

# ACAHM Accreditation Commission for Acupuncture and Herbal Medicine

**Policy Title:** Accreditation Procedures Policy

**Approved By:** ACAHM Executive Committee

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**Related Commission Policies & Resources:**

[Comprehensive Accreditation Standards and Criteria](#); [Self-Study Guide](#); [Site Visit Manual](#); [Commission Actions Policy](#); [Fees and Dues Schedule](#); [Public Disclosure Policy](#)

**References:** 34 CFR Part 602; 20 U.S. Code § 1099(b)

**Responsible Official:** ACAHM Director of Accreditation Services

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**Policy Summary:** This guidance outlines the Accreditation Commission for Acupuncture and Herbal Medicine’s (ACAHM or Commission) procedures for an institution or program to achieve accreditation status.

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# General Overview

## Scope of Recognition

The Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM or Commission) is the accrediting agency for professional non-degree and graduate degree programs throughout the United States recognized by the U.S. Department of Education for the accreditation and pre-accreditation (“candidacy”), including professional doctoral programs in the field of acupuncture and/or Oriental medicine, as well as freestanding institutions and colleges of acupuncture and/or Oriental medicine that offer such programs.

## Multi-Purpose Institutions

When an ACAHM-accreditable program is offered by a regionally or nationally accredited institution that also offers programs in other fields (i.e., a multi-purpose institution), the Commission may only review the program(s) for purposes of “programmatic” pre-accreditation/accreditation. In such instances, ACAHM serves as a programmatic accreditor.

ACAHM may only serve as a programmatic accreditor for institutions that are institutionally accredited by a regional or national accrediting agency.

Should a freestanding, single-purpose school that is institutionally pre-accredited/accredited by ACAHM begin offering a program that is outside of ACAHM’s scope of accreditation by the U.S. Secretary of Education, the school becomes a multi-purpose institution and ACAHM’s role converts from being an institutional accreditor to that of programmatic accreditor.

## Documentation and Communication Requirements

ACAHM conducts its affairs in English. ACAHM accreditation standards do not require that institutions/programs conduct all their business or education in English. However, ACAHM does require that:

- 1) All materials be submitted to ACAHM in accordance with the current [Document Submission Instructions](#).
- 2) All change applications, self-study reports, monitoring reports, and supporting exhibits be submitted in English.
- 3) All written communication with ACAHM or its representatives (regardless of medium) is in English.
- 4) ACAHM is provided with English translations of any written materials requested by ACAHM in the course of its accreditation process.
- 5) Any oral communication with ACAHM or its representatives (e.g., interview) in the course of its accreditation process be conducted in English or have the services of an English interpreter acceptable to ACAHM.

When a criterion for accreditation requires published material<sup>1</sup>, the institution/program must retain a copy of said material in English, regardless of the language intended for distribution.

For the purposes of accreditation procedures, the institution/program must be able to produce:

- 1) copies of all published material in the language intended for distribution, and
- 2) copies of all published material in English, regardless of the language intended for distribution.

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<sup>1</sup> Published materials cited in the accreditation standards and criteria include, but are not limited to, promotional advertisements, website, catalog, clinic manual, student handbook, enrollment agreements, syllabi, academic records, and required regulatory disclosures.

# Accreditation Procedures

## Initial Accreditation

ACAHM's initial accreditation process includes three distinct phases: eligibility, pre-accreditation, and accreditation. The processes are similar for each phase however timelines may vary. All phases are subject to timely payment of associated fees as outlined in [ACAHM's Fees and Dues Schedule](#).

### Eligibility Phase: Preparing for pre-accreditation

- Step 1 - Submit an initial inquiry to ACAHM's office and provide any additional information requested by ACAHM
- Step 2 - Pay the required fees/expenses and host a one-day "Orientation Visit"
- Step 3 - Submit a *Letter of Intent* with required additional information officially notifying the Commission of the institution/program's commitment to pursue accreditation
- Step 4 - Complete ACAHM's mandatory *Self-Study* training
- Step 5 - Complete a self-study, submit a *Self-Study Report* in accordance with ACAHM's current Self-Study Guide and associated policies, and pay the required Self-Study Report Review Fee
- Step 6 - Pay for and host a comprehensive site visit
- Step 7 - Submit a *Formal Institutional Response (FIR)* to the *Site Visit Report - Pre-accreditation*
- Step 8 - Undergo Commission review

### Pre-accreditation Phase: Preparing for accreditation

- Step 1 - Complete a self-study; submit a *Self-Study Report* in accordance with ACAHM's current Self-Study Guide and associated policies; and pay the required Self-Study Report Review Fee
- Step 2 - Pay for and host a comprehensive site visit
- Step 3 - Submit a *Formal Institutional Response (FIR)* to the *Site Visit Report – Initial Accreditation*
- Step 4 - Undergo Commission review

### Accreditation Phase: Preparing for renewal of accreditation

- Step 1 - Complete a self-study; submit a *Self-Study Report* in accordance with ACAHM's current Self-Study Guide and associated policies; and pay the required Self-Study Report Review Fee
- Step 2 - Pay for and host a comprehensive site visit
- Step 3 - Submit a *Formal Institutional Response (FIR)* to the *Site Visit Report – Continuing Accreditation*
- Step 4 - Undergo Commission review

ACAHM currently accepts initial applications for institutional pre-accreditation/accreditation from freestanding, single-purpose institutions that have state authorization to operate and are offering an ACAHM-accreditable degree/diploma program.

ACAHM currently accepts initial applications for ACAHM programmatic pre-accreditation/accreditation from multi-purpose institutions that are institutionally pre-accredited/accredited by an agency recognized by the U.S. Secretary of Education, have state authorization to operate, and are offering an ACAHM-accreditable degree/diploma program.

ACAHM will consider applications for **pre-accreditation** of graduate-level programs that meet the following prerequisites:

- A. The program's purpose must be within the Commission's scope of recognition and must be pursued in an institutional setting appropriate for graduate-level education in acupuncture. The program must be supported by an academic, clinical, and administrative infrastructure consistent with the goals and standards of graduate-level education within the United States;
- B. The program must be an integral part of the mission of the academic department, college, school, or institution in which it resides. The program must be represented in the institution's operating budget and strategic plans in a manner designed to enable the program to achieve its goals and objectives. The program must have students in sufficient numbers, and appropriate facilities, necessary to ensure meaningful peer interaction, support, and socialization;
- C. The institution in which the program is offered has formal authorization from the appropriate state agency to offer graduate-level education in acupuncture and received state authorization prior to accepting student applications;
- D. The initial proposed program(s) must be entry-level in acupuncture and may include a Chinese herbal medicine specialization.
- E. An institution or program seeking pre-accreditation must have had students enrolled in the applicable program(s) for at least one academic year (30 weeks of instruction) prior to submitting a *Self-Study Report*.

### The Orientation Visit (Eligibility Phase)

The institution must request an *Orientation Visit*. ACAHM conducts a one-day visit to the institution to provide information about the Commission's accreditation process, relevant policies and procedures, *Eligibility Requirements*, its *Standards and Criteria for Accreditation*, and how to prepare an appropriately documented *Self-Study Report*.

### The Letter of Intent (Eligibility Phase)

Following the *Orientation Visit*, institutions/programs moving forward must submit to the Commission a *Letter of Intent* to pursue ACAHM accreditation which has been authorized by the institution's governing body. The *Letter of Intent* must be accompanied by additional information specified by ACAHM.

The *Letter of Intent* serves to establish eligibility status and access to ACAHM's online accreditation management system for those institutions/programs actively seeking pre-accreditation.

### The Self-Study Training (Mandatory for Eligibility Phase, Optional for Other Phases)

A representative or representatives of the institution/program seeking pre-accreditation must complete ACAHM's *Self-Study Training*. Training may involve workshop attendance and/or self-paced review of ACAHM's guidance documents and resources. Information regarding training options may be obtained by contacting the ACAHM office. Because there should be broad institutional/program participation in the preparation of a *Self-Study Report (SSR)*, it is recommended that a team consisting of the program's director and other key school personnel complete this training. (see [ACAHM's Self-Study Guide](#))

### The Self Study Report (All Phases)

As outlined in ACAHM's current Self-Study Guide and associated policies, the institution/program develops a *SSR* that presents a factual and complete compilation of narratives, with supporting documentation where

applicable, evidencing that the program complies with each of the Commission's *Eligibility Requirements* and applicable *Standards and Criteria for Accreditation*. The *SSR* must be submitted in the format and manner prescribed by the Commission, along with a non-refundable review fee outlined in ACAHM's *Fees and Dues Schedule*, to the ACAHM office by October 1 for consideration at the Commission's summer meeting in the next calendar year, or by April 1 for the Commission's winter meeting in the next calendar year.

#### CAVEATS:

1. *The Commission's acceptance of a SSR should not be construed as a measure of the institution or programs' potential for accreditation nor as assurance that pre-accreditation status will be granted.*
2. *An institution or program seeking pre-accreditation of a primary (first) ACAHM-accreditable program must have had students enrolled in the applicable program(s) for at least one academic year (30 weeks of instruction) prior to submitting a SSR. For those seeking initial accreditation of a primary (first) ACAHM-accreditable program, the program(s) must have graduated students.*
3. *An institution or program may withdraw a SSR or notify ACAHM in writing of its decision to withdraw from ACAHM's pre-accreditation or accreditation process (either a "withdraw action"), at any time before a final decision is made by the Commission on the application for pre-accreditation/accreditation.*

#### The Self Study Report Review (All Phases)

*SSR's* submitted to the Commission will first undergo a staff review to assess readability, navigability, and completeness. Based on the results of this initial review, Commission staff may: 1) accept the report and approve the scheduling of a comprehensive *Site Visit*, 2) require additional or clarifying information from the institution/program, or 3) reject the report if it fails to adequately document and demonstrate compliance with the Commission's *Eligibility Requirements* and *Standards and Criteria for Accreditation*. Resubmission of a rejected report may result in additional review fees, delayed Commission review, and/or sanctions by the Commission.

#### The Site Visit (All Phases)

Typically, a three-day comprehensive *Site Visit* is conducted by an ACAHM site visit team of qualified peer reviewers to validate the contents of the *SSR* and to assess compliance with the Commission's *Eligibility Requirements* and its *Standards and Criteria for Accreditation* for purposes of granting, granting with conditions, denying or deferring action on pre-accreditation or accreditation status. (see [ACAHM's Site Visit Manual: A guide for institutions and site visitors](#))

*Note: The Commission may be required to, or at its discretion, notify relevant regional, state or other accreditation/higher education agencies, and other state licensing authorities that may be interested in joining the site visit.*

#### The Site Visit Report (All Phases)

During the site visit, the peer reviewers prepare a written *Site Visit Report (SVR)* of their findings for the Commission. The review team chair submits a copy of the *SVR* to the ACAHM office within seven (7) calendar days of the completion of the visit. ACAHM staff will conduct an editorial review of the *SVR* and report any inconsistencies noted to the review team chair. Any editorial changes to the report are made and/or approved by the review team chair prior to staff distribution of the final *SVR* and *SVR Instruction Letter* to the institution.

## Formal Institutional Response (FIR) to Site Visit Report (All Phases)

Within fourteen (14) calendar days after receipt of the *Site Visit Report (SVR)* the institution/program must submit a *Formal Institutional Response (FIR)*. The FIR is the institution's official written communication responding to the SVR and it becomes part of the accreditation record for the institution/program.

The FIR consists of two parts:

1. Verification of factual accuracy (such as spelling of names, credentials, titles, etc.)
2. Responses to alleged substantive inaccuracies in the findings.

The FIR should address any alleged substantive inaccuracies in the findings of the SVR that the program believes do not accurately reflect the institution/program at the time of the site visit, specifically indicating the corresponding standard and/or the criterion and providing a narrative statement addressing evidence that was clearly available to the site visit team that could potentially affect the finding(s). A copy of that evidence must be provided, and the FIR must indicate whether that evidence was included in the SSR, the on-site resources, or if it was only available by request of the team. The formal institutional response **may not exceed 25 pages** including essential documentation.

### CAVEATS:

1. *No new information (i.e., information not available and presented at the time of the site visit), will be considered by the Commission.*
2. *No newly developed documents or procedures that the institution has implemented since the site visit will be considered by the Commission.*

## Commission Review (All Phases)

During its semi-annual meetings held each summer and winter, the Commission will consider the accreditation record for those institutions/programs that have applied for pre-accreditation or accreditation. A closed hearing may be conducted for the limited purpose of clarifying the accreditation record at the request of either the Commission or the institution/program. The Chief Executive Officer or President of the institution, the Program Director, and/or other person(s) authorized to represent the program, may appear for a closed hearing. Such closed hearings are administrative (non-adversarial) in nature and, therefore, the institution/program may not have legal counsel present.

The Commission may consider written third-party testimony referencing an institution/program seeking pre-accreditation or accreditation as permitted under the [U.S. Secretary of Education's Criteria for Recognition](#). Such third-party written testimony received by the Commission must also be shared with the institution/program to provide the opportunity to respond to the testimony in writing.

Once the accreditation record is complete, the Commission will meet in "closed session" to deliberate and act on the application for pre-accreditation or accreditation. Only Commissioners and ACAHM staff without actual or potential conflict of interest may participate in these deliberations. No other persons may be present without the prior approval of the Commission.

During its review of the accreditation record, the Commission may not reverse site visitor findings that the institution/program was "compliant" or "compliant with further development" with ACAHM's accreditation criteria without first giving the institution/program notice and an opportunity to respond. In such instances, institutions/programs will be given fourteen (14) calendar days after receipt of written notice to submit a supplemental FIR specifically limited to addressing the proposed reversal of site visitors' findings, and a review committee of the Commission shall have up to fourteen (14) calendar days to review any supplemental FIR

received and recommend corresponding Commission action.

*Note: The Commission may be required to, or at its discretion, notify relevant regional, state or other accreditation / higher education agencies and other state licensing authorities that may be interested in observing its deliberations.*

Upon completing deliberations, the Commission will take official action consistent with its *Commission Actions Policy* and communicate the same through the *Commission Action Letter* to the institution or program within thirty (30) calendar days of the effective date of the action.

## Commission Actions

The Commission takes official action consistent with its [Commission Actions Policy](#).

The Commission considers the accreditation record to determine whether a program/institution meets ACAHM's *Standards and Criteria for Accreditation*.

The Commission may conduct a review of an accredited program/institution any time, if it has evidence that the program/institution may no longer meet the Commission's *Eligibility Requirements*, or *Standards and Criteria for Accreditation*. If the program/institution reports developments, changes, or conducts activities that affect the educational effectiveness of the program/institution, or its ability to meet ACAHM's *Eligibility Requirements or Standards and Criteria for Accreditation*, the Commission reserves the right to review the program/institution's accredited status without regard to any previously indicated schedule.

## Acceptance of Accreditation Status

An institution/program granted ACAHM pre-accreditation/accreditation status has fourteen (14) calendar days from receipt of notification to accept the Commission's action and submit all relevant acceptance fees prescribed by [ACAHM's Fees and Dues Schedule](#). Failure to accept ACAHM status by timely paying the dues will result in the lapse of status and, at the Commission's discretion, may require an institution/program to undergo the entire review process again, including a new *Self-Study Report*, review fee, and site visit. A lapse of pre-accreditation or accreditation is not subject to review or appeal.

Pre-accreditation and accreditation decisions are subject to the Commission's *reconsideration procedures* and *appeal process*. (See [Commission Actions Policy](#)).

## Length of Pre-accreditation

Pre-accreditation status is typically granted for a period of three (3) years subject to the conditions outlined in the Commission's *Action Letter* granting pre-accreditation. If, in its sole discretion, the Commission finds "good cause" (as defined in [ACAHM's Glossary](#)) exists, the Commission may, upon request of the institution/program, extend pre-accreditation beyond the three-year period. Each extension shall be for a maximum of one (1) year. No more than a total of two (2) years of extensions may be granted. The maximum time an institution or program may remain in pre-accreditation status is five (5) years.

## Length of Accreditation

Initial accreditation is typically granted for a period of five (5) years subject to the conditions outlined in the Commission's *Action Letter* granting accreditation. Grants of continuing accreditation may not exceed seven (7) years, subject to the conditions outlined in the Commission's *Action Letter* granting continuing accreditation

## Announcement, Advertisement, and Disclosure of Pre-accreditation or Accreditation Status

A program/institution must publish its accreditation status in accordance with [ACAHM's Public Disclosure Policy](#) and guidance included in *Commission Action Letters*.

If an institution/program releases information that misrepresents or is misleading with respect to its accreditation status the Chief Executive Officer of the institution will be notified and informed that corrective action must be taken. If the misrepresentation or misleading information is not promptly corrected, the Commission may, at its discretion, release a public statement in such form and content it deems necessary to provide the correct information and may take any other action available to the Commission under applicable policies including ACAHM's *Commission Actions Policy*.

### Annual Reports and Monitoring Actions

Annual reports are required of all pre-accredited and accredited programs and institutions. Reports must be submitted on the date(s) designated by ACAHM and provide the requested information which includes but is not limited to, the program/institution's current reviewed financial statement, budget, catalog, and required program/institution statistics.

The Commission also seeks continuing evidence of compliance with ACAHM's *Standards and Criteria for Accreditation* to be maintained, and for this purpose, may issue a *Monitoring Action* (see [Commission Actions Policy](#)). Types of *Monitoring Actions* include, but are not limited to, requiring programs or institutions to submit *Interim Reports, Annual Reports, Biannual Progress Reports, Supplemental Information Reports, Progress Reports* and/or hosting interim site visits. Such reports are due on the date specified by the Commission and must address all the issues for which clarification is sought. The Commission may require additional information of a program/institution, including reports and/or site visits, on any matter and at any time during the accreditation process.

### Annual Sustaining Accreditation Dues

Accredited programs and institutions are required to pay annual sustaining dues as stated in ACAHM's *Fees and Dues Schedule*. They are due on the date designated by the Commission for each year the program/institution is in accredited status. Failure to pay sustaining dues will result in Commission action in accordance with the *Commission Actions Policy*.



## Revision History

Date Revised	Summary of Revisions	Approved By
170309	Reformatted, updated and revised to incorporate current references and current names of related ACAOM policies, added Scope of Recognition and Multi-Purpose Institutions content	ACAOM Executive Director
170518	Revisions based on changes to procedures related to addition of doctoral programs	ACAOM Executive Director
170920	Revised to reflect “calendar” days as opposed to “business” days where relevant	ACAOM Executive Director
180514	Updated and revised to incorporate current references and current names of related ACAOM policies and resources, removed requirement for Self-Study training for established programs/institutions, removed Certificate of Accred. Status, non-substantive clarifying edits to text.	ACAOM Executive Director
190122	Minor revision to SSR Caveat 3 pg 5 re: Withdraw action. Addition of paragraph under <i>Commission Review</i> pg 6 re: reverse of site visit findings and institutional opportunity to submit supplemental FIR	ACAOM Executive Director
190716	Reiterated requirement of institutional accreditation for ACAOM programmatic accreditation eligibility; minor revision to SSR caveat 2 (pg. 4) to specify “primary” program	ACAOM Executive Director
201202	Aligned program references to Program Naming Policy; added prerequisites for pre-accreditation (entry-level program & delivered in English).	ACAOM Executive Director
220121	Replaced references to ACAOM with ACAHM, except in the revision table; added Documentation and Communication Requirements (pg 2) ; removed requirement for pre-accreditation applications to have proposed program delivered in English (pg 4); expanded Annual Reports and Monitoring Actions section (pg 8)	ACAHM Executive Director
240123	Reviewed; no revisions	ACAHM Executive Director