



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

©May 2019 (Revised December 2019) Accreditation Commission for Midwifery Education (ACME)

A C M E
ACCREDITATION
COMMISSION
for MIDWIFERY
EDUCATION

Copyright © 2019 December by the Accreditation Commission for Midwifery Education (ACME), except where noted. Except for use by a program or institution in preparing a self-evaluation report (SER) or preaccreditation report (PAR), no part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior written permission of the Accreditation Commission for Midwifery Education. www.midwife.org/acme

Contents

Preface.....	4
Introduction.....	5
Instructions.....	6
Criterion I:.....	8
Criterion II:	13
Criterion III:	23
Criterion IV:.....	27
Criterion V:	34
Criterion VI:.....	38
Appendix A: SER Title Page	42
Appendix B: ACME Policy on International Accreditation for Degree-Granting Higher Education Institutions Based Abroad	44
Appendix C: Core Faculty Table	45
Appendix D: Clinical Faculty Table (Template for Criterion II.U).....	46
Appendix E: ACME Guidelines for Interprofessional Clinical Supervision of Midwifery Students.....	47
Appendix E: ACME Guidelines for Interprofessional Clinical Supervision of Midwifery Students (cont'd).....	48
Appendix F: Program Objectives or Outcomes (Template for Criterion IV.D.)	49
Appendix G: Courses with Core Competency Content Table (Template for Criterion IV.J.)	50
Appendix H: Clinical Experiences (Template for Criterion V.F.).....	51
Appendix I: Enrollment, Graduation, and Attrition (Template for Criterion VI.C).....	52
Appendix J: AMCB Certification (Template for Criterion VI.D.)	53
Acknowledgments Page.....	54

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."

Midwifery 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](#) 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 Midwifery 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

Instructions

The *ACME Policies & Procedures Manual*, Appendix F, Instructions for Preparations for Reports (PAR/SER), provides requirements and instructions for writing, formatting, and submitting the reports. **The PAR/SER must be submitted no later than six weeks prior to the first day of the midwifery program's scheduled site visit.**

- ❑ **Clearly typed** (including one-and-a-half spaced, 1-inch margins all around, no less than 12 font): Submit only a PDF copy of the report and any necessary supporting document. Exhibits are not to be included, they will be reviewed at the site visit. **Submission must be in a PDF format and emailed to acme@acnm.org.**
- ❑ **Title page and midwifery program/s table:** See example in Appendix A.
- ❑ **Table of contents:** Includes all sections and all appendices with page numbers.
- ❑ **Overview:** See *ACME Policies & Procedures Manual*, Appendix F, A. *Instructions for Preparation of PAR/SER*.

The overview will include a one to two-page narrative description that:

- ❑ Explains when the institution was founded and the projected semester when the midwifery program will begin (PAR) or for a SER a brief history of the program.
- ❑ Presents the institution's corporate or organizational structure. (e.g., part of a state system, independent not-for-profit, or for-profit corporation).
- ❑ Describes the primary modalities for delivery of midwifery curriculum. (e.g., face-to-face, hybrid or all distance education).
- ❑ Describes the basis for credit proposed. (e.g., semester hours or quarter credit hours)
- ❑ Lists the type/s of midwifery program/s offered or to be offered.
N.B. If there is/will be 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 PAR/SER. Incorporate the responses into one PAR/SER, not separate PARs/SERs for each midwifery program. Examples: a school that has a master's midwifery program and a DNP midwifery program or a school that has a nurse-midwifery and midwifery program.
- ❑ Lists credential/s and degree level/s to be awarded.
- ❑ **URLS:** List of the URLs for the institution, the midwifery program, midwifery program catalogs, faculty and student handbooks available online, in addition, include the URL links within the text of the PAR/SER stating which criterion. All URLs must be active hyperlinks and lead to the exact location of the documented item.
- ❑ **Abbreviations Page:** Provide a list of any abbreviations and acronyms essential for reading the PAR/SER.
- ❑ **Page numbers:** Entire report is consecutively paginated, including all appendices. Maximum number of pages is 80, not including appendices. In addition, the Title Page, Overview, Abbreviations Page, and URL list **are not** included in the 80-page limit. PARs/SERs that exceed the 80-page limitation will be returned.
- ❑ **Criterion responses:** Each criterion is answered separately and typically in narrative form; responses do not address more than one criterion at a time.

- **Referencing sources:** The various sources of documentation referenced in the report include:
 - name/title of the document or source
 - date or version of the document or source
- **Exhibits:** Exhibits provide evidence to support the statements made in the PAR/SER. They may be presented in electronic or paper form.
 - Supply documentation that will satisfy the criterion. Please read these carefully and seek assistance from ACME for any questions.
 - Organize the documents for each exhibit in a folder (electronic or paper) labeled with the number of the criterion to which it pertains, e.g., Criterion I.G., Criterion II.H. Identify relevant sections of the documents, e.g., by highlighting or bookmarking.
 - Compile paper exhibits in one room for the site visit. With the exception of textbooks or other heavy items, paper exhibits should be stored in portable document boxes for easy transport to the site visitors' hotel in the evenings.



**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 core 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 at least two months prior to the scheduled site visit.	B. Describe the midwifery 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.
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. Describe the relationship of the midwifery 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 midwifery program and the international institution.	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. 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.

Criterion I: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
E. The midwifery program has sufficient fiscal resources to ensure that program objectives can be met.	E. Describe program financial resources, including internal and external funding, such as grants. Explain any financial problems facing the midwifery program 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 and outcomes if that funding were discontinued.	E. 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.
F. The midwifery program has input into the budget process and/or financial planning to ensure ongoing adequate program resources.	F. Describe how the midwifery program and program director provide input into the budget process and/or financial planning.	F. Provide documentation indicating input into the budgetary process, e.g., meeting minutes, email, sample budget.
G. The midwifery program is in an institutional environment that promotes and facilitates faculty scholarship and professional activities.	G. Provide the institution's and/or academic unit's policies. Describe relevant resources.	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 leaves.
H. The midwifery program resides within or is affiliated with an institution whose policies and/or initiatives that encourage and support diversity and inclusion of faculty, staff, and students.	H. Describe institutional policies that promote diversity and inclusion as they relate to the student body, faculty, staff, and curriculum.	H. Provide evidence of institutional initiatives, policies, email communications, or strategic planning for implementing goals of promoting diversity and a climate of inclusivity.
I. The midwifery program is a definable entity distinguishable from other education programs and services within the institution.	I. Describe where the midwifery program is identified specifically.	I. Identify references to the program in printed and online documents, e.g. catalogs, brochures/recruitment materials, or websites.
J. The midwifery program is directed by a midwife who is clearly identified by title	J. Identify who has the responsibility for midwifery program direction. Describe the institution's	J. Provide evidence such as letter of appointment, job description or a letter

Criterion I: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
and position, meets institutional qualifications for appointment to that position, and has management and administration capacity.	requirements for the position and how the program director meets these qualifications. Describe the management and administration capacity of the midwifery program director.	from the academic unit administrator detailing these requirements. Provide the program director's current curriculum vitae (CV).
K. The midwifery program director has sufficient authority to ensure that the midwifery program meets all administrative and curricular requirements for accreditation by ACME.	K. Describe institutional policies that reflect the authority of the midwifery program director to insure compliance with ACME criteria. Provide examples of administrative and curricular decisions that reflect that authority.	K. Provide copies of any policies that document the authority of the midwifery program director. Provide concrete examples, if any, of changes made by the midwifery program director that were implemented.
L. The midwifery program displays its current ACME accreditation status accurately to the public.	L. Identify specifically where the accreditation status is found.	L. Provide the materials cited. Provide the URL where this 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.	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 evidence of legal authority to grant the credential/s. Provide the URL where this information is publicized.
N. The midwifery program has academic policies, admission, continuation, and graduation requirements, and possible	N. Identify specifically where the evidence for each item is found in printed and/or electronic documents.	N. Provide the materials cited. Provide the URL where this information is publicized.

Criterion I: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
patterns of progression through the program.		
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 is found in printed and/or electronic documents.	O. Provide the materials cited. Provide the URL where this information is publicized.
P. The midwifery program has a transfer of credit policy.	P. Identify specifically where the evidence is found in printed and/or electronic documents. This policy must include the criteria by which the midwifery program determines whether to accept credits from another program or institution.	P. Provide the materials cited. Provide the URL where this 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. 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 • search committee orientation materials • 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.</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 the SER appendix that describes the core faculty (see Glossary in the <i>ACME Policies and Procedures Manual</i>) 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>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.</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>If there are core faculty who also provide clinical instruction, summarize their clinical teaching responsibilities in this table.</p>	<p>This can be a copy of the certificate or of the individual's AMCB certification information 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</p>	<p>D. Describe the academic institution's requirements for faculty.</p>	<p>D. For all core faculty, include evidence of completion of the highest earned</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
which they teach and meet the academic institution's requirements for faculty.	Ensure that core faculty education credentials are included in Table II-1.	<p>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>
E. Core faculty have preparation for teaching commensurate with the teaching assignment, e.g. face-to-face, hybrid, and distance delivery.	<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>Describe how new core faculty are mentored into their teaching roles. 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>	<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> <ul style="list-style-type: none"> • transcript showing education course/s • copy of certificate from continuing education course or workshop • experiential, from CVs
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>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 instruction, supervision, and evaluation of students.</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 <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>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<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. Do not present the entire curriculum evaluation plan here, just state how faculty participate.</p> <p>Cite the specific source/location of documentation.</p>	<p>G. Provide the materials cited</p> <p>Some possible sources that confirm faculty responsibility:</p> <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.</p> <p>Possible sources of evidence:</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 applicant/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.</p> <p>Sources may include those listed in II.G. plus:</p> <ul style="list-style-type: none"> • search committee meeting minutes (candidate de-identified) • promotion & tenure committee minutes (candidate/s de-identified) • de-identified interview rating forms

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<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. Possible sources of evidence:</p> <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
<p>K. Core faculty participate in development and/or implementation of a mechanism for student evaluation of faculty, courses, and midwifery program effectiveness.</p>	<p>K. Describe the core faculty's involvement in the development and/or implementation of a mechanism for student evaluation of faculty, courses, and midwifery 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 of faculty, courses, and midwifery program effectiveness.</p> <p>Cite the specific source/location of documentation.</p>	<p>K. Provide the materials cited.</p> <p>Sources for exhibits may include those listed in II.G. plus:</p> <ul style="list-style-type: none"> • minutes of faculty retreats • students' de-identified exit interviews <p>Do not include core faculty's evaluations by students, or evidence of the entire process for student evaluation.</p>
<p>L. Core faculty participate in ongoing development and annual evaluation of the midwifery program's resources, facilities, and services.</p>	<p>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.</p> <p>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.</p>	<p>L. Provide the materials cited.</p> <p>Possible examples for exhibits:</p> <ul style="list-style-type: none"> • clinical site visit reports • students' exit interviews, de-identified • minutes of faculty retreats • formal or informal interviews with graduates and employers

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>	
<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.</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
O. Core faculty maintain clinical expertise as required.	<p>O. Describe the academic unit's expectation for maintenance of clinical expertise. 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 • URL for practice website listing faculty name
P. Core faculty participate in professional service.	<p>P. Describe the academic unit's expectation for professional service. 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 professional service activities, including those of CNM/CM faculty, in the past 3 years.</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 • programs or agendas for events • photos or social media posts
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 access to source document/s. Possible sources of documentation may include: faculty handbooks; union contracts
R. The academic unit publishes and employs defined criteria for periodic	R. Describe the criteria and state where they are located. Provide an active link to this location.	R. Provide access to source document/s.

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
evaluation that are applied consistently to all core faculty.		
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 access to source document/s.
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 access to source document/s.
<p>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.</p> <p>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 <i>ACME Guidelines for Interprofessional Clinical Supervision of Midwifery Students</i>, Appendix E of this document.</p>	<p>U. Describe the institution's requirements for clinical faculty (see Glossary in the <i>ACME Policies and Procedures Manual</i>). Describe the process for selection, orientation, mentoring, and evaluation of clinical faculty.</p> <p>Provide a Clinical Faculty Table II-2 in the SER appendix 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.</p> <p>If there are core faculty who also provide clinical instruction, include their information in Table II-1, the Core Faculty Table, and do not repeat it here.</p>	<p>U. Provide an electronic or paper folder for each clinical faculty who precepted students in the SER time frame.</p> <p>These folders must contain:</p> <ol style="list-style-type: none"> 1) a current CV or resume 2) evidence of certification, as applicable <p>For clinical faculty who are midwives, provide evidence of AMCB or NARM certification. This can be a copy of 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>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		<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 the ACNM Core Values of inclusiveness, woman centered care and respect for physiologic processes, partnership, and advocacy.	B. State how the criteria and policies are aligned with the <i>ACNM Core Values</i> of inclusiveness, woman centered care and respect for physiologic processes, partnership, and advocacy. This may be done with a table comparing policies to these values.	B. No exhibit required.
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 where the criteria and policies appear publicly.	C. No exhibit required.
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. Include information given to applicants about the range, diversity, and acquisition of clinical sites.	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 active URLs to the policies and to university/college catalogs and academic calendars.	E. No exhibit required.
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 to each. Such	D. No exhibit required.

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	services might include but are not limited to counseling, learning assistance or intervention strategies.	
G. Students are informed of support services at or before orientation.	G. Identify how students are informed of support services.	G. No exhibit required.
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 required.
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 materials cited, 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, de-identified as needed.
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, de-identified as needed.
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, de-identified as needed.
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 in their involvement.	M. Provide evidence of student participation in developing or implementing midwifery 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 students' participation or input into representation on councils or committees.
O. The midwifery 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. Provide active URL/s for each of these mechanisms in formal documents.	O. As applicable, provide a de-identified summary of each grievance, complaint or appeal that occurred in the midwifery program during the past three years.

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
P. Access to resources and opportunities is available regardless of student location.	<p>P. Describe how access to resources and opportunities is available for all student locations, e.g., on campus or at a distance.</p> <p>Describe how students are informed of such access.</p>	P. No exhibit required.
Q. The midwifery 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 midwifery 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, but is not limited to, referrals to student health services, 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’s [Core Competencies for Basic Midwifery Practice](#), 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 the midwifery program philosophy, purpose/mission, and objectives/outcomes.	A. Provide a statement of program philosophy, purpose/mission, and objectives/outcomes. Identify the key concepts of the program philosophy.	A. No exhibit required.
B. The midwifery program philosophy is consistent with: <ul style="list-style-type: none"> • the philosophy of the ACNM • the philosophy or purpose/mission of the institution within which the midwifery program resides or is affiliated, and • the philosophy of the academic unit within which the midwifery program resides. 	B. Provide a succinct description explaining the consistency among the philosophies or purpose/mission. This may be done in the form of a table. In the appendices to the SER, provide the philosophy or purpose/mission of each entity in full. It is not necessary to repeat the program philosophy here.	B. No exhibit required.
C. The midwifery program’s purpose/mission and objectives/outcomes are consistent with the midwifery program philosophy.	C. Explain the consistency among the midwifery program’s purpose/mission, objectives/outcomes, and philosophy. This may be done in the form of a table.	C. No exhibit required.
D. The curriculum is designed to achieve the stated objectives/outcomes of the midwifery program.	D. Briefly describe how the curriculum helps students to achieve the midwifery program objectives/outcomes. In the SER, provide a table that shows where program objectives/outcomes are met in specific courses. See Appendix F: <i>Program Objectives or Outcomes</i> of this document for a sample table.	D. No exhibit required.
E. Curriculum development is a continuing process.	E. Describe the continuing process of curriculum development.	E. Provide evidence from faculty or curriculum committee meeting minutes

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		or other documents that demonstrate curriculum development.
F. The midwifery program has established criteria and a process for awarding transfer credit for didactic coursework.	F. Identify the criteria and explain the process.	F. Provide access to the criteria given to applicants and students.
G. The midwifery program has established criteria and a process for awarding transfer credit for clinical coursework and clinical experience.	G. Identify the criteria and explain the process.	G. Provide examples of course challenge mechanisms, transcript assessments, or other procedures used to assess whether a student has met the criteria.
H. The midwifery program has established criteria and a process for granting exemption from didactic coursework.	H. Identify the criteria and explain the process.	H. Provide access to the criteria given to applicants and students.
I. The midwifery program has established criteria and a process for granting 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. Describe the process for ensuring that the ACNM <i>Core Competencies</i> are taught. Describe the process used to correct any deficiencies.</p> <p>In the SER appendix, provide a table that shows the location of the ACNM Core Competencies for Basic Midwifery Practice in the curriculum. Provide one to three examples of each hallmark and competency. See Appendix G: <i>Courses with Core Competencies</i> in this document for a sample table.</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</p>

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		<p>other device for locating where each competency can be found.</p> <p>Provide evidence of a process to ensure appropriate inclusion of core competency content.</p>
<p>K. The curriculum includes courses in pharmacology/pharmacotherapeutics, physical assessment and physiology/pathophysiology.</p>	<p>K. Provide the course names and formal descriptions for these courses or identify where content is taught in the curriculum. If these are not specific separate 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.</p>	<p>K. Provide access to the syllabi for these courses. Include course content information provided to students.</p>
<p>L. The curricular content is regularly updated to include current evidence for midwifery practice and is congruent 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.</p>	<p>L. Provide a succinct description of how the criterion is met.</p>	<p>L. Provide access to course materials, e.g., syllabi or URL/s.</p>
<p>M. The midwifery program provides content throughout the curriculum about implicit bias and health disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.</p>	<p>M. Describe how the midwifery program includes content throughout the curriculum about implicit bias and health disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.</p>	<p>M. Provide access to course materials.</p>
<p>N. The midwifery program has a plan for interprofessional education (IPE) to prepare students for team-based</p>	<p>N. Briefly describe the midwifery program’s plan for interprofessional education. The 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</p>	<p>N. Provide access to the plan and any supporting materials, e.g. class schedules, pertinent emails or other communications, students’ assignments.</p>

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
collaborative practice that includes outcomes of student learning.	<p>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</p> <p>The document seeks to encourage increased communication and collaboration and to provide guidance on expectations related to quality IPE.</p>	
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. In the SER appendix, provide tables showing the course sequence for full-time and, if applicable, part-time students.	O. No exhibit required.
P. The didactic and clinical components of the curriculum are implemented by a variety of evidence-based methods to achieve the program objectives/ outcomes and ensure student learning.	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 examples of various teaching methods that support student learning.
Q. The midwifery program ensures that graduates have achieved competence in clinical midwifery practice.	Q. Explain how the midwifery program assesses competence. Explain how the midwifery program intervenes to help students who are having difficulty reaching academic or clinical competence.	<p>Q. Provide access to instruments used to assess competence.</p> <p>Provide examples of interventions used to assist students who have had difficulty reaching academic or clinical competence.</p>

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>R. The midwifery program provides students with the necessary clinical experiences to achieve the objectives/outcomes of the program.</p>	<p>R. Explain the breadth and depth of clinical experiences used by the midwifery program to achieve program objectives/outcomes.</p> <p>Clinical experiences are direct patient contacts. These may be supplemented by such strategies as simulation, role play, standardized patients, and emerging technologies.</p> <p>If the program determines that the clinical facilities are inadequate to provide the necessary experiences, describe plans to address this problem.</p>	<p>R. No exhibit required.</p>
<p>S. The midwifery program maintains final responsibility for assessing and approving clinical sites.</p>	<p>S. Describe the process for identification, selection, and approval of clinical sites.</p>	<p>S. No exhibit required.</p>
<p>T. The midwifery 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 technologies.</p>	<p>T. Identify the policies and procedures and describe how they are implemented to verify student identity for work, including that conducted by electronic technologies.</p>	<p>T. Provide evidence of the processes.</p>
<p>U. Regular communication occurs among and between faculty and students during implementation of the curriculum.</p>	<p>U. Describe how regular communication occurs across all settings and phases of the program.</p>	<p>U. Provide examples of regular communications occurring throughout the program.</p>
<p>V. The curriculum conforms to state or nationally recognized guidelines for the educational level/s offered by the program: certificate, master's, or doctoral degree.</p>	<p>V. Identify the guidelines used, such as those established by state law or a professional organization and provide the URL if available.</p> <p>Explain how the curriculum conforms to guidelines for the midwifery program's educational level/s. This may be done in the form of a table.</p>	<p>V. No exhibit required.</p>

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>If the midwifery program culminates in a professional or practice focused doctoral degree for midwives, describe how it conforms to the competencies identified in the ACNM document <i>The Practice Doctorate in Midwifery</i>.</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 program objectives/outcomes.	<p>A. Describe how the midwifery program determines adequacy of the number of qualified faculty.</p> <p>Describe plans to provide an adequate number of faculty if the midwifery program determines that the number of faculty is inadequate.</p>	A. No exhibit required.
B. The midwifery program has adequate number of staff for administrative, technical, and student support to meet the program objectives/outcomes.	<p>B. Describe how the midwifery program determines adequacy for administrative, technical, and student support.</p> <p>Describe plans to provide an adequate number of staff if the midwifery program determines that the number of staff is inadequate.</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/outcomes.	<p>C. Describe how the midwifery 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.</p> <p>Describe plans to address the deficiencies, to the extent possible, if the midwifery program determines that the physical facilities are deficient.</p>	C. No exhibit required.
D. The midwifery program’s learning resources are accessible and adequate to meet student needs and midwifery program objectives/outcomes.	D. Describe how the midwifery program determines resources are adequate, e.g., laboratory, clinical simulation, instructional technology, and library resources.	D. No exhibit required.

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<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> <p>Describe plans to address the deficiencies if the midwifery program determines that learning resources are deficient.</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 midwifery 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. Provide URL/s to these resources.</p> <p>Describe plans to address the deficiencies if the midwifery program determines that these resources are deficient.</p>	<p>E. No exhibit required.</p>
<p>F. The midwifery program secures clinical sites for students that provide access to clinical experiences to ensure 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. Describe 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>In the SER appendix, 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>F. No exhibit required.</p>

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>Some clinical encounters may count in more than one category. 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 experience for competence across the full scope of midwifery practice. See Appendix H: <i>Clinical Experiences</i> Template for Criterion V.F. in this document for a sample table.</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.</p> <p>*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
<p>A. The midwifery 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 time frame for the review.</p> <p>Identify action taken and results, or action planned for the immediate future, if the assessment shows that any program objectives/outcomes are not being met.</p>	<p>A. Provide the assessment report for the SER year.</p>
<p>B. The midwifery program assessment process includes evaluations of the program by students and recent graduates.</p>	<p>B. State the midwifery program’s goals for its students’ and graduates’ evaluations of the program.</p> <p>If goals have not been met, explain action taken and results, or action planned for the immediate future, to achieve goals.</p>	<p>B. Provide results of program evaluations by midwifery students and graduates.</p> <p>Provide documentation of action taken as a result of the assessment, as applicable.</p>
<p>C. The midwifery program assessment process includes evaluations of enrollment, graduation, and attrition goals for the past three years (or for the SER year for programs seeking initial accreditation).</p>	<p>C. 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 midwifery 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 action taken and results, or action planned for the immediate future, to achieve goals.</p>	<p>C. Provide documentation of action taken as a result of the assessment, as applicable.</p>

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	In the SER appendix, provide a table. See Appendix I: Enrollment, Graduation, and Attrition, showing enrollment, graduation, and attrition goals and outcomes for the time period indicated.	
<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.</p> <p>The midwifery program sets its own AMCB certification rate goal in accordance with its mission.</p> <p>A program that fails to meet its goal must develop an improvement plan to bring the certification rate up to the goal.</p>	<p>D. Describe the rationale used to establish the program's AMCB certification goal.</p> <p>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, or the SER year, as applicable.</p> <p>If the goal has not been met, provide the improvement plan developed to achieve the goal. Give examples of action taken.</p> <p>In the SER appendix, 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>.</p>	<p>D. Provide documentation and results of the improvement plan, as applicable.</p>
<p>E. The midwifery program's reviews and updates of its philosophy, purpose/mission, and objectives/outcomes include current ACNM philosophy and standards.</p>	<p>E. Describe the process for the program's assessment of its philosophy, purpose/mission, and objectives/outcomes using current ACNM documents.</p> <p>Identify the ACNM documents used in the process.</p>	<p>E. Provide documentation of the process, e.g., in meeting minutes.</p>
<p>F. The midwifery program's reviews and updates of its philosophy, purpose/mission, and objectives/outcomes include national (and state as applicable) 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 uses them in its reviews and updates.</p> <p>Describe the process for determining currency of national and state standards and educational requirements.</p>	<p>F. Provide documentation of the process, e.g., in meeting minutes.</p>
<p>G. The midwifery program's reviews and updates of its philosophy, purpose/mission, and</p>	<p>G. Describe how the program identifies and addresses significant changes in its institution as reflected in the</p>	<p>G. Provide documentation of the process, e.g., in meeting minutes.</p>

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
objectives/outcomes include significant changes within the program's institution that are relevant to the program.	program assessment process. Cite and describe recent examples, if any.	
H. The midwifery program's assessment process includes evaluation of the effectiveness of clinical sites to meet student learning needs and monitor and promote their achievement of clinical competence.	H. Describe the process the program uses to evaluate the effectiveness of clinical sites to meet student learning needs and monitor and promote their achievement of clinical competence.	H. Provide evidence of evaluation of all clinical sites used during the SER year. Identify action taken if clinical experiences do not lead to students' achievement of clinical competence.
I. The midwifery program's assessment process ensures 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 the name of each clinical site that was used in the SER year and the expiration date of the site contract. Provide access onsite to the contract for each site listed in the table.
J. The midwifery program's 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 required.
K. The midwifery program's 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 required.
L. The midwifery program's 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 required.

Appendix A: SER Title Page

Name of Institution:

Midwifery Program(s):

Names, Credentials, Titles of Institutional Officers, and Email Addresses:

Name, Credentials, Title of Midwifery Program Director, Contact Phone and Email Addresses

(Appendix A continues next page)

Appendix A (cont'd). Table of Midwifery Program/s

Type	Yes/No	If yes, type of degree or certificate awarded	Anticipated student enrollment per cohort
Midwifery education midwifery program that leads to a master's degree in midwifery, nursing, public health or an allied health field			
<ul style="list-style-type: none"> ● Associate degree in nursing entry 			
<ul style="list-style-type: none"> ● Bachelor of Science in nursing entry 			
<ul style="list-style-type: none"> ● Other baccalaureate degree entry 			
<ul style="list-style-type: none"> ● Other, please describe 			
Midwifery education midwifery program that leads to a doctoral degree in midwifery, nursing, public health or an allied health field			
<ul style="list-style-type: none"> ● Associate degree in nursing entry 			
<ul style="list-style-type: none"> ● Bachelor of Science in nursing entry 			
<ul style="list-style-type: none"> ● Other baccalaureate degree entry 			
<ul style="list-style-type: none"> ● Other, please describe 			
Post-baccalaureate certificate			
Post-graduate certificate			
Total Numbers			

**Include estimated numbers if appropriate.*

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 midwifery 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 midwifery program meets this criterion will be determined by the ACME Board of Review via the midwifery 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 midwifery 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 midwifery program, such as nursing, the midwifery 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

Template for Criterion II C. - II. E.

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. List core faculty in alphabetical order by last name. Please list the CNM/CM core faculty first.

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
-----------------------	---	----------------------------	-----------------------	--------------------------	--------------------------	------------------------------

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
-----------------------	--	-----------------------	-------------------------------	--	--------------------------

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	Course Number	Course Number	Course Number	Course Number	Course Number	Course Number	Course Number	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	

Appendix G: Courses with Core Competency Content Table (Template for Criterion IV.J.)

List each Hallmark, followed by each Component of Midwifery Care. Ensure that you have included all Hallmarks and Components of Midwifery Care. Refer to the ACNM document, *Core Competencies for Basic Midwifery Practice*.

Hallmark Competency	Course number	Course objective, subobjective, class/seminar topic, or activity, or URL link to same, that satisfies the hallmark/competency

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>	<i>24</i>	<i>90%</i>	<i>3</i>	<i>17</i>	<i>4</i>	<i>71%</i>	<i>88%</i>

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>	<i>6</i>	<i>90%</i>	<i>0</i>	<i>5</i>	<i>1</i>	<i>83%</i>	<i>100%</i>

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>6</i>	<i>100%</i>

Acknowledgments 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.

ACME Board of Commissioners

Peter Johnson, PhD, CNM, FACNM, ACME BOC Chair
Melissa Avery, CNM, PhD, FACNM, FAAN, ACME BOC Vice Chair
Suzanne Schechter, CNM, MS, FACNM, ACME BOC Treasurer
Maryann Long, PhD, MPH, CNM, FACNM, ACME BOC Site Visit Coordinator
Ronald Hunt, DDS, MS, ACME BOC Public Member
Anne Cockerham, PhD, CNM, WHNP-BC, CNE, ACME BOC
Pamela Reis, PhD, CNM, NNP-BC, FACNM, ACME BOC
Carol Howe, DNSc, FACNM, DPNAP, FAAN, ACNM Board Liaison to ACME
Gretchen Mettler, CNM, PhD, FACNM, ACME Board of Review (BOR)

ACME Staff

Heather L. Maurer, MA, ACME Executive Director
Kristina Anderson, ACME Accreditation Assistant

Criteria Review Subcommittees:

Criterion I. Organization & Administration

Subcommittee: Suzanne Schechter, ACME BOC Treasurer; Jennifer Woo, Program Director, Baylor University; Carol Howe, ACNM Board of Directors Liaison to ACME BOC

Criterion II. Faculty

Subcommittee: Maryann Long, ACME BOC Site Visit Coordinator; Cara Busenhardt, Program Director, University of Kansas; Jane Wrede, Program Director, Bethel University

Criterion III: Students

Subcommittee: Anne Cockerham, ACME BOC; Victoria Baker, ACME BOR; Debora Dole, ACME BOR

(continued Criteria Review Subcommittees)

Criterion IV: Curriculum and Student Learning

Subcommittee: Melissa Avery, ACME BOC Vice Chair; Gretchen Mettler, ACME BOR; Dana Perlman, Program Director, Thomas Jefferson University

Criterion V: Resources

Subcommittee: Pamela Reis, ACME BOC; Karen Feltham, Program Director, Shenandoah University; Bonita Shviraga, ACME Board of Review

Criterion VI: Assessment:

Subcommittee: Ronald Hunt, ACME BOC; Peter Johnson, ACME BOC Chair; Suzan Ulrich, ACME BOR; Julia Lange-Kessler, Program Director, Georgetown University; Penny Marzalik, Program Director, Ohio State University

#