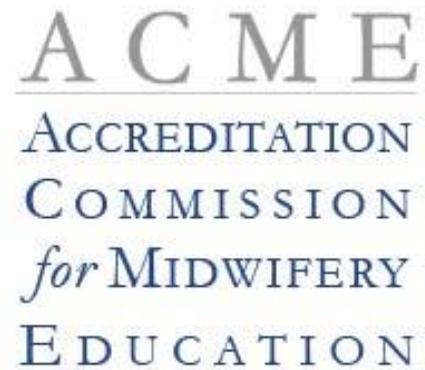




**Criteria for Programmatic Accreditation of
Midwifery Education Programs
with
Instructions for Elaboration and Documentation**

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PREFACE

Accreditation Commission for Midwifery Education (ACME)

The mission of the Accreditation Commission for Midwifery Education (ACME) is to advance excellence in midwifery education. The U.S. Department of Education grants the following scope of recognition to ACME: "the accreditation and pre-accreditation of basic certificate, basic graduate nurse-midwifery, direct entry midwifery, and pre-certification nurse-midwifery education programs, including those programs that offer distance education." Programmatic accreditation is a quality assurance process combining self-assessment and peer evaluation. Institutions offering midwifery education voluntarily participate in the accreditation process with ACME to assure that standards of midwifery education are maintained, competencies and skills are learned, and graduates are appropriately qualified. To be accredited, a program is expected to meet and maintain compliance with all of the criteria in this document. Every five years, the ACME Board of Commissioners (BOC) revises the criteria seeking input from a variety of stakeholders, including midwifery educators, clinicians, and others. The last review began in 2018 and the finalized and published new criteria in May 2019. This document is the most current version of ACME's criteria.

ACME services are available to any education program that meets the eligibility requirements outlined in our Policies and Procedures Manual. For more information about the standards for programmatic accreditation agencies, visit the [U.S. Department of Education](https://www.ed.gov) website or address correspondence to Staff Assistant, Accreditation Office, USDE, 1990 K Street, NW, Washington, DC 20006, 202.219.7011 or 800.872.5327.

ACME is administratively and financially autonomous from the American College of Nurse-Midwives. For more information visit, www.midwife.org/acme or call 240.485.1803.

Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation

Introduction

The Accreditation Commission for Midwifery Education (ACME) establishes the *Criteria for Programmatic Accreditation of Midwifery Education Programs*. These criteria are the basis for the programmatic accreditation process that is a joint activity involving both the midwifery education program and ACME.

The purposes of the criteria include to:

- A. Provide structure for implementing peer evaluation in the assessment of the quality of midwifery education programs preparing midwives and nurse-midwives
- B. Assure all aspects of midwifery education programs lead to appropriate student outcomes and prepare competent midwives
- C. Serve as a guide to faculty in developing and improving their program and as a framework for self-evaluation

For Board of Review (BOR) action on each programmatic accreditation report, all programmatic accreditation criteria are considered and must be met. Actions that may be taken by the BOR are listed in the section titled “Board of Review” in the [ACME Policies and Procedures Manual](#). For more information and other accreditation documents, visit www.midwife.org/acme

Currently, ACME accredits programs that culminate in a certificate, master’s degree, doctoral degree or post-graduate certificate. ACME also accredits pre-certification programs. There may be multiple paths of entry into these programs. Such programs include, but are not limited to, the following examples:

- Associate degree or baccalaureate degree to master’s degree program in nurse-midwifery or midwifery
- Post baccalaureate certificate
- A midwifery education program that leads to a master’s degree in midwifery, nursing, public health or an allied health field
- Post graduate certificate
- A midwifery education program that leads to a doctoral degree

Glossary of terms can be found at [ACME Glossary of Terms](#).

Instructions for Title Page and Program Overview of the Self-Evaluation Report

Begin the Self-Evaluation Report (SER) with a title page as described in [ACME Policies and Procedures Manual](#). Complete the SER Title Page and Program(s) Table form included in Appendix A: *SER Title Page* in this document. A one- to two-page overview describing the institution, its midwifery program/s and other programs as relevant must follow the title page.

The overview will include a brief description in narrative form that:

- Explains when the institution and each program began and any significant changes or milestones
- Presents the institution's corporate or organizational structure (e.g., part of a state system or for-profit corporation corporate structure)
- Describes the primary modalities for the delivery of education (e.g., face to face, combination or all distance education)
- Describes the basis for credit (e.g., semester hours or quarter credit hours)
- Lists the type/s of program/s offered

N.B. If there is more than one clearly distinguishable midwifery program in the institution and if the way each meets a criterion is different, clearly explain both in the SER. Incorporate the responses into one PAR/SER, not separate PAR/SERs for each program. Examples: a school that has a basic master's program and a basic DNP program or a school that has a basic nurse-midwifery and basic midwifery program.

- Lists credential/s and degree level/s awarded
- Lists URL or website address for the institution
- Defines the PAR/SER time frame, the one-year period represented in this self-study, including type of year (academic or calendar year)
- The two most recent completed class cohorts for student clinical experience
- Provides a list of any abbreviations and acronyms essential for reading the PAR/SER



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion I:
Organization & Administration**

Purpose: The purpose of Criterion I is to evaluate the organizational and administrative context of the midwifery program.

Criterion I: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. This SER is an in-depth self-study written by a member/s of the midwifery program faculty with opportunity for input provided to students, faculty, and administrators.	A. Describe who wrote the SER. Describe the opportunity for input provided to: <ul style="list-style-type: none"> • students • faculty • administrators 	A. Provide evidence of how the students, faculty, and administrators had input into writing the SER, e.g. emails, memoranda, meeting minutes, etc.
B. The midwifery program provides an opportunity to its relevant constituents for third party comment in relation to the program’s congruence with the accreditation criteria at least two months prior to the scheduled site visit.	B. Describe the program’s relevant constituents and method of distribution of requests for third party comment.	B. Provide evidence of notification of constituencies, e.g. emails, URLs, ACNM publications, ACME website, etc.
C. The midwifery program resides within or is affiliated with an institution that is currently accredited by an agency recognized by the United States Department of Education, or it meets ACME’s policy requirements for institutions based outside the United States (see Appendix B: <i>ACME Policy on International Accreditation for Degree-Granting Higher Education Institutions Based Abroad</i>).	C. “Resides within” can be documented through evidence found in academic unit publications; “affiliated with” must be documented with a copy of the affiliation agreement. Describe the relationship of the program to the accredited institution. Name the institutional accrediting body. If the midwifery program resides within or is affiliated with an institution based outside the United States, describe the relationship between the program and the international institution.	C. Provide a copy of the letter or certificate of current institutional accreditation.
D. There is evidence of commitment to the midwifery program from key administrators in the institution and academic unit.	D. Identify key administrators and their titles. Describe their support with concrete examples for both the institution and the academic unit (if different).	D. Provide documentation indicating support, e.g. meeting minutes, policies, and personal communications.
E. The midwifery program has sufficient fiscal resources to ensure that program objectives can be met.	E. Describe program financial resources, including both internal and external funding sources (grants).	E. Provide information that demonstrates that fiscal resources are adequate to meet program objectives. This may include financial statements, grant award

Criterion I: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>Explain any financial problems facing the program that would prohibit the program from meeting its stated objectives and intended outcomes.</p> <p>If external grants are a significant source of support of the program, explain how the midwifery program would meet its objectives and outcomes if that funding were discontinued.</p>	<p>statements, program budgets, and other financial records.</p>
<p>F. The midwifery program has input into the budget process and/or financial planning to ensure ongoing adequate program resources.</p>	<p>F. Describe how the midwifery program and midwifery program director provide input into the budget process and/or financial planning.</p>	<p>F. Provide documentation indicating input into the budgetary process, e.g. meeting minutes, email, sample budget.</p>
<p>G. The midwifery program is in an institutional environment that promotes and facilitates faculty scholarship and professional activities.</p>	<p>G. Provide the institution's and/or academic unit's policies. Describe relevant resources.</p>	<p>G. Provide evidence of institutional support/policies for faculty scholarship and professional activities, e.g. support for professional travel, set-aside time in the workload calculations for scholarship and/or professional activities, sabbatical.</p>
<p>H. The midwifery program resides within or is affiliated with an institution with policies and/or initiatives that encourages and supports diversity and inclusion of faculty, staff, and students.</p>	<p>H. Describe any institutional policies related to promoting a climate of diversity and inclusion as it relates to the student body, faculty, and curriculum.</p>	<p>H. Provide evidence for institutional initiatives, policies, email communications, or strategic planning for implementing goals of promoting diversity and climate of inclusivity.</p>
<p>I. Each midwifery program is a definable entity distinguishable from other education programs and services within the institution.</p>	<p>I. Describe where the midwifery program is identified specifically.</p>	<p>I. Identify references to the program in printed and online documents, e.g. catalogs, brochures/recruitment materials, or websites.</p>
<p>J. The midwifery program is directed by a midwife who is clearly identified by title and position, meets institutional qualifications for appointment to that position, and has management and administration capacity.</p>	<p>J. Document who has the responsibility for program direction. Describe the institution's requirements for the position and how the current program director meets these qualifications. Describe the management and administration capacity of the program director.</p>	<p>J. Provide evidence such as letter of appointment, job description or a letter from the academic unit administrator detailing these requirements. Provide the program director's current curriculum vitae (CV). Provide evidence of how the program director meets these requirements.</p>
<p>K. The midwifery program director has sufficient authority to ensure that the program meets all</p>	<p>K. Describe institutional policies that reflect the authority of the midwifery program director to insure compliance with ACME</p>	<p>K. Provide copies of any policies that document the authority of the program director. Provide concrete</p>

Criterion I: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
administrative and curricular requirements for accreditation by ACME.	criteria. Provide examples of administrative and curricular decisions that reflect that authority.	examples, if any, of changes that were made by the program director that were implemented.
L. The midwifery program displays the current ACME accreditation status accurately to the public.	L. Identify specifically where the accreditation status may be found including ACME’s postal address, telephone number and electronic address.	L. Provide identified relevant printed or electronic documents marked where pertinent information may be found. Provide the URL where information is publicized. Sample language of accreditation status: The (name of midwifery program) is (status of accreditation) by the Accreditation Commission for Midwifery Education, 8403 Colesville Road, Suite 1550, Silver Spring, MD 20190, www.midwife.org/acme
M. The midwifery program states and describes the certificate and/or degree(s) that may be earned.	M. State the exact wording of the credential as it appears on the certificate or diploma. In cases in which more than one credential is awarded, all must be addressed. Identify specifically where the evidence may be found in printed and/or electronic documents. Provide evidence of legal authority to grant this/these degree(s)/credentials.	M. Provide evidence of the credential, such as a copy of a diploma/certificate or other document that clearly states the degree or certificate awarded. Provide documentation of legal authority. Provide the URL where information is publicized.
N. The midwifery program has academic policies, admission, continuation, and graduation requirements, and possible patterns of progression though the program.	N. Identify specifically where the evidence for each item is found in printed and/or electronic documents.	N. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found. Provide the URL where information is publicized.
O. The midwifery program provides to the public information about the midwifery program’s tuition and fees, including the relevant refund policy, and related costs, such as required texts and technology, and clinical site expenses.	O. Identify specifically where the evidence may be found in printed and/or electronic documents.	O. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found. Provide the URL where information is publicized.
P. The midwifery program has a transfer of credit policy.	P. Identify specifically where the evidence may be found in printed and/or electronic documents. This policy must include the criteria by which the program makes a determination with regard to accepting credits from another program or institution.	P. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found. Provide the URL where information is publicized.



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion II:
Faculty**

Purpose: The purpose of Criterion II is to ensure that midwifery program faculty are academically prepared and qualified to teach, are fully responsible for the instruction and management of the midwifery program and have equity with other faculty in the institution.

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A. All faculty are recruited, appointed and promoted according to the institution's non-discrimination policy, in a process that actively fosters diversity and inclusiveness in the faculty.</p>	<p>A. In the SER, identify the location of the non-discrimination policy in the institution's policies, and provide an active link to the policy. Describe efforts to achieve diversity and inclusiveness in the faculty and the outcomes of these efforts. Describe the number, frequency, type, and resolution of complaints pertaining to discrimination in the past five years. If there have been none, state that in the SER.</p>	<p>A. Provide evidence that the policy and process have been implemented.</p> <p>Possible sources of evidence could include:</p> <ul style="list-style-type: none"> • job advertising placements • instructions to search committee
<p>B. All faculty carry out their responsibilities with respect for diversity and variations among students and colleagues.</p>	<p>B. Provide examples of faculty addressing students' or colleagues' individual variations, such as:</p> <ul style="list-style-type: none"> • previous professional experience • levels of ability • family needs • study or test-taking needs • religious or cultural observances <p>If there is a specific written policy, provide an active link in the SER to the location of that policy.</p>	<p>B. Include any examples of how this is done. De-identified personal communications may be a source of documentation. For the site visit, place examples in a folder labeled II.B.</p>
<p>C. Core faculty are certified, as applicable, by the American Midwifery Certification Board (AMCB), or another appropriate certifying body for faculty who are not CNMs or CMs.</p>	<p>C. Provide a Core Faculty Table II-1 in an appendix to the SER that describes the core faculty (see Glossary) who taught in the SER time frame. A template and instructions for Table II-1 are in Appendix C: <i>Core Faculty Table</i>, of this document.</p> <p>List the CNMs/CMs on the core faculty first in this table, followed by the remainder of the faculty, in alphabetical order by last name.</p> <p>If there are core faculty who also provide clinical instruction, summarize their clinical teaching responsibilities in this table.</p>	<p>C. Provide a folder for each core faculty member who taught in the SER time frame, organized by faculty's last name.</p> <p>These folders must include:</p> <ol style="list-style-type: none"> 1) A current CV or resume 2) Evidence of certification, as applicable <p>For core faculty who are midwives, include evidence of AMCB certification. This can be a copy of the certificate or of the individual's AMCB certification information</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		<p>from the AMCB website. Include other certification if appropriate to the individual’s teaching role, e.g. WHNP or FNP.</p> <p>For core faculty who are not midwives, provide evidence of specialty certification as applicable. Some core faculty roles may not require certification.</p> <p>Evidence of current licensure is acceptable as evidence of certification <i>if AMCB or specialty certification is the only route to licensure in that legal jurisdiction.</i></p> <p>If the individual’s licensure is used to document certification, place a copy of the license or website verification of licensure for each licensee in their folder. In addition, place one copy of the portion of the licensing law that requires AMCB or specialty certification for licensure in a location easily accessible to the site visitors.</p> <p>100% of these faculty folders must be present and complete in the exhibits for site visitors to review.</p>
<p>D. Core faculty have education credentials appropriate to the level at which they teach and meet the academic institution's requirements for faculty.</p>	<p>D. Describe the academic institution’s requirements for faculty. Ensure that core faculty education credentials are included in Table II-1.</p>	<p>D. For all core faculty, include evidence of completion of the highest earned academic degree, as listed in the table, in each faculty folder.</p> <p>This may be a transcript or a copy of a diploma.</p>
<p>E. Core faculty have preparation for teaching commensurate with the teaching assignment, e.g. face-to-face, hybrid, and distance delivery.</p>	<p>E. Describe the midwifery program’s process for determining that core faculty have appropriate preparation. Appropriate preparation may differ for different teaching assignments.</p>	<p>E. For all core faculty, include evidence of teacher preparation in each faculty folder.</p> <p>Possible sources of evidence for teaching preparation:</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>Describe how new core faculty are mentored into their teaching roles.</p> <p>Elaborate on the preparation and supervision afforded to core faculty who do not meet all the program’s requirements for teacher preparation.</p> <p>Ensure that core faculty teaching preparation is summarized in Table II-1.</p>	<ul style="list-style-type: none"> • Transcript showing education course(s) • Copy of certificate from continuing education course or workshop • Experiential, from CVs or annual faculty evaluations
<p>F. Instruction, supervision, and evaluation of students in didactic courses containing <i>ACNM Core Competencies for Basic Midwifery Practice</i> are the responsibility primarily of core faculty.</p>	<p>F. Ensure that Table II-1. describing core faculty during the SER time frame includes faculty responsibilities for courses containing ACNM Core Competency content, with course names and numbers.</p> <p>Describe core faculty responsibility for each of the 3 aspects — instruction, supervision, and evaluation - of the student experience.</p>	<p>F. Possible sources of evidence for this criterion:</p> <ul style="list-style-type: none"> • syllabi • committee minutes • emails or other communication • faculty calendars • assessment of student work <p>In the exhibits, provide paper or electronic examples.</p> <p>This criterion is about didactic learning. Include in narrative and exhibits those who taught the classroom/online portions of all courses with Core Competency content in the SER time frame. They may be CNMs/CMs or Nurse Practitioners, or other School faculty.</p>
<p>G. Core faculty are responsible for development and/or implementation and evaluation of the curriculum.</p>	<p>G. Describe the core faculty’s involvement in the development, implementation, and evaluation of the curriculum. Include CNM/CM faculty. Development refers to a new curriculum for a new program or revision of an existing one. Implementation is teaching the curriculum. Do not present the entire curriculum evaluation plan here, just how faculty participate.</p> <p>Cite the specific source/location of documentation.</p>	<p>G. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number, II.G. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Some possible sources that confirm faculty responsibility:</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		<ul style="list-style-type: none"> • position descriptions • faculty handbook • curriculum committee minutes • midwifery faculty meeting minutes • graduate faculty meeting minutes
<p>H. Core faculty participate in selection, advisement, evaluation, and advancement of students.</p>	<p>H. Describe the core faculty’s involvement in selection, advisement, evaluation, and advancement of students. Include CNM/CM faculty.</p> <p>Cite the specific source/location of documentation.</p>	<p>H. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.H. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Possible examples:</p> <ul style="list-style-type: none"> • admissions committee meeting minutes • graded exams and feedback on papers/presentations • notes from student advisory sessions <p>Any student materials must be de-identified.</p>
<p>I. Core faculty participate in recruitment, selection, and promotion of faculty.</p>	<p>I. Describe the core faculty’s involvement in recruitment, selection, and promotion of faculty. Include CNM/CM faculty.</p> <p>Cite the specific source/location of documentation.</p>	<p>I. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.I. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Sources may include those listed in II.E. plus:</p> <ul style="list-style-type: none"> • search committee meeting minutes • promotion & tenure committee minutes • de-identified interview rating forms
<p>J. Core faculty participate in orientation of core and clinical faculty.</p>	<p>J. Describe the core faculty’s involvement in orientation of core and clinical faculty. Describe the method(s) used to orient new clinical faculty.</p>	<p>J. Provide the materials cited, in hard copy or electronically. Place de-identified examples in paper or electronic folders labeled with the criterion number II.J.</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		Identify relevant sections of the documents used, e.g. by highlighting. Possible examples for exhibits: <ul style="list-style-type: none"> • agenda or schedule for new core faculty orientation • reports of clinical site visits • preceptor orientation agenda handouts • letters/emails to clinical faculty regarding student expectations and curriculum details
K. Core faculty participate in development and/or implementation of a mechanism for student evaluation of teachers, courses, and midwifery program effectiveness.	K. Describe the core faculty’s involvement in each of these three evaluation activities. In other words, give a description of how faculty participate in developing/implementing the process for students to evaluate teachers, courses, and program effectiveness. If core faculty are not directly involved in development of the mechanism, indicate who does the development and how core faculty implement the evaluation, for each of the entities: teachers, courses, and midwifery program effectiveness. Cite the specific source/location of documentation.	K. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.K. Identify relevant sections of the documents used, e.g. by highlighting. Possible examples for exhibits: <ul style="list-style-type: none"> • minutes of faculty retreats • students’ de-identified exit interviews Do not include core faculty’s evaluations by students, or evidence of the entire process for student evaluation.
L. Core faculty participate in ongoing development and annual evaluation of the midwifery program's resources, facilities, and services.	L. Describe the faculty’s involvement in each of these activities. Address each component: resources, facilities, and services. There is no need to describe the resources, facilities, and services in this criterion; simply show how core faculty are involved in developing or evaluating them. Examples of resources and facilities are faculty and staff, clinical sites, library holdings, classroom and other learning spaces, computing facilities, office space, break spaces for students and faculty, bookstore.	L. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.L. Identify relevant sections of the documents used, e.g. by highlighting. Possible examples for exhibits: <ul style="list-style-type: none"> • clinical site visit reports • students’ exit interviews, de-identified • minutes of faculty retreats

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>Examples of services are a writing center, test-taking help, counseling, grants office, faculty research center, database searching.</p> <p>Cite the specific source/location of documentation.</p>	<ul style="list-style-type: none"> formal or informal interviews with graduates and employers
<p>M. Core faculty participate on or have input into councils and committees of the academic unit. Clinical faculty participate or have input as appropriate.</p>	<p>M. Describe the academic unit's expectation for core faculty participation in councils and committees. Provide an active link to the relevant portion of the faculty handbook. Include any pertinent definitions.</p> <p>Show how faculty meet these expectations by describing core faculty, in particular CNM/CM faculty, committee participation during the SER time frame or within the previous 3 years.</p>	<p>M. Include examples of how faculty meet these expectations, such as activities/ schedules/workload.</p> <p>Provide committee meeting minutes that document the presence of the faculty member(s) cited in the SER elaboration. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Place these materials together in a paper or electronic folder labeled II.M.</p>
<p>N. Core faculty continue professional development and participate in scholarly activities.</p>	<p>N. Describe the academic unit's expectation for continued professional development and scholarly activities. Provide an active link to the relevant portions of the faculty handbook. Include any pertinent definitions.</p> <p>Show how faculty meet these expectations by describing some of the significant professional development achievements and scholarly activities of core faculty, including CNM/CM faculty, during the SER time frame or within the previous 3 years.</p> <p>Indicate how faculty workload is managed to allow time for these activities. If relevant, include expectations and achievements for both tenured/tenure track and non-tenure track faculty.</p>	<p>N. Include examples of how faculty meet these expectations, such as activities/ schedules/workload.</p> <p>Examples of professional development could include:</p> <ul style="list-style-type: none"> completion of degrees, certificates, or courses academic promotion teaching or other awards grant proposals <p>Examples of faculty scholarly activities could include:</p> <ul style="list-style-type: none"> publications – articles & textbooks conference abstracts posters software blogs

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		<p>Place the examples you have chosen in a paper or electronic folder labeled II.N. or collected at a site readily accessible to the site visitors. Where possible, identify relevant details such as faculty names in the documents, e.g. by highlighting.</p>
<p>O. Core faculty maintain clinical expertise as required.</p>	<p>O. Describe the academic unit’s expectation for maintenance of clinical expertise.</p> <p>Provide an active link to the relevant portion of the faculty handbook. Include any pertinent definitions.</p> <p>Show how faculty meet these expectations by describing their clinical practice activities, including those of CNM/CM faculty, during the SER time frame or within the previous 3 years. Indicate how faculty workload is managed to allow time for these activities.</p>	<p>O. Include examples of how faculty meet these expectations, such as activities/schedules/workload.</p> <p>Provide evidence of how faculty maintain clinical expertise as cited in the SER.</p> <p>Examples of ways to document faculty clinical practice activities:</p> <ul style="list-style-type: none"> • letter confirming clinical privileges from facility/practice • peer evaluations from practice • practice website listing faculty name <p>Place the evidence in a paper or electronic folder labeled II.O. Where possible, identify relevant details such as faculty names in the documents used, e.g. by highlighting.</p>
<p>P. Core faculty participate in professional service.</p>	<p>P. Describe the academic unit’s expectation for professional service.</p> <p>Provide an active link to the relevant portion of the faculty handbook. Include any pertinent definitions.</p>	<p>P. Include examples of how faculty meet these expectations, such as activities/ schedules/workload.</p> <p>Provide specific evidence of faculty professional service cited in the SER, if available, especially CNM/CM faculty.</p> <p>Examples of ways to document professional service:</p> <ul style="list-style-type: none"> • letters of thanks

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	Show how faculty meet these expectations by describing their professional service activities, including those of CNM/CM faculty, in the past 3 years.	<ul style="list-style-type: none"> • programs or agendas for events • photos or social media posts Place these materials in a paper or electronic folder labeled II.P. Where possible, identify relevant details such as faculty names in the documents used, e.g. by highlighting.
Q. Academic freedom is a faculty right clearly defined, made available in policy, and applied consistently to all core faculty.	Q. Describe the policy and its location. Provide an active link to this location.	Q. Provide printed or electronic access to source document. Possible sources of documentation may include: <ul style="list-style-type: none"> • faculty handbooks • union contracts
R. The academic unit publishes and employs defined criteria for periodic evaluation that are applied consistently to all core faculty.	R. Describe the criteria and state where they are located. Provide an active link to this location.	R. Provide printed or electronic access to source documents.
S. The academic unit publishes and employs processes for promotion, tenure, merit recognition and termination that are applied consistently to all core faculty.	S. Describe each of these four policies and state where they are located. Provide an active link to this location.	S. Provide printed or electronic access to source documents.
T. Core faculty have channels within the institution for receipt and consideration of grievances related to their employment.	T. Describe the grievance policies and state where they are located. Provide an active link to this location.	T. Provide printed or electronic access to source documents.
U. Clinical faculty have qualifications that meet the academic institution's requirements for clinical faculty. They are selected, oriented, mentored, and evaluated by core faculty. Fifty (50) percent or more of the clinical faculty are CNMs/CMs. Other professionals who serve as preceptors are qualified to do so according to the ACME	U. Describe the institution's requirements for clinical faculty (see Glossary). Describe the process for selection, orientation, mentoring, and evaluation of clinical faculty. Provide a Clinical Faculty Table II-2 in an appendix to the SER that describes the clinical faculty who taught in the SER time frame. A template and instructions for Table II-2 are in Appendix D: <i>Clinical Faculty Table</i> of this document.	U. Provide an electronic or paper folder for each clinical faculty who precepted students in the SER time frame. These folders must contain: 1) a current CV or resume 2) evidence of certification, as applicable For clinical faculty who are midwives, provide evidence of AMCB or NARM certification. This can be a copy of

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p><i>Guidelines for Interprofessional Clinical Supervision of Midwifery Students</i>, Appendix E of this document.</p>	<p>If there are core faculty who also provide clinical instruction, include their information in Table II-1, the Core Faculty Table, and not repeated here.</p>	<p>the certificate or of the individual’s certification information from the relevant website. Include other certification if appropriate to the individual’s teaching role, e.g. WHNP or FNP.</p> <p>For clinical faculty who are not midwives, provide evidence of specialty certification as applicable.</p> <p>Evidence of current licensure is acceptable as evidence of certification <i>if AMCB or specialty certification is the only route to licensure in that legal jurisdiction.</i></p> <p>If the individual’s licensure is used to document certification, place a copy of the license or website verification of licensure for each licensee in their folder. In addition, place one copy of the portion of the licensing law that requires AMCB or specialty certification for licensure in a location easily accessible to the site visitors.</p> <p>100% of these faculty folders must be present and complete in the exhibits for site visitors to review.</p>
<p>V. Clinical faculty are responsible for the instruction, supervision, and evaluation of students in clinical learning.</p>	<p>V. Describe the clinical faculty’s responsibilities for instruction, supervision, and evaluation of students’ clinical experiences.</p>	<p>V. Possible sources of evidence for this criterion:</p> <ul style="list-style-type: none"> • student clinical schedules • de-identified student evaluations



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion III:
Students**

Purpose: The purpose of Criterion III is to ensure that programs have well-designed, equitable, transparent, and consistently applied student-related policies.

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. The institution has admission criteria and policies that meet federal guidelines for nondiscrimination (www.eeoc.gov).	A. State the criteria and policies, including a nondiscrimination policy.	A. Provide the document/s in which the criteria and policies appear.
B. The institution’s admission criteria and policies are aligned with <i>ACNM Core Values</i> (http://www.midwife.org/Our-Mission-Vision-Core-Values).	B. State how the criteria and policies are aligned with <i>ACNM Core Values</i> . This may be done with a table comparing policies to values.	B. No exhibit.
C. The institution’s admission criteria and policies are publicly available.	C. State where the criteria and policies are available to the public. Provide active URL/s in which the criteria and policies appear publicly.	C. No exhibit.
D. Student recruitment materials and processes accurately represent the program practices and policies; and demonstrate a commitment to diversity and inclusion.	D. Describe student recruitment materials and processes in the narrative.	D. Provide samples of student recruitment materials.
E. The institution has student policies that are publicly available and identified to students at/or before orientation related to: student evaluation, progression, retention, dismissal, and graduation; review of personal records and equitable tuition refund; evaluation of their education; access to university/college catalogs; and access to academic calendars.	E. Identify the location of each of these student policies. Describe how these policies are identified to students at or before orientation. Describe how students are notified of changes in these policies. Provide the document/s (active links) in which the policies appear. Provide active links to university/college catalogs and academic calendars.	E. No exhibit.
F. Student support services are available and are designed to promote student success.	F. Identify services available to meet the needs of students to promote their retention in and progression through the program. Provide active URL/s. Such services might include but are not limited to counseling, health, learning assistance or intervention strategies	D. No exhibit.
G. Students are informed of support services at or before orientation.	G. Identify how students are informed of support services.	G. No exhibit.

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
H. All students have access to ongoing and equitable support services.	H. Describe how students access support services regardless of modality, location, or clinical placement.	H. No exhibit.
I. Students are formally informed of course objectives/outcomes and methods of evaluation at the beginning of each course.	I. Describe the process by which students are informed. Identify the location, including active URL/s, of objectives/outcomes and methods of evaluation in policy manuals, module materials, and/or course syllabi.	I. Provide the documents identified in electronic or printed form.
J. Students are apprised of their progress on an ongoing basis.	J. Describe the process by which students are apprised of their progress.	J. Provide examples of this process.
K. Students are evaluated formatively and summatively.	K. Provide an overview of formative and summative evaluation processes in didactic and clinical portions of the program.	K. Provide examples of these processes.
L. Students are informed of remediation policies and processes.	L. Describe remediation policies and processes for students who do not meet course or program requirements.	L. Provide examples of remediation/improvement plans.
M. Students have opportunities for involvement in development and implementation of midwifery program policies.	M. Describe the relevant opportunities and how students are recruited and supported.	M. Provide evidence of student participation in developing or implementing program policies.
N. Students have opportunities to participate or have input into the representation on councils or committees of the institution or academic unit.	N. Describe the relevant opportunities and how students are informed.	N. Document the participation or input of students into representation on councils or committees in electronic or printed form.
O. The program has clearly defined and transparent mechanisms for consideration of grievances, complaints or appeals.	O. Describe the mechanism for addressing grievances, complaints or appeals and how students are apprised of these mechanisms. Identify the location of each of these mechanisms in formal documents.	O. Document student access to the mechanisms. As applicable, provide examples of grievances, complaints or appeals from the past three years.
P. Access to resources and opportunities is available regardless of student location and teaching modalities.	P. Describe how access to resources and opportunities is available for all student locations (e.g., on campus or at a distance) and teaching modalities (e.g., online, webcast, traditional lectures, etc.). Describe how students are informed of such access.	P. No exhibit.

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
Q. The program attends to students' well-being through the mitigation of fatigue related to clinical learning.	Q. Describe the mechanism and/or policy that ensures that students' clinical learning schedules are safe and optimize students' well-being. Describe the mechanism by which clinical faculty are educated to recognize the signs of learner fatigue and about the negative effects of provider fatigue on patient care and learning.	Q. Provide examples of these mechanisms and/or policies.
R. The program has processes to support student health and well-being.	R. Describe and provide relevant URLs for any process(es) the program carries out or services the program provides to promote student health or wellness. This could include training or procedures to address building supportive communication, reducing implicit bias, supporting study groups, recognizing and resisting bullying, and building mutual support groups.	R. Provide examples of any such processes or services.



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion IV:
Curriculum**

Purpose: The purpose of Criterion IV is to determine that the program implements a curriculum that is congruent with the midwifery program’s mission and goals, is evidence-based, is consistent with the *ACNM Core Competencies*, and has a process to assure midwifery students meet the stated midwifery program objectives/outcomes.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. The curriculum is based on a statement of program philosophy, purpose or mission, and objectives or outcomes.	A. In the appendices to the SER, provide a statement of program philosophy, purpose or mission, and objectives or outcomes. In the SER, identify the key concepts of the program philosophy.	A. No exhibit.
B. The midwifery program philosophy is consistent with the philosophy of the ACNM, the philosophy or mission of the institution within which the midwifery program resides or is affiliated, and philosophy of the academic unit within which the midwifery program resides.	B. In the SER, provide a succinct description explaining the consistency among the philosophies or mission and in the appendices to the SER, provide the philosophies or mission.	B. No exhibit.
C. The midwifery program’s purpose or mission and objectives or outcomes are consistent with the midwifery program philosophy.	C. Explain the consistency among the midwifery program’s purpose or mission, objectives or outcomes, and philosophy.	C. No exhibit.
D. The curriculum is designed to achieve the stated objectives or outcomes of the midwifery program.	D. Provide a table that shows where program objectives or outcomes are met in specific courses. See Appendix F: <i>Program Objectives or Outcomes</i> in this document for a sample table.	D. No exhibit.
E. Curriculum development is a continuing process.	E. Describe the continuing process of curriculum development.	E. Document in faculty or curriculum committee minutes or other appropriate evidence of curriculum development.
F. The midwifery program has established criteria for awarding transfer credit for midwifery didactic course work.	F. Identify the criteria and explain the process.	F. Provide access to the information about criteria given to potential and enrolled students.
G. The midwifery program has established criteria for awarding transfer credit for clinical coursework and clinical experience.	G. Identify the criteria and explain the process.	G. Provide access to the information about criteria given to potential and enrolled students.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
H. The midwifery program has established criteria for granting exemption from midwifery didactic course work.	H. Identify the criteria and explain the process.	H. Provide examples of course challenge mechanisms, transcript assessments, or other procedures used to assess whether a student has met the criteria.
I. The midwifery program has established criteria for providing (or allowing) exemption from clinical coursework and clinical experience.	I. Identify the criteria and explain the process.	I. Provide examples of course challenge mechanisms, transcript assessments, or other procedures used to assess whether a student has met the criteria.
J. The curriculum is consistent with the ACNM Core Competencies for Basic Midwifery Practice .	<p>J. In the SER appendix, provide a table that shows the location of the Core Competencies for Basic Midwifery Practice in the curriculum. See Appendix G: <i>Courses with Core Competencies</i>, in this document for sample table.</p> <p>Describe the process for assuring that the ACNM <i>Core Competencies</i> are being taught. Describe the process used to correct any deficiencies.</p>	<p>J. Include the table in the exhibits with the referenced curriculum.</p> <p>Address each “Hallmark of Midwifery” with examples (objectives or outcomes, seminars, classes, learning activities) that demonstrate how each is integrated throughout the curriculum.</p> <p>For each competency listed under “Components of Midwifery Care”, give examples of its location in the curriculum with course number, specific outcome(s) (course objectives), and page number or other device for locating where each competency can be found.</p> <p>Provide evidence of a process to assure appropriate inclusion of core competency content.</p>
K. The curriculum includes courses in pharmacology/pharmacotherapeutics, physical and health assessment and physiology/pathophysiology.	K. In the SER provide the course names and formal descriptions for these courses or identify where content is taught in the curriculum. If there are not specific courses, state how information identifying this program content is provided to students at or before program completion to meet requirements for state licensure or other credentialing process. Include information provided to students in appendices.	K. Provide access to the course syllabi for these courses. Include information provided to students concerning these courses in an exhibit.
L. The curricular content is regularly updated to include current evidence for midwifery practice and is congruent	L. Provide a succinct description of how the criterion is met.	L. Provide access to course materials. e.g. URL links.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
with ACNM Standards for the Practice of Midwifery ; ACNM Position Statement on Racism and Racial Bias ; ACNM Code of Ethics ; ACNM Transgender/Transsexual/Gender Variant Healthcare , and other ACNM documents .		
M. The program provides content throughout the curriculum about implicit bias and health disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.	M. Describe how the program includes content throughout the curriculum about implicit bias and health disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.	M. Provide access to relevant curricular content.
N. The program has a plan for interprofessional education (IPE) to prepare students for team-based collaborative practice that includes outcomes of student learning.	<p>N. Briefly describe the program’s plan for interprofessional education. Definition of IPE used nationally and internationally is as follows: “When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” <i>Interprofessional Education (World Health Organization, Interprofessional Education Collaborative.)</i></p> <p>ACME is a member of The Health Professions Accreditors Collaborative (HPAC). The following guideline was created jointly by HPAC and the National Center for Interprofessional Practice and Education (NCIPE) and is provided as a resource. https://healthprofessionsaccreditors.org/wp-content/uploads/2019/02/HPACGuidance02-01-19.pdf The document seeks to encourage increased communication and collaboration and to provide guidance on expectations related to quality IPE.</p>	N. No exhibit.
O. The curriculum has a logical sequence of progression.	O. Describe the rationale for the sequence of the midwifery curriculum as the student progresses throughout the program.	O. Provide chart showing the course sequence of the curriculum for full-time and part-time students.
P. The didactic and clinical components of the curriculum are implemented by a variety of evidence-based methods	P. Describe the various methods used to achieve the objectives or outcomes and ensure student learning. such as teaching strategies, education technology, and simulation.	P. Provide selected examples of various teaching methods that support student learning.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
to achieve the program objectives or outcomes and ensure student learning.		
Q. The program ensures that graduates have achieved competence in clinical midwifery practice.	Q. Explain how the program assesses competence. Explain how the program intervenes to help students who are having difficulty reaching academic or clinical competence.	Q. Provide access to instruments used to assess competence as described in the SER. Provide examples of interventions used to assist students who have had difficulty reaching academic or clinical competence.
R. The program provides students with the necessary clinical experiences to achieve the objectives or outcomes of the program.	R. Explain the breadth and depth of clinical experiences used by the program to achieve program objectives or outcomes. Clinical experiences are direct patient contacts. These may be supplemented by such strategies as simulation, role play, standardized patients, and emerging technologies. If the program determines that the clinical facilities are inadequate to provide the necessary experiences, describe plans to address this problem.	R. No exhibit.
S. The program maintains final responsibility for assessing and approving clinical sites.	S. Describe the process for identification, selection, and approval of clinical sites.	S. No exhibit.
T. The program implements policies and procedures for academic integrity and verification of student identity for academic work, including authorship of work and work done through electronic or distance technologies.	T. Identify the policies and procedures and describe how they are implemented to verify student identity for work, including that conducted by electronic or distance technologies.	T. Provide evidence of the processes.
U. Regular communication occurs among and between faculty and students during implementation of the curriculum.	U. Describe how regular communication occurs across all settings and phases of the program.	U. Provide examples of regular communications occurring throughout the program.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>V. The curriculum conforms to state or nationally recognized guidelines for the educational levels offered by the program: certificate, master's, or doctoral degree.</p>	<p>V. Identify the guidelines used, such as established by state law or a professional organization and provide the URL if available. Explain how the curriculum conforms to guidelines for the program/s educational level/s. If the program culminates in a professional or practice focused doctoral degree for midwives, describe how the program conforms to the competencies identified in the ACNM document <i>The Practice Doctorate in Midwifery</i>.</p>	<p>V. Provide the guidelines used in electronic or print format.</p>



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion V:
Resources**

Purpose: The purpose of Criterion V is to ensure that the institution demonstrates that midwifery education programs have adequate resources to promote student and faculty success in meeting midwifery program objectives.

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. The midwifery program has an adequate number of qualified core faculty to meet the midwifery program objectives and outcomes.	<p>A. Describe how the program determines adequacy of the number of qualified faculty.</p> <p>If the program determines that the number of faculty is inadequate, describe plans to provide an adequate number of faculty.</p>	A. No exhibit.
B. The midwifery program has an adequate number of staff for administrative, technical, and student support to meet the midwifery program objectives and outcomes.	<p>B. Describe how the program determines adequacy for administrative, technical, and student support.</p> <p>If the program determines that the support is inadequate, describe plans to provide an adequate number of staff.</p>	B. Provide a list of staff and their titles and indicate if their responsibilities are administrative, technical, or student support.
C. The midwifery program’s physical facilities on campus and at clinical sites are adequate to meet student needs and program objectives or outcomes.	<p>C. Describe how the program determines adequacy of physical facilities on campus and at clinical sites to meet student needs. These may include office space, classrooms, conference rooms, library, lactation room, gender-neutral facilities, internet access, rest space, and laboratories. If the program determines that the physical facilities are deficient, describe plans to address the deficiencies to the extent possible.</p>	C. No exhibit.
D. The midwifery program’s learning resources are accessible and adequate to meet student needs in program objectives or outcomes.	<p>D. Describe how the program determines resources are adequate, e.g., laboratory, clinical simulation, instructional technology, and library resources.</p> <p>Explain how all students and faculty, including those at a distance, and individuals with disabilities and special learning needs can access learning resources.</p>	D. No exhibit.

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>When any learning resources are determined to be deficient, describe plans to address the deficiencies.</p>	
<p>E. The midwifery program has resources for students, faculty, and staff to support diversity and inclusion. This includes resources to address implicit bias and disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.</p>	<p>E. Describe how the program provides dedicated resources for support and training for students, faculty, and staff. Describe how the program disseminates this information to students, faculty and staff. Examples of these dedicated resources: a specific department/program or person (e.g., Office of Diversity & Inclusion/Diversity Officer), trainings, workshops, lectures, or online educational platforms.</p> <p>If the program determines that the resources are deficient, describe plans to address the deficiencies.</p>	<p>E. No exhibit.</p>
<p>F. The midwifery program secures clinical sites for students that provide access to clinical experiences to assure that each student has opportunity to attain competence in the midwifery practice areas of primary care, gynecologic, antepartum, intrapartum, postpartum, and newborn care.</p>	<p>F. In the appendix to the SER, provide a table that details the number of clinical experiences each student had in the specified clinical areas for the past two completed classes or cohorts as defined by the midwifery program (one completed class/cohort for initial accreditation).</p> <p>Provide a succinct description of how student clinical experiences are monitored.</p> <p>Explain how competence is assured if student experience numbers fall below those listed in this criterion.</p> <p>Some clinical encounters may count in more than one category.</p> <p>Do not disclose the identity of students or the recipients of care.</p> <p>While an absolute number of clinical experiences is not required for program accreditation, these recommendations guide programs in selecting clinical sites and assuring adequate</p>	<p>F. No exhibit.</p>

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>experience for competence across the full scope of midwifery practice. See Appendix H: <i>Clinical Experiences</i> as detailed in Criterion V.F. for a sample table in this document.</p> <p><u>Clinical Experiences:</u></p> <p>Primary care 40 Includes common acute and stable chronic health conditions.</p> <p>Gynecologic care 80 Includes preconception, contraception, adolescent, perimenopausal, and postmenopausal.</p> <p>Antepartum care 100 Includes new and return prenatal care across gestational ages.</p> <p>Intrapartum care 60* Includes labor assessment, labor management, and births. *Includes access to or opportunity to attend at least 35 births.</p> <p>Postpartum care 50 Includes postpartum visits (0-7 days), up to 8 weeks postpartum, and breastfeeding support.</p> <p>Newborn Care 30 Includes newborn assessment and anticipatory guidance.</p>	



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion VI:
Assessment & Outcomes**

Purpose: The purpose of Criterion VI is to ensure each program has a comprehensive assessment plan and publicly-available outcomes data to show program quality, including evaluation of clinical education and teaching faculty.

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. Each program has a comprehensive plan for an ongoing assessment of the program philosophy, mission or purpose, and objectives or outcomes to achieve continuous quality improvement.	A. Explain the process for developing and implementing the plan, including who is responsible and the timeframe for the review. Identify action taken if the assessment shows that any program objectives are not met.	A. Provide the assessment report for the SER year.
B. The midwifery program assessment process includes evaluations of the program by students and recent graduates.	<p>B. State the program’s goals for the midwifery students’ and the graduates’ assessment of the program.</p> <p>Describe action taken and their results, or action planned for the immediate future, to address student or graduate assessments that fell short of the program’s goals during the past three years.</p>	<p>B. Provide results of the evaluations of the program by current midwifery students and graduates.</p> <p>Provide documentation of action taken as a result of the assessment.</p>
C. The midwifery program assessment process includes evaluations for the past three years of enrollment, graduation, and attrition goals (or for the SER year for programs seeking initial accreditation).	<p>C. In the appendix to the SER, provide a table (see Appendix I: Enrollment, Graduation, and Attrition) showing enrollment, graduation, and attrition goals and outcomes for the time period indicated.</p> <p>Explain the categorization of the students, e.g., part-time, full-time, leave of absence, etc., and the calculation of the percentage of students in each category.</p> <p>Explain how the program defines ‘on-time’ graduation.</p> <p>Provide the URL where enrollment, graduation, and attrition data are publicized.</p> <p>If goals have not been met, explain actions taken and their results, or actions planned, to achieve goals.</p>	<p>C. Provide documentation of actions described in the Elaboration, as applicable.</p> <p>Provide documentation of action taken as a result of the assessment.</p> <p>Provide the URL where enrollment, graduation, and attrition data are publicized.</p>

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>D. The midwifery program assessment process includes evaluations for the past three years (or the SER year, for programs seeking initial accreditation), of the program’s aggregated annual American Midwifery Certification Board (AMCB) certification rates within one year of graduation, as available, for all graduates. Programs are expected to set their own AMCB certification rate goal in accordance with the program’s mission. Programs failing to meet their goal must develop an improvement plan to bring the certification rate to the goal.</p>	<p>D. In the appendix to the SER, provide a table showing AMCB certification rate goals and outcomes for the time period indicated. Use the template in Appendix J: <i>AMCB Certification</i>. Describe the rates of AMCB certification within one year of graduation for all students in each cohort graduating from the program for the time period indicated. Provide the URL where AMCB certification rate goals and results are publicized. List the rates of AMCB certification within one year of graduation for all students in each cohort graduating from the program in the past three years.</p> <p>Describe the rationale used to establish the program’s AMCB certification goal. If the goal has not been met, provide the improvement plan developed to achieve the goal. Give examples of action taken.</p>	<p>D. Provide documentation of actions described in the Elaboration, as applicable.</p>
<p>E. The program’s reviews and updates of its philosophy, purpose or mission, and objectives or outcomes must include current ACNM philosophy and standards.</p>	<p>E. Describe the process for the program’s assessment of its philosophy, purpose or mission, and objectives or outcomes using current ACNM documents.</p>	<p>E. Identify the ACNM philosophy and standards considered and how the program meets those requirements.</p>
<p>F. The program’s reviews and updates of its philosophy, purpose or mission, and objectives or outcomes must include national (and state as applicable) standards and educational requirements.</p>	<p>F. Describe the process for determining currency of national and state and standards and educational requirements.</p>	<p>F. Identify the national or state requirements and standards that are applicable to the program and how the program is meeting those.</p>
<p>G. The program’s reviews and updates of its philosophy, purpose or mission, and objectives or outcomes must include significant changes within the program’s institution that are relevant to the program.</p>	<p>G. Describe how the program identifies and addresses significant changes in its institution that will be reflected in the program assessment process.</p>	<p>G. Identify the significant relevant changes that occur in the institution and how the program addresses those changes.</p>

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
H. The program's assessment process must include evaluation of the effectiveness of clinical sites in meeting student learning needs and clinical competence.	H. Describe the process the program uses to evaluate the effectiveness of clinical sites in meeting student learning needs and clinical competence.	H. Provide evidence of evaluation of all clinical sites used during the designated SER year. Identify procedures taken if clinical experiences do not lead to student clinical competence.
I. The program's assessment process must ensure the presence of current contracts for each clinical site.	I. Describe the process for ensuring that students are assigned to clinical sites with current contracts.	I. Provide a table listing each site's name, status of contract, name of preceptors at that site, and when the site was used. Provide access on site to all contracts for the SER year.
J. The assessment process includes a plan for annual evaluation of core faculty.	J. Describe the process for annual evaluation of core faculty. Identify the action taken if a core faculty member fails to meet evaluative standards.	J. No exhibit.
K. The assessment process includes a plan for annual evaluation of clinical faculty.	K. Describe the process for annual evaluation of clinical faculty. Identify the action taken if a clinical faculty member fails to meet evaluative standards.	K. No exhibit.
L. The assessment process includes a plan to assess the non-discriminatory, equitable, and respectful interaction of core faculty and clinical faculty with students, colleagues, and patients.	L. Provide examples of non-discriminatory, equitable, and respectful interaction using current ACNM documents, such as the ACNM Code of Ethics . Describe the process for annual evaluation of faculty interaction with students, colleagues, and patients. Identify the action taken if a core or clinical faculty member fails to meet evaluative standards.	L. No exhibit.

Appendix A: SER Title Page

Name of Institution _____

Specific Proposed Title or Name of Program/Programs _____

Names, Credentials, Titles of Institutional Officers, and emails

Officer 1 _____

Officer 2 _____

Officer 3 _____

Name, Credentials, Titles of Program Director and Contact Phone/Email

APPENDIX B: ACME Policy on International Accreditation for Degree-Granting Higher Education Institutions Based Abroad

The Accreditation Commission for Midwifery Education (ACME) has set a criterion that requires all midwifery programs to reside within or be affiliated with an accredited degree-granting institution. While that may be clear for institutions based in the United States (US), this policy addresses compliance with that criterion for programs at higher education degree-granting institutions that are based outside of the US and that do not participate in accreditation via an agency recognized by the U.S. Department of Education. The decision on whether the program meets this criterion will be determined by ACME via the program accreditation process.

ACME understands the accreditation process to include the implementation of periodic assessment for quality assurance (QA). Institutional participation in the quality assurance process should maintain minimum standards of quality for the higher education degree-granting institution and for its academic programs by periodic assessments. Therefore, for ACME to accept a degree-granting institution based outside the U.S. as accredited, the higher education institution must:

- 1) Participate in an accreditation or quality assurance process that complies with the institution's national regulations for accreditation or quality assurance.
 - a) Comply with the institution's national regulations for institutional accreditation or quality assurance.
 - b) Conduct periodic assessment for accreditation or quality assurance purposes in conformity with the broader regional quality assurance processes or with the non-governmental agencies within the region.
- 2) The national regulations should be consistent with internationally recognized criteria for implementing QA, i.e., UNESCO *Guidelines for Quality Provision in Cross-Border Education*, the International Network for Quality Assurance Agencies in Higher Education (INQAAHE) document *Principles of Good Practice*, the criteria established by the European Association for Quality Assurance for Higher Education (ENQA) or other similarly regarded international document.
- 3) Undergo external assessment of quality on a periodic basis to maintain quality. Documentation of the quality assurance review and the relevant agency's formal determination must be submitted to ACME. Documentation should be current for the time at which application is made to ACME for accreditation. Explanation of the time frame for periodic review and the specific length of time of validity for the current assessment determination should be provided to ACME.
- 4) The international institution must include the midwifery program in its periodic assessment and ongoing QA. National accreditation must be maintained by the institution while accredited by ACME.
- 5) If the institution that houses the midwifery education is dedicated to a special academic program, such as nursing, the program must also meet relevant professional field, licensing and regulatory requirements.
- 6) ACME has the right of final determination whether the quality assurance process practiced by the institution based abroad meets ACME criteria.

Appendix C: Core Faculty Table

Criterion II C.1-3 and II.D

The core faculty table should contain the following:

1. Name of faculty member. Please ensure that names in the table are consistent with individuals' credentialing documents.
2. Specialty certification with certification number, or specific expertise if the individual is not specialty certified
3. License number if applicable
4. Highest degree earned
5. Category/rank of faculty appointment during the SER time frame
6. Type of preparation for teaching (see Criterion II.C.3. for examples of how this may be documented. Include only a brief description here, e.g. "Faculty mentoring", "Graduate course")
7. Teaching role in courses with Core Competency content during the SER time frame, with course name and number

Core faculty table template: Table II-1

Last name, First name	Type of specialty certification or specific expertise	Certificate # License #	Highest degree earned	Faculty rank in SER year	Preparation for teaching	Course(s) taught in SER year
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Appendix D: Clinical Faculty Table

Template for Criterion II.U

The clinical faculty table should contain the following:

1. Name and credential (e.g. CNM, CM, CPM, NP, PA, MD). Please ensure that the names as listed in the Table and on the faculty, folder correspond to the names on the faculty’s credential documents.
2. Certification number
3. License number if applicable
4. Highest earned degree
5. Clinical/practice site. Please ensure that names of clinical sites in this table are consistent with the names on the contracts for those sites.
6. Clinical area(s) (e.g. AP, IP, primary care)
7. Preparation for teaching

Clinical faculty table template: Table II-2. List clinical faculty in alphabetical order by last name. *Please do NOT include those who did not precept in the SER time frame, even if they are current preceptors.*

Last name, First name	Credential (CM, CNM, MD, NP etc.) Certificate # License #	Highest degree earned	Clinical site in the SER year	Clinical areas in which students were precepted at this site	Preparation for teaching
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Appendix E: ACME Guidelines for Interprofessional Clinical Supervision of Midwifery Students

ACME values and recognizes the need to encourage interprofessional practice and collaboration. In response to questions from Program Directors and to ensure the quality of nurse-midwifery/midwifery students' education, the Accreditation Commission for Midwifery Education (ACME) has created guidelines to clarify the requirements for a variety of clinicians who may serve on a program's clinical faculty as preceptors for students preparing to become Certified Nurse-Midwives (CNM)/Certified Midwives (CM). These individuals include, but are not limited to, Nurse Practitioners (NP), Certified Professional Midwives (CPM), Medical Doctors (MD or DO), and Physician Assistants (PA).

This document provides a description of qualifications for preceptors to teach and supervise CNM/CM students in clinical experiences. Note that students enrolled in ACME accredited programs must be supervised 50% or more of the time by a CNM/CM prepared clinician.

In order to serve as a preceptor for a CNM/CM student in an ACME accredited education program, a preceptor must meet all of the following criteria:

- Attended and graduated from a program/institution that is accredited by an accrediting agency that is recognized by the U.S. Department of Education (USDE);
- Passed a national certification exam offered to that profession; e.g. certification examinations offered by the American Nurses Credentialing Center, Accreditation Board for Specialty Nursing Certification, North American Registry of Midwives, or The American Board of Obstetrics and Gynecology;
- Possess current professional certification;
- Possess a current license in the state where practicing;
- Possess education credentials appropriate to the level at which they teach and meet the academic institution's requirements for clinical faculty; and
- Have preparation for teaching and have competence commensurate with the teaching assignment.

(continued to next page)

Appendix E: ACME Guidelines for Interprofessional Clinical Supervision of Midwifery Students (cont'd)

The ACME accredited program must be able to demonstrate:

- Evidence the preceptor meets the academic institution's requirements for clinical faculty;
- Evidence the preceptor has passed the appropriate professional national certification exam;
- Evidence of current state licensure;
- Evidence of current professional certification;
- Evidence the preceptor has preparation for teaching and competence commensurate with the teaching assignment; and
- Evidence that 50% or greater of the clinical experiences of each student are supervised by CNMs/CMs.

For additional information see *ACME's Policies and Procedures Manual* and *Criteria for Programmatic Accreditation of Midwifery Education Programs* on the ACME web page, www.midwife.org/acme.

Appendix F: Program Objectives or Outcomes

Template for Criterion IV. D.

Sample template of table that shows where program objectives or outcomes are met in specific courses.

Program Objectives	Course Number								
Objective #1		x		x					
Objective #2	x								
Objective #3		x	x	x					
Objective #4				x	x				
Objective #5						x	x		
Objective #6								x	x
Objective #7							X	x	

Name of Institution and Midwifery Program: _____

Appendix G: Courses with Core Competency Content Table

Template for Criterion IV. J.

Course Number	Course Name	Date/Semester Taught	Faculty by Name	List name of the Core Competency	Another Core Competency

Name of the Midwifery Program and Institution: _____

Appendix H: Clinical Experiences
Template for Criterion V.F.

Student (Use Confidential Identifier)	Primary care (40)*	Gynecologic care (80)*	Antepartum care (100)*	Intrapartum care (60)*	Births (35)*	Postpartum care (50)*	Newborn care (30)*

**Note that these are suggested numbers of experiences recommended by ACME for attaining competency in each area. Competency may be achieved with different experience numbers than those suggested by ACME. See Criteria V.F. for explanation of experiences included in each defined practice area.*

Appendix I: Enrollment, Graduation, and Attrition
Template for Criterion VI.C

Full-time Students - Length of Program in Months _____

Matriculation Year	Number of full-time students matriculating in this cohort (A)	Goal for On-time Graduation (%)	Number who left program or were dismissed	Number who graduated on-time (B)	Number who graduated, but not on-time (C)	On-time Graduation Rate B / A	Final Graduation Rate (B + C) / A
<i>Example: 2018</i>	24	90%	3	17	4	71%	88%

Part-time Students - Length of Program in Months _____

Matriculation Year	Number of part-time students matriculating in this cohort (A)	Goal for On-time Graduation (%)	Number who left program or were dismissed	Number who graduated on-time (B)	Number who graduated, but not on-time (C)	On-time Graduation Rate B / A	Final Graduation Rate (B + C) / A
<i>Example: 2018</i>	6	90%	0	5	1	83%	100%

Appendix J: AMCB Certification

Template for Criterion VI.D:

Full-time Students - Length of Program in Months _____

Matriculation Year	Number of full-time students matriculating in this cohort (A)	Goal for AMCB Certification within one year of graduation (%)	Number who left program or were dismissed (B)	Graduates with AMCB Certification within one year of graduation (C)	AMCB Certification Rate C / (A-B)
<i>Example: 2018</i>	<i>24</i>	<i>90%</i>	<i>3</i>	<i>20</i>	<i>95%</i>

Part-time Students - Length of Program in Months _____

Matriculation Year	Number of part-time students matriculating in this cohort (A)	Goal for AMCB Certification within one year of graduation (%)	Number who left program or were dismissed (B)	Graduates with AMCB Certification within one year of graduation (C)	AMCB Certification Rate C / (A-B)
<i>Example: 2018</i>	<i>6</i>	<i>100%</i>	<i>0</i>	<i>20</i>	<i>95%</i>

Acknowledgements Page

Every five years, ACME conducts a full review of its criteria. Between May 2018 and May 2019, a group of dedicated, committed and passionate volunteers who support and believe in ACME's mission, to advance excellence in midwifery education, led this work. On May 14, 2019 the ACME Board of Commissioners unanimously voted to adopt the new *Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation*. We would like to acknowledge these volunteers and thank them for their time and contributions to this final document.

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