

Accreditation Commission for Midwifery Education

**CRITERIA FOR PROGRAMMATIC
ACCREDITATION OF MIDWIFERY
EDUCATION PROGRAMS
WITH INSTRUCTIONS FOR
ELABORATION AND DOCUMENTATION**

December 2009 (Revised June 2013)

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Revised June 2010, November 2010, October 2012, January 2013, June 2013.

PREFACE

Accreditation Commission for Midwifery Education

formerly the Division of Accreditation (DOA) of
the American College of Nurse-Midwives (ACNM)

Programmatic accreditation is a quality assurance process combining self assessment and peer evaluation. Institutions offering midwifery education voluntarily participate in the accreditation process with the Accreditation Commission for Midwifery Education (ACME) to assure that standards of midwifery education are maintained, competencies and skills are learned, and graduates are appropriately qualified.

The accreditation process is available to any education program or institution that meets the eligibility requirements as outlined in the ACME [*Policies and Procedures Manual*](#). An applicant program should conform to relevant aspects of all of the ACME and ACNM documents listed in Section I.C. of the manual. To be accredited, a program is expected to meet and maintain compliance with all of the criteria in this document.

The criteria for accreditation are periodically revised by the Board of Commissioners of ACME, sent out for public comment, and finalized for conducting the accreditation process. The ACME Commissioners revised the criteria between 2007 and 2010. The Commissioners sought input and received extensive comments from a variety of stakeholders, including midwifery educators, clinicians, and others.

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*.

The [United States Department of Education](#) (USDE) recognizes ACME to conduct “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.” Visit the [USDE](#) website or address correspondence to Staff Assistant, Accreditation Office, USDE, 1990 K Street, NW, Washington, DC 20006 , (202) 219-7011 or (1 800) 872 5327.

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 AND ABBREVIATIONS

As used throughout this document, the following terms and abbreviations are defined as follows:

Accreditation Commission for Midwifery Education (ACME)	Formerly known as the Division of Accreditation (DOA) of the American College of Nurse-Midwives, an administratively and financially autonomous commission of the American College of Nurse-Midwives that is responsible for all aspects of programmatic accreditation in midwifery education
ACME staff	ACME Administrative Assistant
Academic Institution	Based on the definition by the US Department of Education, “an institution of higher education that is a public or private... institution... legally authorized to provide educational programs beyond secondary education...for which it awards a...degree... for credit...” and is “accredited or preaccredited” by an agency recognized by the US Department of Education. [34 CFR Part 600 § 600.4]
Academic Unit	College/School, Institute, Department (e.g. nursing, public health, college of health related professions) within or affiliated with an academic institution
Accrediting Agency	As defined by the US Department of Education, “ A legal entity, or that part of a legal entity, that conducts accrediting activities through voluntary, non-federal peer review and makes decisions concerning the accreditation or pre-accreditation status of institutions, programs, or both.” [34 CFR §602.3 Definitions]

Accreditation	As defined by the US Department of Education, "...the status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency's standards and requirements." [34 CFR §602.3 Definitions]
Administrative Unit	The person, group or area responsible for the midwifery program budget
Affiliation	A written agreement between an organization, school, or midwifery program, and an institution to offer education cooperatively
All Faculty	Faculty who teach midwifery students in any setting
American College of Nurse-Midwives (ACNM)	Professional association that represents Certified Nurse-Midwives and Certified Midwives in the United States. ACNM provides research, administers and promotes continuing education programs, and creates liaisons with state and federal agencies and members of Congress
American Midwifery Certification Board (AMCB)	Formerly known as ACNM Certification Council, Inc.; the national certifying body for certified nurse-midwives and certified midwives
Board of Commissioners (BOC)	The ACME governing board members who plan, implement, and evaluate the accreditation process for programs offering midwifery education
Board of Directors (BOD)	Board of Directors of the American College of Nurse-Midwives
Board of Review (BOR)	Board of review of the Accreditation Commission for Midwifery Education; the body that reviews education programs in relation to ACME criteria and determines program preaccreditation or accreditation status
Certificate	A graduate level credential awarded for successful completion of an ACME pre/accredited education program that includes all aspects of the ACNM 'Core Competencies for Basic Midwifery Practice'. An ACME pre/accredited program may award a certificate or a post graduate certificate. A post-graduate certificate may be

awarded for those who already possess a graduate degree recognized by the program

Note that in accordance with the ACNM Position Statement 'Mandatory Degree Requirements for Entry into Midwifery Practice', "completion of a graduate degree shall be required for entry into clinical practice."

Certified midwife (CM)	Individual who has met the requirements and passed the certification exam administered by the American Midwifery Certification Board
Certified nurse-midwife (CNM)	Individual who is a registered nurse, and has met the requirements and passed the certification exam administered by the American Midwifery Certification Board (formerly administered by the American College of Nurse-Midwives)
Companion Program	A program leading to a different credential than the one currently offered within an academic unit that is designed to augment the midwifery education options for students and mesh with the existing ACME accredited program. Some of the elements may be similar for the existing and companion programs, such as institutional administration, academic facilities, and the like. Students may share a number of the same classes. However, the companion program leading to its separate credential will have its own objectives, completion requirements and its own curricular path. Faculty, clinical sites, library resources, evaluation and other aspects of the companion program may be added or changed as needed from the existing ACME accredited program.
Core Faculty	Faculty, including midwives and others, as defined by the program, who are directly responsible for curriculum design, implementation, and evaluation of the midwifery program
Correspondence Education	As defined by the US Department of Education, "Correspondence education means: (1) Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including

examinations on the materials, to students who are separated from the instructor.
(2) Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student.
(3) Correspondence courses are typically self-paced.
(4) Correspondence education is not distance education.”
[34 CFR §602.3 Definitions]

Distance Education

As defined by the Higher Education Opportunity Act (HEOA) of 2008, “Distance education means education that uses one or more of the technologies listed in paragraphs (1) through (4) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies include -- (1) The internet; (2) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communication devices; (3) Audioconferencing; or (4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3).”
[34 CFR §602.3 Definitions]

Division of Accreditation (DOA)

Previous name of the Accreditation Commission for Midwifery Education

Institution

An academic degree-granting organization that 1) offers a midwifery education program, 2) holds legal authority from the appropriate government agency to operate a higher education institution, and 3) is accredited by an institutional accrediting agency recognized by the US Department of Education, or meets the ACME policy for international accreditation.

Institutional Accrediting Agency

As defined by the US Department of Education, "an agency that accredits institutions of higher education."
[34 CFR §602.3 Definitions]

Midwifery

Throughout this document, the term “midwifery” encompasses nurse-midwifery and

	midwifery
Midwifery Core Curriculum	Those courses that contain content that fulfill the ACNM Core Competencies for Basic Midwifery Practice
Midwifery Education Program or Midwifery Program	The administrative/academic unit that offers the education content and oversees completion of the midwifery core curriculum in conjunction with the other requirements set by the institution and/or required by ACME for earning a certificate or a degree
Midwifery Program Director	CNM or CM with faculty status, clearly identified by title and position to direct the midwifery education program
Midwifery Program Faculty	All certified midwives and faculty of other disciplines who teach and evaluate midwifery students. This includes faculty members with primarily or exclusively clinical teaching responsibilities
National Office	Administrative offices of the Accreditation Commission for Midwifery Education, located at 8403 Colesville Road, Suite 1550, Silver Spring, Maryland 20910 240-485-1802 http://www.midwife.org/Accreditation
Preaccreditation	As defined by the US Department of Education, “the status of public recognition that an accrediting agency grants to an educational institution or program for a limited period of time that signifies the agency has determined that the institution or program is progressing towards accreditation and is likely to attain accreditation before the expiration of that limited period of time.” [34 CFR §602.3 Definitions]
Preaccreditation Report (PAR)	Report submitted for programmatic preaccreditation by institutions wishing to start an education program that addresses the <i>Criteria for Programmatic Preaccreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation</i>
Probation	Status applied by the BOR to a program that fails to meet expectations when officially warned or that fails to follow ACME criteria

Professional Midwife	An individual who can provide proof of formal education in midwifery and proof of legal recognition for practice as a midwife in a state, territory or country
Program	As defined by the US Department of Education, “a postsecondary educational program offered by an institution of higher education that leads to an academic or professional degree, certificate, or other recognized educational credential.” [34 CFR §602.3 Definitions]
Programmatic Accrediting Agency	As defined by the US Department of Education, "...an agency that accredits specific educational programs that prepare students for entry into a profession, occupation, or vocation." [34 CFR §602.3 Definitions]
Public Member	A person who is not 1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by ACME or has applied for accreditation or preaccreditation; 2) A member of any trade association or membership organization related to, affiliated with, or associated with ACME, or 3) A spouse, parent, child, or sibling of an individual identified in paragraph 1) or 2) of this definition. [34 CFR §602.3 Definitions]
Self-Evaluation Report (SER)	Report prepared by faculty of the education program seeking initial or continuing accreditation that addresses the <i>Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation</i>
Site Visitor Panel	Group of volunteer midwives with expertise in education and/or clinical practice who are trained to conduct site visits to amplify, clarify, and verify information submitted in an applicant’s PAR or SER
Site Visitors Report (SVR)	Report of the site visit prepared by the site visit team
Teach-out Agreement	As defined by the US Department of Education, “a written agreement between institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that provides one hundred percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study.

[34 CFR §602.3 Definitions]

Warning

Action taken by the BOR to inform a program that its pre/accreditation status is in jeopardy because the program has not complied with ACME criteria, policies or procedures

Withdrawal of Pre/
Accreditation

Action taken by the BOR to notify a program that has not resolved the issues for which it was put on probation that ACME no longer grants pre/accreditation status to the program

General Instructions for Documentation in the SER

Unless otherwise directed at a specific criterion, documentation for the Exhibits may be provided in either printed or electronic format. If printed material is used, page numbers should be provided or other mechanisms used to direct readers to the relevant passages. If electronic material is used, the specific URL or relevant directions should be given to readers to find the referenced material on a public Internet site. If nonpublic or intranet documentation is cited, access should be provided both to the site visitors and to the BOR. Programs may provide additional information to document that a criterion has been met. All programs will be expected to address the criteria using the current ACNM and ACME documents. Any discrepancies should be explained.

Additional information regarding preparation of the document is found in the ACME *Policies and Procedures Manual*. (Linked on page 3 of this document.)

Forms and sample tables are included in Appendix A of this document to facilitate completion.

Instructions for Title Page and Program Overview

The Self Evaluation Report (SER) should begin with a title page as described in Accreditation Commission for Midwifery Education *Policies and Procedures Manual*. Complete the Title Page form included in Appendix A of this document.

A one to two page overview describing the midwifery program/s should follow the title page.

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

- explains when the program/s began and any significant changes or milestones
- describes the primary modalities for the delivery of education (e.g., distance education)
- 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 of those in the SER. Incorporate the responses into one SER, not separate 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.

- credential/s awarded
- URL or website address for the program
- defines the 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 SER.

**ACME Program Accreditation Criterion I:
Organization and Administration**

Criterion I: Organization and 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 by students, faculty and administrators.	A. Describe who wrote and reviewed the SER.	
B. The midwifery program provides opportunity to its relevant constituencies for third party comment in relation to the accreditation criteria at least two months prior to the scheduled site visit.	B. List the constituencies the program plans to notify regarding opportunity for third party comments on the accreditation criteria. Third party comments should be sent directly to ACME.	B. Provide evidence of notification of constituencies.
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).	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	C. Provide a copy of the letter or certificate of current institutional accreditation.

Criterion I: Organization and Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	between the program and the international institution.	
C.1. There is evidence of commitment to the midwifery program from key administrators in the institution and academic unit.	1. Describe the support of these key administrators with concrete examples for both the institution and the academic unit (if different).	1. Provide documentation indicating support (e.g. meeting minutes, policies, and personal communications).
C.2. The midwifery program has sufficient fiscal resources to ensure that program objectives can be met.	2. Describe program financial resources, including both internal and external funding (grants). Explain any financial problems facing the program in the SER time frame that would prohibit the program from meeting its stated objectives and intended outcomes. If external grants are a significant source of support of the program, explain how the midwifery program would meet its objectives/ outcomes if that funding were discontinued.	2. Provide information that demonstrates that fiscal resources are adequate to meet program objectives. This may include financial statements, grant award statements, program budgets and other financial records.
C.3. The midwifery program has input into the budget process and/or financial planning to ensure ongoing adequate program resources.	3. Describe how the program/ program director provides input into the budget process and/or financial planning.	
C.4. The midwifery program is in an institutional environment that promotes and facilitates scholarly and professional productivity.	4. Provide the institution's policies, describe relevant resources and provide specific examples of faculty scholarly and professional productivity that have been supported by the institution's policies and resources.	4. Provide evidence of completed scholarly and professional faculty products.
D. Each midwifery program is a	D. No narrative is required for D.	D. Identify references to the

Criterion I: Organization and Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>definable entity distinguishable from other education programs and services within the institution.</p> <p>Each complies with:</p>		<p>program in documents, e.g. catalogs, brochures, or websites.</p>
<p>D.1. 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 is responsible to insure all elements of the <i>ACNM Core Competencies for Basic Midwifery Practice</i> are included in the curriculum.</p>	<p>1. Document who has the responsibility for program direction. Describe the institution's requirements for the position.</p>	<p>1. Provide evidence such as letter of appointment, job description or a letter from the academic unit administrator detailing these requirements. Provide evidence of how the program director meets these requirements.</p>
<p>D.2. Policies, requirements and public disclosure data for the midwifery program are accurately described in the institution's representations to the public about its education offerings in the following aspects:</p>	<p>2. No narrative is required for D. 2. Each item in I.D.2. a. - d. should be addressed separately.</p>	<p>2. For each item in I.D.2.a.-d., have the identified relevant printed or electronic documents available and marked where pertinent information may be found.</p>
<p>D.2.a. Current accreditation status from the Accreditation Commission for Midwifery Education (ACME) (formerly the ACNM Division of Accreditation), including the address, telephone number and electronic address for ACME.</p>	<p>a. Identify specifically where the evidence may be found in printed and/or electronic documents.</p>	<p>a. Provide identified relevant printed or electronic documents marked where pertinent information may be found.</p>

Criterion I: Organization and Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
D.2.b. Certificate or degree that may be earned.	b. 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 degree.	b. 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.
D.2.c. Academic policies, such as admission, continuation, and graduation requirements, and possible patterns of progression through the program.	c. Identify specifically where the evidence may be found in printed and/or electronic documents.	c. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found.
D.2.d. Tuition and fees, with their relevant refund policy, and related costs, such as required texts and technology, and clinical site expenses.	d. Identify specifically where the evidence may be found in printed and/or electronic documents.	d. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found.
D.2.e. Transfer of credit policy	e. 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.	e. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found.

**ACME Program Accreditation Criterion II:
Faculty and Faculty Organization**

Criterion II: Faculty and Faculty Organization	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. All faculty are recruited, appointed and promoted according to the institution's non-discrimination policy.	A. Identify the non-discrimination policy in the institution's policies. Describe the number, frequency, type and resolution of complaints pertaining to non-discrimination.	A. Provide evidence that this policy has been implemented.
<p>B. All faculty are qualified to provide students with a level of instruction, supervision and evaluation that is compatible with safe practice and student learning needs.</p> <p>All faculty are qualified in that:</p>	<p>B. Provide a table containing the following data:</p> <ol style="list-style-type: none"> 1. Name of faculty member by category, either core or midwifery program faculty identified in the SER 2. Specialty certification or specific expertise of other core faculty 3. Highest earned degree 4. Category of faculty appointment, such as Associate Professor, Clinical Instructor, or Preceptor, Clinical Assistant Professor. 5. Teaching responsibilities including specific courses taught <p>The table should begin with the core faculty followed by those who provide clinical teaching and evaluation. Do not duplicate an individual's information in the table. The information may be combined with the table</p>	

Criterion II: Faculty and Faculty Organization	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	requested in II. C 1. and/or II.C.2. In narrative form, explain any areas not fully met or that require clarification.	
B.1. Midwifery program faculty are certified by ACNM, the American Midwifery Certification Board (AMCB), or another appropriate credentialing body for faculty who are not midwives.		<p>1. Evidence of one of the following should be available: <i>For faculty who are midwives:</i></p> <ul style="list-style-type: none"> • AMCB or ACNM certification • Other certification as appropriate • Legal authorization if ACNM or AMCB certification is the only route for authorization in that legal jurisdiction • Formal credentialing if the credentialing requires ACNM or AMCB certification <p>Verification of AMCB or ACNM certification is acceptable and may be obtained from the AMCB website.</p> <p>If the jurisdiction's license is used to document certification, the exhibits must contain 1) website verification of license and 2) the portion of the</p>

Criterion II: Faculty and Faculty Organization	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		<p>licensing law that requires AMCB certification.</p> <p>If evidence of credentialing is used to document certification, the exhibits must contain 1) verification of the credential and 2) the portion of the credentialing policy/procedure manual that stipulates that the credentialed individual must be certified by the ACNM or AMCB.</p> <p><i>For faculty who are not midwives provide evidence of the credentials as appropriate.</i></p> <p>If the jurisdiction's authorization to practice is used to document certification, the exhibits must contain evidence of 1) authorization or of the website verification and 2) portion of the authorizing law that requires the relevant certification.</p>

Criterion II: Faculty and Faculty Organization	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>B.2. Have education credentials appropriate to the level at which they teach, with a minimum of a master's degree, and meet the academic institution's requirements for faculty. If a faculty member possesses less than these qualifications, that individual must be responsible to a qualified faculty member.</p>	<p>2. Describe the academic institution's requirements for faculty. Describe the mechanism of supervision afforded to faculty who do not meet the institutional requirements or who do not possess a master's or higher degree.</p>	<p>2. Provide copies of diplomas or official transcripts on file. Evidence of credentialing/licensure /privileges that require verification of the degree may be used as a satisfactory form of documentation.</p>
<p>B.3. Have preparation for teaching commensurate with the teaching assignment, e.g. didactic classroom, mixed medium and distance delivery and/or clinical teaching.</p>	<p>3. Describe the midwifery program's criteria and process for determining that faculty have appropriate preparation. Elaborate on the preparation and supervision afforded to faculty who do not meet all the program's requirements for teacher preparation.</p>	<p>3. Document that each faculty member is prepared for the teaching assignment.</p>
<p>B.4. Have competence commensurate with the teaching assignment.</p>	<p>4. Describe the midwifery program's criteria and process for determining that faculty have competence commensurate with the teaching assignment.</p>	<p>4. Provide evidence that each faculty member has competence commensurate with the teaching assignment.</p>
<p>C. Faculty participating in the midwifery program will have the following responsibilities that will provide students with a level of</p>	<p>C. No narrative is required for C.</p>	<p>C. Evidence to address C.1 – C.4. may be found in syllabi, committee minutes or other types of communication.</p>

Criterion II: Faculty and Faculty Organization	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
instruction, supervision and evaluation compatible with safe practice and student learning needs:		
C.1. Instruction, supervision, and evaluation of students in didactic courses containing ACNM <i>Core Competencies for Basic Midwifery Practice</i> shall be the responsibility primarily of midwifery program faculty.	1. Provide a table that lists the course names/numbers that include ACNM core competency content and who taught them during the SER time frame. The information may be combined with the table requested in II. B. and/or II.C.2.	
C.2. Instruction, supervision, and evaluation of students in clinical learning shall be the responsibility primarily of certified midwives.	<p>2. Describe the clinical teaching responsibilities for each midwifery program faculty during the SER time frame. Provide a table that includes the following categories of information related to the clinical portion of the program. The information may be combined with the table requested in II. B. and/or II.C.1</p> <ul style="list-style-type: none"> • Name and credential (e.g. CNM, CM, NP, MD) • Clinical Site • Clinical area (e.g. AP) <p>In the table, include all faculty who provide clinical supervision. For clinical courses/content taught by midwifery program faculty, describe the process for assuring the</p>	

Criterion II: Faculty and Faculty Organization	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	training of safe, competent midwives.	
C.3. Core faculty participate in the following responsibilities:	3. No narrative is required for C. 3.	3. Provide access to committee minutes or other documentation, with relevant sections clearly identified.
C.3.a. Development and/or implementation, and evaluation of the curriculum.	a. Describe the faculty's involvement and cite the specific source/location of documentation.	a. Provide the materials cited.
C.3.b. Selection, evaluation, advancement, and advisement of students.	b. Describe the faculty's involvement and cite the specific source/location of documentation.	b. Provide the materials cited.
C.3.c. Recruitment, selection and promotion of faculty.	c. Describe the faculty's involvement and cite the specific source/location of documentation.	c. Provide the materials cited.
C.3.d. Orientation of faculty to curriculum, documents and expectations.	d. Describe the faculty's involvement and cite the specific source/location of documentation.	d. Provide the materials cited.
C.3.e. Development and/or implementation of a mechanism for student evaluation of teachers, courses and midwifery program effectiveness.	e. Describe the faculty's involvement and cite the specific source/location of documentation.	e. Provide the materials cited.
C.3.f. Ongoing development and annual evaluation of the midwifery	f. Describe the faculty's involvement and cite the specific source/location of	f. Provide the materials cited.

Criterion II: Faculty and Faculty Organization	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
program's resources, facilities, and services.	documentation.	
C.3.g. As appropriate to the academic unit:	g. No narrative is required for C.3.g.	
C.3.g.1) Participate or have input into councils and committees of the academic unit.	1) Describe the academic unit's expectation for faculty activities and include any pertinent definitions. Describe how faculty meet these expectations.	1) Include examples of how faculty meet these expectations, such as activities/schedules/workload.
C.3.g.2) Continue professional advancement.	2) Describe the academic unit's expectation for continued professional advancement. Describe how faculty meet these expectations.	2) Include examples of how faculty meet these expectations, such as activities/schedules/workload.
C.3.g.3) Maintain clinical expertise.	3) Describe the academic unit's expectation for faculty activities and include any pertinent definitions. Describe how faculty meet these expectations.	3) Include examples of how faculty meet these expectations, such as activities/schedules/workload.
C.3.g.4) Participate in scholarly activities.	4) Describe the academic unit's expectation for faculty activities and include any pertinent definitions. Describe how faculty meet these expectations.	4) Include examples of how faculty meet these expectations, such as activities/schedules/workload.

Criterion II: Faculty and Faculty Organization	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
C.3.g.5) Participate in community service.	5) Describe the academic unit's expectation for faculty activities and include any pertinent definitions. Describe how faculty meet these expectations.	5) Include examples of how faculty meet these expectations, such as activities/schedules/workload.
C.4. Faculty carry out their responsibilities with respect for individual variations.	4. Provide examples of faculty addressing students' individual variations, such as learning styles or levels of ability.	
D. Policies of the institution defining the rights and responsibilities of faculty are made available and applied consistently to all faculty as applicable. These policies include the following:	D. No narrative is required for D.	
D.1. Academic freedom	1. Describe the policy and its location.	1. Provide printed or electronic access to source document.
D.2. Defined criteria for periodic evaluation.	2. Describe the policy and its location.	2. Provide printed or electronic access to source document.
D.3. Promotion, tenure, merit recognition and termination.	3. Describe each of the policies and their locations.	3. Provide printed or electronic access to source documents.
D.4. Channels for receipt and consideration of faculty views and	4. Describe each of the policies and their locations.	4. Provide printed or electronic access to source documents.

Criterion II: Faculty and Faculty Organization	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
grievances.		

**ACME Program Accreditation Criterion III:
Students**

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. The institution has admission criteria and policies, including a non-discrimination policy, which are publicly available.	A. State the criteria and policies, including a non-discrimination policy. Identify their locations available to the public.	A. Provide the document/s in which the criteria and policies appear.
B. Recruitment materials and processes accurately represent the program practices and policies.	B. Document that the recruiting materials and processes accurately represent program practices and policies.	B. Provide samples of recruitment materials and descriptions of recruiting processes that accurately and publicly represent the program practices and policies.
C. The institution has student policies that are publicly available and identified to students upon admission 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.	C. Identify the location of each of these student policies. Describe how these policies are identified to students upon admission	C. Provide the document/s in which the policies appear.
D. Upon entering the program, students have access to and are informed of support services designed to meet their needs in order to promote their retention and progression through the program.	D. Identify services available to meet the needs of students to promote their retention in and progression through the program, and explain how students are informed about them. Such services might include but are not limited to counseling, health, learning	D. As applicable, provide specific examples of how the needs of students were met.

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	assistance or intervention strategies.	
E. Evaluation of students is an ongoing process that assesses the student's movement toward and ultimate achievement of the midwifery program objectives/outcomes.	E. Provide an overview of the evaluation processes that facilitate student success in meeting midwifery program objectives/outcomes.	E. Provide specific examples of the evaluation processes.
E.1. Students are formally informed of course objectives/outcomes and methods of evaluation at the beginning of each course.	1. Describe the process by which students are informed. Identify the location of objectives/outcomes and methods of evaluation in policy manuals, module materials, and/or course syllabi.	1. Provide the documents identified in electronic or printed form.
E.2. Students are apprised of their progress on an ongoing basis.	2. Describe the process by which students are apprised of their progress.	2. Provide examples of this process.
F. Student rights and responsibilities consistent with institution policy are available in written form, and students are notified where the policies may be found. This includes:	F. No narrative is required for F.	
F.1. Opportunities for student involvement in development and implementation of midwifery program policies.	1. Describe the relevant opportunities and how students are informed.	1. Provide evidence of student participation in developing or implementing program policies.
F.2. Opportunities to participate or	2. Describe the relevant opportunities and	2. Document the participation

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
have input into the representation on councils or committees of the institution or academic unit.	how students are informed.	or input of students into representation on councils or committees in electronic or printed form.
F.3. Clearly defined mechanisms for consideration of grievances, complaints or appeals.	3. 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.	3. Document student access to the mechanisms. As applicable, provide examples of grievances, complaints or appeals from the past three years.
F.4. Access to resources and opportunities is equivalent regardless of student location and teaching modalities.	4. Describe how access to resources and opportunities is equivalent 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.	4. Document student access (e.g. policies, manuals or examples).

**ACME Program Accreditation Criterion IV:
Curriculum and Student Learning**

Criterion IV: Curriculum and Student Learning	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. The curriculum is based on three distinct statements which provide the foundation for the development, implementation and evaluation of the curriculum. They are 1) a statement of philosophy, 2) a statement of purpose/mission, and 3) a statement of objectives/ outcomes.	A. In the SER or in the appendices to the SER, provide each of the three statements of midwifery program philosophy, purpose/mission, and outcomes/objectives. In the SER, identify the key concepts of the program philosophy.	
A.1. The midwifery program philosophy is consistent with:	1. No narrative is required for A.1.	
A.1.a. The philosophy of the ACNM.	a. Demonstrate congruence between the midwifery program philosophy and the philosophy of the ACNM. Address in the narrative any inconsistencies related to key concepts.	
A.1.b. The philosophy of the institution within which the midwifery program resides or is affiliated.	b. Demonstrate congruence between the midwifery program philosophy and the philosophy of the institution within which the midwifery program resides or is affiliated. Address in the narrative any inconsistencies related to key concepts.	
A. 1.c. The philosophy of the academic unit within which the midwifery program resides, if applicable.	c. Demonstrate congruence between the midwifery program philosophy and compare the midwifery program philosophy with the philosophy of the academic unit within which	

Criterion IV: Curriculum and Student Learning	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	the midwifery program resides, if applicable. Address in the narrative any inconsistencies related to key concepts.	
A.2. The midwifery program's purpose/mission and objectives/outcomes are clearly stated and are consistent with the midwifery program philosophy.	2. Compare the midwifery program philosophy with the program's purpose/mission and objectives/outcomes. Address in the narrative any inconsistencies related to key concepts.	
A.3. The curriculum is designed to achieve the stated objectives/outcomes of the midwifery program.	3. Provide a curriculum map or table that shows how the curriculum addresses program objectives/outcomes.	
B. Curriculum development is a continuing process.	B. Describe the continuing process of curriculum development.	B. Document in faculty or curriculum committee minutes or other appropriate communications, the continuing process of curriculum development.
C. The midwifery program has standards for student preparation for or exemption from clinical course work and clinical experience.	C. No narrative is required for C.	
C.1 The midwifery program has established criteria which students must meet prior to (prerequisite) or concomitantly with (corequisite) enrolling in, receiving transfer credit for, or being exempted from,	1. Describe the criteria and explain the rationale for the criteria.	1. Provide a copy of the information about criteria given to potential and enrolled students.

Criterion IV: Curriculum and Student Learning	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
midwifery clinical coursework and clinical experience.		
C. 2. The midwifery program ensures that students meet the program's established prerequisite or corequisite criteria prior to or concomitantly with enrolling in, or being exempted from, midwifery clinical coursework and clinical experience.	2. Describe the processes for ensuring that students meet the program's established criteria.	2. Provide examples of course challenge mechanisms, transcript assessments, or other procedures used to assess whether a student has met the criteria.
D. The midwifery program has standards for student preparation for or exemption from didactic course work.	D. No narrative is required for D.	
D.1. The midwifery program has established criteria which students must meet prior to (prerequisite) or concomitantly with (corequisite) enrolling, receiving transfer credit for, or being exempted from midwifery didactic coursework	1. Describe the criteria and explain the rationale for the criteria.	1. Provide a copy of the information about criteria given to potential and enrolled students.
D.2. The midwifery program ensures that students meet the program's established prerequisite or corequisite criteria prior to or concomitantly with enrolling in, or being exempted from, midwifery didactic coursework.	2. Describe the processes for ensuring that students meet the program's established criteria.	2. Provide examples of course challenge mechanisms, transcript assessments, or other procedures used to assess whether a student has met the criteria.
E. Components of the program and	E. No narrative is required for E.	

Criterion IV: Curriculum and Student Learning	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>its curriculum include:</p> <p>E.1. The curriculum is consistent with the ACNM <i>Core Competencies for Basic Midwifery Practice</i>.</p>	<p>1. Provide a table that shows the location of the <u><i>Core Competencies for Basic Midwifery Practice</i></u> in the curriculum. 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>1. The table should also appear in the exhibits with the referenced curriculum. Each “Hallmark of Midwifery” should be addressed with examples (objectives/outcomes, seminars, classes, learning activities) that demonstrate how each is integrated throughout the curriculum. 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. Provide evidence of a process to assure appropriate inclusion of core competency content.</p>
<p>E.2. The curricular content includes the most up-to-date evidence base for midwifery practice and is congruent with ACNM <i>Standards for the Practice of Midwifery</i> and other practice documents.</p>	<p>2. Provide a description of how the criterion is met.</p>	<p>2. Provide access to course materials.</p>
<p>E.3. The didactic and clinical components of the curriculum are</p>	<p>3. Describe the various methods used to achieve the objectives/outcomes and ensure</p>	<p>3. Provide examples of various teaching methods.</p>

Criterion IV: Curriculum and Student Learning	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
implemented by a variety of methods to achieve the program objectives/outcomes and ensure student learning.	student learning. Methods may include teaching strategies, education technology, and simulation.	
E. 4. The program ensures that graduates will have achieved competence.	4. Explain how the program defines competence. Explain how the program assesses competence and intervenes to help students who are having difficulty reaching academic or clinical competence.	4. 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.
E. 4.a. The program provides students with the necessary clinical experiences to achieve the objectives/outcomes of the program.	a. Explain the breadth and depth of clinical experiences used by the program to achieve program objectives/outcomes. Clinical experiences are primarily direct patient contacts which may be supplemented by such strategies as simulation, role play, pelvic models, and emerging technologies. If the program determines that the clinical facilities are inadequate in some aspect, describe plans to address this problem.	
E.4.b. The program provides that each student has access to at least this minimum number of experiences: <ol style="list-style-type: none"> 1. 10 Preconception care visits 2. 15 New antepartum visits 3. 70 Return antepartum visits 4. 20 Labor management experiences 5. 20 Births 6. 20 Newborn assessments 	b. Provide a table that details the number of 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). Explain any student experience numbers that fall below those listed in this criterion.	

Criterion IV: Curriculum and Student Learning	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
7.10 Breastfeeding support visits 8. 20 Postpartum visits (0-7 days) 9. 15 Postpartum visits (1-8 weeks) 10. Primary care visits: a) 40 common health problems b) 20 family planning visits c) 40 gynecologic visits including perimenopausal and postmenopausal visits.	N.B. Some patient encounters may count in more than one category. To preserve confidentiality, do not use any data that allow identification of a specific student or patient.	
E.5. The program implements established policies and procedures to verify student identity for academic work, including that conducted by electronic or distance technologies.	5. 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.	5. Provide evidence of such process, such as photo ID.
F. Regular communication occurs among and between faculty and students during implementation of the curriculum.	F. Describe how regular communication occurs in both academic and clinical settings.	F. Provide examples of regular communications occurring throughout the program.
G. The curriculum conforms to state or nationally recognized guidelines for the program/s educational level/s: certificate, master's degree, and/or doctoral degree.	G. 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 practice doctorate such as, but not limited to, a DNP or a practice doctorate in midwifery, describe how the program conforms to the competencies identified in the ACNM document <i>The Practice Doctorate in Midwifery</i> .	G. If the guidelines used are not available online, provide a copy.

**ACME Program Accreditation Criterion V:
Resources**

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A. Faculty and staff for the midwifery program are sufficient in number to meet midwifery program objectives/outcomes.</p> <p>They include:</p>	<p>A. No narrative is required for A.</p>	
<p>A.1. Adequate number of qualified faculty.</p>	<p>1. Describe how the program determines adequacy of faculty number. If the program determines that the number of faculty is inadequate, describe plans to address this problem.</p>	
<p>A.2. Adequate number of staff for secretarial, technical and student support.</p>	<p>2. Describe how the program determines adequacy for secretarial, technical and student support. If the program determines that number of staff is inadequate, describe plans to address this problem.</p>	<p>2. Provide a list of staff and their titles/responsibilities.</p>
<p>B. Physical facilities are adequate to meet program objectives/outcomes.</p>	<p>B. Describe how the program determines adequacy of facilities, including office space, classrooms, conference rooms and laboratories. If the program determines that the physical facilities are inadequate, describe plans to address this problem.</p>	<p>B. Provide the site visitors with a tour of physical facilities.</p>

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
C. Learning resources are current, available, accessible and adequate.	C. Describe how the program determines currency, availability, accessibility and adequacy of learning resources, e.g., laboratory, clinical simulation, audiovisual, computer and library resources. Explain how all students and faculty, including those at a distance, can access learning resources. If the program determines that the learning resources are deficient, describe plans to address this problem.	C. Provide the site visitors with a tour of learning resources, either physically or virtually.

**ACME Program Accreditation Criterion VI:
Assessment and Outcomes**

Criterion VI: Assessment and Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A. Each program has a comprehensive plan for ongoing assessment of the program philosophy, mission/purpose, and objectives/outcomes to achieve continuous quality improvement.</p>	<p>A. Explain the process for developing and implementing the plan, including who is responsible and the timeframe for the review. Identify the procedures taken if the assessment shows that any program objectives are not met.</p>	
<p>A.1. The program assessment process includes ongoing data collection and analysis to achieve program improvement. These data include, but are not limited to:</p>	<p>1. Describe the process for using evaluative and outcomes data for ongoing improvement. Give examples of actions taken as a result of the assessment.</p>	<p>1. Provide the assessment report for the SER year.</p>
<p>A.1.a. Evaluations of the program by students and by graduates.</p>	<p>a. Describe the process for using evaluative and outcomes data for ongoing improvement. (1) State the program's goals for the students' and the graduates' assessment of the program. (2) Describe actions taken and their results, or actions planned for the immediate future, to address student and/or graduate assessments that fall short of the program's goals during any time in the past three years.</p>	<p>a. Provide copies of the most recent continuing students' and graduates' evaluations of the program. Provide documentation of actions taken as a result of the assessment.</p>

Criterion VI: Assessment and Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A.1 .b. Evaluations from external constituents such as employers of graduates and public comment as available.	Describe the process for soliciting program evaluations from external constituents. (1) State the program's goals for external constituent's assessment of the program. (2) Describe actions taken and their results, or actions planned for the immediate future, to address external constituent's assessments that fall short of the program's goals during any time in the past three years.	Provide copies of the most recent evaluations from external constituents. Provide documentation of actions taken as a result of the assessment.
A.1.c. Enrollment, graduation, attrition, and other data relevant to the program for the past 3 years (or the SER year for programs seeking initial accreditation).	c.1) Describe the program's goals for enrollment numbers, graduation and attrition rates. 2) Provide a table reflecting enrollment, graduation, attrition and other data relevant to the program. 3) Describe the classes/cohorts. 4) Explain the categorization of the students, e.g., part-time, full-time, leave of absence, etc., and calculate the percentage of students in each category. 4) Provide enrollment numbers, graduation and attrition rates, and explain how the rates are calculated. 5) Explain actions taken, and their results, or actions planned for the immediate future, to address enrollment numbers, graduation and attrition rates, and other data relevant to the program that do not meet the program's goals.	Provide a table reflecting enrollment, graduation, attrition and other data relevant to the program. Provide documentation of actions taken as a result of the assessment.

Criterion VI: Assessment and Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A.1.d. Certification pass rates, as available, for the SER year for programs seeking initial accreditation, and for the past three years for programs seeking continuing accreditation.</p>	<p>Provide the most recent three years of data from the AMCB. If a different pass rate is used for informing the public, explain how that pass rate is calculated. Describe actions taken, and their results, or actions planned for the immediate future, to address pass rates of less than 85% that have occurred any time in the past three years.</p>	<p>Provide access to the publicly available data.</p>
<p>A.2. The passing rate for first takers of the national certification examination is at least 85%. Programs develop effective plans to bring the pass rate to 85% if it drops below that point.</p>	<p>2. Provide the most recent three years of data available from the AMCB. Include all candidates, 1st time pass rate, and repeat pass rate. If a different pass rate is used for informing the public, explain how that pass rate is calculated. Describe actions taken, and their results, or actions planned for the immediate future, to address pass rates of less than 85% that have occurred any time in the past three years.</p>	<p>2. Provide access to the publicly available data.</p>
<p>A.3. The assessment plan reflects state or national standards in its review and updating of the program philosophy, purpose/mission, objectives/outcomes. Standards will include at a minimum:</p>	<p>3. No narrative is required for A.3.</p>	<p>3. Provide copies of current standards used in the evaluation process.</p>

Criterion VI: Assessment and Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A.3.a. Current ACNM philosophy and standards.	a. Describe the process for program assessment using current ACNM documents such as the ACNM <u>Statement of Philosophy</u> , <u>Standards for the Practice of Midwifery</u> , <u>Core Competencies for Basic Midwifery Practice</u> , <u>The Practice Doctorate in Midwifery</u> , and <u>Code of Ethics</u> .	a. Provide copies of relevant documents.
A.3.b. Significant changes in higher education that are relevant to the program.	b. Describe how the program identifies and addresses significant changes in higher education that will be reflected in the program assessment process. These may include changes in the federal Higher Education Act, major shifts in teaching philosophy or educational technology.	b. Provide copies of relevant data.
A.4. The assessment process includes periodic evaluation of clinical education. Clinical evaluation will include:	4. No narrative is required for A.4.	4. Provide copies of the instruments used for clinical evaluation.
A.4.a. Initial and periodic evaluation of the ability and effectiveness of clinical sites to meet student learning needs.	a. Describe the process the program uses to evaluate the ability and effectiveness of clinical sites to meet student learning needs.	a. Provide evidence of evaluation of all clinical sites used during the designated SER year. Faculty review of clinical sites may be shared among ACME accredited education programs. In such cases, document who conducted the evaluation and

Criterion VI: Assessment and Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		the date of the most recent review.
A.4.b. Evaluation of the clinical experiences in relation to enabling students to achieve clinical competence.	b. Describe the process for assessing whether the clinical experiences enable students to achieve clinical competence. Identify procedures taken if clinical experiences are found to be deficient in that they do not enable students to achieve competence.	b. Provide the plan for evaluation of student clinical experiences.
A.4.c. Current contract for each clinical site.	c. Describe the process for ensuring that students are assigned to clinical sites with current contracts.	c. Provide access to all contracts for the SER year.
A.5. The assessment process includes a plan for evaluation of faculty teaching in the program. All faculty are evaluated annually on the following basis:	5. Describe the process for annual evaluation of faculty. Identify the action taken if a faculty member fails to meet evaluative standards.	5. Provide a copy of the plan and evidence that the plan was carried out in the SER year. To preserve confidentiality, do not use any data that allow identification of a specific faculty member or evaluator.
A.5.a. Didactic teacher competence as applicable.	a. Describe the process of evaluating didactic teacher competence.	a. Provide access to completed evaluations.
A.5.b. Clinical teacher competence as applicable.	b. Describe the process of evaluating clinical teacher competence.	b. Provide access to completed evaluations.
A.5.c. Currency of knowledge and clinical competence in area(s) of practice related to midwifery program responsibilities.	c. Describe the process of evaluating currency of knowledge and clinical competence.	c. Provide access to completed evaluations.
A.5.d. Non-discriminatory, respectful approach to students, colleagues, and patients in keeping with the basic	d. Describe the process of evaluating faculty in regard to the ACNM <u><i>Code of Ethics</i></u> .	d. Provide access to completed evaluations.

Criterion VI: Assessment and Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
principles of the ACNM <i>Code of Ethics</i> .		
<p>B. The program maintains and publicizes current data on student outcomes.</p> <p>Data to be measured and publicized will include:</p>	<p>B. Describe the process for maintaining and publicizing outcomes data.</p>	<p>B. Provide the printed or electronic documents where the data are publicized.</p>
<p>B.1. Graduation data, for both full-time and part-time students.</p>	<p>1. State where these data are publicly available.</p>	<p>1. Provide access to the publicly available data.</p>
<p>B.2. Certification pass rates.</p>	<p>2. State where these data are publicly available.</p>	<p>2. Provide access to the publicly available data.</p>
<p>B.3. Program-specific data related to program philosophy, mission/purpose and objectives/outcomes for marketing or public disclosure purposes.</p>	<p>3. Describe the additional data collected and publicized related to the program and student outcomes, such as but not limited to, demographic composition of the student body or student research. State where these data are publicly available.</p>	<p>3. Provide access to the publicly available data.</p>

APPENDIX A

Forms and Sample Tables

TITLE PAGE

Name of Institution _____

Specific 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

Program Director _____

Program or Programs

Type	Yes/ No	If yes, type of degree or certificate	Current Student Enrollment per Class	Total Student Enrollment
Midwifery education program that leads to a master's degree in midwifery, nursing, public health or an allied health field				
Associate degree in nursing entry				
Bachelor of Science in nursing entry				
Non-nursing baccalaureate degree entry				
Other, please describe				
Midwifery education program that leads to a doctoral degree in midwifery, nursing, public health or an allied health field				
Associate degree in nursing entry				
Bachelor of Science in nursing entry				
Non-nursing baccalaureate degree entry				
Other, please describe				
Post baccalaureate certificate				
Post graduate certificate				
OVERALL TOTAL				

Contact Person for Notification _____

Address _____

Phone and 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 US 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 as a whole and for its academic programs by periodic assessments. Therefore, for ACME to accept a degree-granting institution based outside the US as accredited, the higher education institution must:

1) Participate in the quality assurance process toward international recognition of quality (IRQ) in one or more of the following ways appropriate to its national law and geographic location:

- a) Comply with the institution's national regulations for quality assurance via the national government's quality assurance process, or state or provincial government regulations and process if in a federalized system.
- b) Conduct periodic assessment for quality assurance purposes in conformity with the broader regional quality assurance processes or with the non-governmental agencies within the region.

2) Use internationally recognized criteria for implementing QA. If the QA is implemented by a non-governmental agency, the quality assurance agency overseeing the institution's review process should be one that conforms to IRQ and implements a process based on the 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. Governmental accreditation criteria should be similar in content to those identified in the above-referenced documents.

- 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. IRQ must be maintained by the institution while accredited by ACME.
- 5) If the institution is dedicated to a special academic program, such as nursing, that houses the midwifery education, the program must also meet relevant professional field, licensing and regulatory requirements.
- 6) ACME has the right of final determination on whether the quality assurance process practiced by the institution based abroad meets the ACME criterion.

**COMMISSIONERS WHO PARTICIPATED IN REVISING THE CRITERIA
2009**

Mary C. Brucker, CNM, PhD, FACNM, 2007-2010, Chair 2008-2010

Susan Stone, CNM, DNSc, FACNM, 2007-2010, Vice-Chair 2008-2010

Diane Boyer, CNM, PhD, FACNM, Chair 2007-2008

Katherine Camacho Carr, CNM, PhD, FACNM, 2009-2010

Susan DeJoy, CNM, MSN, FACNM, 2007-2008

Carol Gisselquist, MA, Public Member, 2007-2010

Laraine Guyette, CNM, PhD, FACNM, 2007-2010

Heather Reynolds, CNM, MSN, FACNM, 2007-2010

Kerri D. Schuiling, CNM, PhD, FACNM, 2009-2010

Sally Tom, CNM, EDM, FACNM, 2007-2010

Melissa Avery, CNM, PhD, FACNM, ACNM Board of Directors Liaison, 2007-2008

Dawn Durain, CNM, MPH, FACNM, ACNM Board of Directors Liaison, 2008-2010