibilities: The Program Director must be responsible for the organization, administration, continuous review, planning, development, and general effectiveness of the program.
 - b. Qualifications: The Program Director must be either a physician, a certified Specialist in Blood Banking, administrator, or scientist with expertise in immunohematology and hemotherapy, The Program Director must show evidence of continuing professional growth.
3. Education Coordinator
 - a. Responsibilities: The Education Coordinator must provide supervision, administration, and coordination of the instructional staff in the didactic and practical phases of the educational program.
 - b. Qualifications: The Education Coordinator must have at least two years experience in a full-service blood bank or transfusion service (or the equivalent) acceptable to the AABB/CoA and have formal experience in education and teaching techniques. The Education Coordinator must have certification as a Specialist in Blood Banking or its

equivalent and documented participation in programs that maintain and upgrade professional and instructional abilities.

The positions of Medical Director/Advisor and/or Program Director and/or Education Coordinator may be held by the same person in accordance with the Responsibilities and Qualifications of the applicable Standards.

4. Faculty and/or Instructional Staff

- a. Responsibilities: In each location where a student is assigned for didactic or supervised clinical practice instruction, there must be a qualified individual designated to provide supervision and related frequent assessments of the student's progress in achieving acceptable program requirements.
- b. Qualifications: All instructional staff must show evidence of relevant certification, licensure or equivalent experience in the subject areas. Didactic faculty must be knowledgeable, qualified and must be effective in teaching the subject(s) assigned.

All instructors should have a minimum of one year of experience in their respective area and show involvement in internal and external programs of continuing education.

Intent

All professionals associated with the program should meet the minimum requirement per the Standards. The Medical Director/Advisor and/or Program Director and/or Education Coordinator must provide documented evidence of continuing education.

Examples of evidence to demonstrate compliance

- *Job Description of the Medical Director/Advisor and/or Program Director and/or Education Coordinator*
- *Continuing Education Log for the Medical Director/Advisor and/or Program Director and/or Education Coordinator demonstrating on-going career development*

C. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi describing learning goals, course objectives, and competencies required for graduation.

It is recommended that program length be a minimum of 12 consecutive months. Actual length may vary depending on institutional policy or state laws or regulations.

The following content areas represent the required SBBT/TM didactic and supervised clinical practice curriculum. Recommended topics are listed below for each content area.

1. Blood Products

- a. *Recruitment and selection of donors*
- b. *Blood collection*
 - i. *Allogeneic donors*
 - ii. *Autologous and directed donors*
 - iii. *Therapeutic phlebotomy*
 - iv. *Apheresis*
 - v. *Progenitor cells*
 - vi. *Bone marrow*
- c. *Adverse reactions in donors*
- d. *Testing*
 - i. *Routine*
 - ii. *Confirmatory*
- e. *Donor notification, re-entry and look-back protocols*
- f. *Component preparation including special products*
- g. *Anticoagulants and preservatives*
- h. *Labeling and storage, including properties of stored components*
- i. *Inventory management*
- j. *Transportation*

- k. *Regulatory requirements*
- 2. *Blood Group Systems*
 - a. *Genetics and inheritance*
 - i. *Modes of inheritance*
 - ii. *Family and population genetics*
 - iii. *Parentage*
 - b. *Molecular biology*
 - c. *RBC antigens and antibodies*
 - i. *Immunogenicity*
 - ii. *Antigen frequency*
 - iii. *Antibody classes*
 - iv. *Clinical significance*
 - d. *Platelet and granulocyte antigens and antibodies*
 - e. *HLA*
- 3. *Immunology*
 - a. *Immune response*
 - b. *Immunoglobulins*
 - c. *Antigen-antibody interactions*
 - d. *Testing methods*
 - e. *Complement pathways and biologic properties*
 - f. *Immune disorders*
- 4. *Laboratory Operations*
 - a. *Development and evaluation of new technologies*
 - b. *Laboratory safety*
 - c. *Education and training*
 - i. *Competency evaluation*
 - ii. *Proficiency testing*
 - d. *Independent research*
 - e. *Technical writing*
 - f. *Presentation skills*
 - g. *Administration and management*
 - i. *Human resources*
 - ii. *Financial*
 - h. *Information systems*
 - i. *Ethics and medical/legal considerations*
 - j. *Laboratory math*
 - k. *Quality management*
 - i. *Audits*
 - ii. *Assessments*
 - iii. *cGMPS*
 - iv. *Regulations*
 - v. *SOPs and document management*
 - vi. *Error and accident monitoring*
 - vii. *Risk management*
- 5. *Physiology and pathophysiology*
 - a. *Physiology of blood*
 - i. *Composition and function*
 - ii. *Circulation*
 - iii. *Survival and metabolism*
 - b. *Hemostasis and coagulation disorders*
 - c. *Hemolytic disease of the newborn*
 - d. *Anemias*
 - i. *Congenital and acquired*
 - ii. *Immune hemolysis*
 - e. *Transplantation*
 - i. *Solid organ*
 - ii. *Bone marrow and progenitor cells*

- iii. Graft v. host disease
 - f. Platelet and WBC disorders
- 6. Serology
 - a. Routine tests
 - i. Blood grouping tests
 - ii. Antibody detection and identification, including clinical significance
 - iii. Compatibility tests
 - iv. Direct antiglobulin tests
 - b. Reagents
 - i. Blood grouping sera
 - ii. Reagent red cells
 - iii. Antiglobulin sera
 - c. Special techniques
 - d. Leukocyte and platelet testing
 - e. Quality assurance
 - i. Equipment
 - ii. Reagents
 - iii. Test procedures
- 7. Transfusion Practice
 - a. Indications for transfusion and component selection
 - b. Component therapy
 - c. Adverse effects of transfusion
 - d. Therapeutic hemapheresis and extracorporeal circulation
 - e. Blood administration
 - f. Special transfusion situations
 - i. Coronary surgery
 - ii. Massive transfusion
 - iii. Neonatal and pediatric transfusion
 - iv. Intraoperative blood salvage
 - v. Oncological and transplantation support
 - g. Blood substitutes and growth factors

Intent

This is a recommended outline of topics to be included in the program. All major content areas (Outline Headings 1 through 7) should be addressed in some fashion within the program (for example; lecture, lab, learning experience, rotation, and/or professional development experience). The subtopics listed under the major content areas are examples of topics

Examples of evidence to demonstrate compliance

- Lecture schedule
- Laboratory schedule
- Lecture and Laboratory Objectives
- Checklist of clinical rotations
- Checklist of managerial rotations
- Summary of professional development courses

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

Intent

At a minimum, the program must annually review the key resources of the program. This should be summarized in a document that indicates any deficiencies or improvements that are necessary. The response to any deficiency or improvement should be documented.

Examples of evidence to demonstrate compliance

- *Change Control Documentation*
- *Effectiveness Check Documentation*
- *Resource summary document*
- *Analysis of current resources*

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

At a minimum, this assessment must include the following outcome assessments:

- a. student retention
- b. employer and graduate satisfaction
- c. graduate performance measures
- b. positive placement
- c. national certification scores on the ASCP registry exam

The program must meet the outcomes assessment thresholds established by the CoA-SBBT.

Programs that have not graduated a class, or have graduated only one class, may not be able to demonstrate compliance with this Standard. However, mechanisms and tools for conducting ongoing program evaluation and outcomes assessment should be in place.

Programs not meeting the thresholds established by the CoA-SBBT will begin a dialogue with the CoA-SBBT to develop an appropriate plan of action to respond to the identified shortcomings.

Intent

Definition

Outcomes Assessment: An evaluation of the achievement of the program to meet the stated goals and learning domains. A mechanism for continuous program evaluation (individual aspects of the program, such as lectures or rotations) and outcomes assessment (how the program is meeting or not meeting stated goals and learning domains) should be established.

The outcomes assessment must include a summary of

- *Student retention*
- *Completion of the Employer and Graduate Satisfaction Surveys. These surveys are available from AABB. This survey should be completed at least once for each student after completion of the program.*
- *Graduate performance measures. The performance measures should be established for each program.*
- *Positive Placement. "Positive Placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education and/or serving in the military.*
- *National certification scores on the ASCP registry exam*

Examples of evidence to demonstrate compliance

- *Summary of Program Evaluation*
- *Summary of student retention*
- *Employer and Graduate Satisfaction surveys*
- *Summary and trending of graduate performance measures*
- *Summary of positive placement*
- *Summary of scores of ASCP exam*
- *Documentation of ongoing program evaluation*
- *Documentation of analysis of outcomes assessment review*

2. Outcomes Reporting

The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis.

Intent

On a schedule defined by the AABB SBB/TM CoA, the program will submit a summary of program outcomes assessment.

The summary will include

- *Program Goals*
- *Summary of Learning Domains*
- *Evaluation systems*

Type of evaluation (definition)

Evaluations that may be completed for lectures, rotations and any education activities. The evaluations may be scored or comment based.

Cut score (definition)

A cut score is an established threshold that indicates a passing or a non-passing evaluation. For example, the program may establish that a passing student rotation on a scale from 1-5 is a 3.

Validity (definition)

The ability to produce/obtain the desired results. For example, if the program establishes that the lecture evaluation on a scale from 1-5 must be at a minimum score of 3 for the lecture to be deemed effective and the student evaluation of a lecture was a 2, the program may chose to re-vamp that lecture because the lecture did not produce the desired response from the students.

Reliability (definition)

This term refers to the degree of confidence that the evaluations within the program accurately reflect the program. For example: The program is able to meet the established goals consistently from program year to program year as measured by consistently favorable student evaluations.

- *Outcomes*
- *Analysis of the Outcomes assessment*
- *Correction Action summary based on the analysis of the outcomes assessment*

Example of evidence to demonstrate compliance

- *Complete the summary/annual report as required by the AABB SBB/TM CoA in a timely manner.*
- *Lecture and clinical rotation evaluation results*
- *Minutes from the advisory committee meeting summarizing the analysis of the previous year's outcomes.*
- *Evaluations of student performance*
- *Checklists for clinical rotations*

- *Summary of changes made to the program in response to significant changes within the organization.*

The intent of this standard is that each program should complete periodic reviews to assess the effectiveness of the program to meet the stated goals and learning domains. The results of the assessment should be utilized to make revisions and improvements to the Program.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies; admissions policies and practices; policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

Intent

Similar to the job description that states that an employee must be able to physically meet the requirements of the job, this standard is meant to assure that the student is physically able to meet the rigors of the classroom and rotations described in the curriculum.

Students may be staff members; however, the students must not be responsible for workload as well as educational activities.

Examples of evidence to demonstrate compliance

- *Completion of pre-enrolment physical*
- *Documentation of receipt of Hepatitis vaccine series*
- *Documentation of TB test*
- *A policy statement of what are the required safeguard vaccinations for the students*
- *Schedule of rotations*

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

Definition:

A student record is defined as the student's activities during the program. At a minimum this should include the student's transcript (summary of education record from the program).

Intent

The student record should be maintained during and after the program. This record should be retained permanently. The record should be readily retrievable.

Examples of evidence to demonstrate compliance

- *Student File*
- *Student file that has been retained on microfilm*
- *Student records that have been scanned and stored by the institution*

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/CoA-SBBT in a timely manner. Additional substantive changes to be reported to the CoA-SBBT within the time limits prescribed include:

1. Significant curriculum revision
2. Mode of delivery

Definition

A substantive change is any program change in the required program personnel (as required within standards), program sponsorship, program delivery (change from on-site to a distance program) or program organization.

Intent

The intent of this standard is to ensure that the program changes are reported to the CAAHEP/CoA-SBBT within a reasonable timeframe (recommended within 90 days).

Examples of evidence to demonstrate compliance

- *Letter to CoA-SBBT describing significant program changes*
- *Letter from the CoA-SBBT demonstrating the documentation of significant changes are acceptable*

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity.

Appendix A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it to:

American Association of Blood Banks
CoA-SBBT
8101 Glenbrook Road
Bethesda, MD 20814-2749

The “Request for Accreditation Services” form can be obtained from the CoA-SBBT, CAAHEP or the CAAHEP website at www.caahep.org.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the CoA-SBBT. The on-site review will be scheduled in cooperation with the program and once the self-study report has been completed, submitted, and accepted by the CoA-SBBT.

2. Applying for Continuing Accreditation

- a. Upon written notice from the CoA-SBBT, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it to:

American Association of Blood Banks
CoA-SBBT
8101 Glenbrook Road
Bethesda, MD 20814-2749

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the CoA-SBBT.

If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the CoA-SBBT forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the CoA-SBBT and CAAHEP within a reasonable period of time (as defined by the CoA-SBBT and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel.
- b. The sponsor must inform CAAHEP and the CoA-SBBT of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the CoA-SBBT that it is relinquishing its sponsorship of

the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The CoA-SBBT has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.

- c. The sponsor must promptly inform CAAHEP and the CoA-SBBT of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the CoA-SBBT in accordance with its policies and procedures. The time between comprehensive reviews is determined by the CoA-SBBT and based on the program’s on-going compliance with the **Standards**, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay CoA-SBBT and CAAHEP fees within a reasonable period of time, as determined by the CoA-SBBT and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with CoA-SBBT policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a CoA-SBBT accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the CoA-SBBT.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the CoA-SBBT and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the CoA-SBBT. The sponsor will be notified by the CoA-SBBT of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CoA-SBBT forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the CoA-SBBT forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The CoA-SBBT reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the CoA-SBBT forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The CoA-SBBT reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the CoA-SBBT arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation **Standards**.

Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.