STANDARDS FOR ACCREDITATION
OF NURSE ANESTHESIA PROGRAMS

Practice Doctorate

Approved by the Council on Accreditation of
Nurse Anesthesia Educational Programs
October 12, 2012

Draft 1 (Revised)
Introduction

The accreditation standards for nurse anesthesia programs at the practice doctorate level are written with input from a wide community of interest including many individuals and groups that are affected by them, including certified registered nurse anesthetist (CRNA) practitioners and educators; nurse anesthesia students; administrators and faculty of colleges and universities; hospital administrators; state boards of nursing; the staff of the U.S. Department of Education (USDE); the Council for Higher Education Accreditation (CHEA), and other nationally recognized accreditation agencies; members of the National Board of Certification and Recertification of Nurse Anesthetists; and the Board of Directors of the American Association of Nurse Anesthetists (AANA). Special recognition is given to members of the Assembly of School Faculty of Nurse Anesthesia and to those on the AANA Education Committee for their continuing efforts to promote, support, and encourage the Council on Accreditation of Nurse Anesthesia Educational Program's (Council) objectives of quality assessment and enhancement in nurse anesthesia education through the accreditation process.

The standards are designed to prepare graduates for entry into practice. Entry into practice is defined as:

*Entry into practice competencies for the nurse anesthesia professional prepared at the practice doctoral level are those required at the time of graduation to provide safe, competent, and ethical anesthesia and anesthesia-related care to patients for diagnostic, therapeutic, and surgical procedures.*

*Entry into practice competencies should be viewed as the structure upon which nurse anesthetists continue to acquire knowledge, skills, and abilities along the practice continuum that starts at graduation (proficient), and continues throughout their entire professional careers (expert).*

Suggestions for future revisions should be forwarded to:

Council on Accreditation of Nurse Anesthesia Educational Programs
222 South Prospect Avenue, Suite 304
Park Ridge, Illinois 60068-4001
The Value of Accreditation

Accreditation is an activity that has long been accepted in the United States, but may not be as well known in most other countries because they rely on governmental supervision and control of educational institutions. The accomplishments and outstanding successes in the education of Americans can be traced in large part to the past reluctance of the United States to impose governmental restrictions on institutions of postsecondary education and to the success of the voluntary American system of accreditation in promoting quality without inhibiting innovation.

Accreditation is a voluntary activity that has been accepted for more than 100 years in the U.S. in contrast to other countries where governments supervise and control educational institutions. The goals of privately operated U.S. accrediting agencies are to assure and improve the quality of education offered by the institutions and programs they accredit. In this system, accreditation by an accrediting agency that is recognized by the U.S. Secretary of Education, is necessary for institutions and programs to receive federal funds and for students to receive federal aid. Accrediting agencies recognized by federal and state governments are deemed reliable authorities of academic quality.

The large percentage of Americans who benefit from higher education, the reputation of U.S. universities for both fundamental and applied research, and the widespread availability of professional services in the United States, all attest to the high quality of postsecondary education and the success of the accreditation system that the U.S. institutions and professions have devised to promote quality.

Accreditation is a peer process whereby a private, nongovernmental agency grants public recognition to an institution or specialized program that meets or exceeds nationally established standards of acceptable educational quality. A guiding principle of accreditation is the recognition that institutions or specialized programs have a right to expect that they will be evaluated in the light of their own stated purposes, as long as those purposes are educationally appropriate, meet accreditation standards, and fall within the recognized scope of the accrediting body.

There are two fundamental reasons for accreditation: (1) to ensure quality assessment and (2) to assist in quality improvement. Accreditation, which applies to institutions or programs, must be distinguished from certification and licensure, which apply to individuals. Accreditation cannot guarantee the quality of individual graduates, but it can provide reasonable assurance of the context and quality of the education that is offered.
Accreditation provides services that are of value to several constituencies:

The public receives:

1) reasonable assurance of the external evaluation of a program and its conformity with general expectations in the professional field;
2) identification of programs that have voluntarily undertaken explicit activities directed at improving their quality and their successful execution;
3) improvement in the professional services available to the public, resulting from the modification of program requirements to reflect changes in knowledge and practice that are generally accepted in the field;
4) less need for intervention by public agencies in the operations of educational programs, because of the availability of private accreditation for the maintenance and enhancement of educational quality.

Students benefit from:

1) reasonable assurance that the educational activities of an accredited program have been found to be satisfactory and meet the needs of students;
2) assistance in transferring credits among programs and institutions;
3) a uniform prerequisite for entering the profession.

Programs receive:

1) the stimulus needed for self-directed improvement;
2) peer review and counsel provided by the accrediting agency;
3) enhancement of their reputation, because of the public’s regard for accreditation;
4) eligibility for selected governmental funding programs and private foundation grants.

The profession realizes:

1) a means for participation of practitioners in establishing the requirements for preparation to enter the profession;
2) a contribution to the unity of the profession by bringing together practitioners, educators, students, and the communities of interest in an activity directed toward improving professional preparation and practice.

References:
• The Value of Accreditation, Council for Higher Education Accreditation, 2010.
• The Importance of Specialized Accreditation: A Message to Our Publics, ASPA, 2007.
The Accreditation Process

The Council on Accreditation is responsible for establishing the standards for accreditation of nurse anesthesia educational programs, subject to consideration of the revisions by the communities of interest. The practice doctorate standards address: (A) conducting institutions, (B) faculty, (C) students, (D) graduates, (E) curriculum, (F) clinical sites, (G) policies, and (H) evaluation. In an effort of ongoing improvement, the standards will undergo continual review and be subject to periodic major and minor revisions as indicated. Compliance with the standards forms the basis for the Council’s accreditation decisions.

Certain criteria have been ascertained to have major significance regarding educational quality. Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation and is marked with an asterisk (*). The Council reserves the right to identify other areas or criteria. The accreditation process for established programs is based on the self-evaluation study document prepared by the program and on an on-site review by a team of two or three reviewers. The process is repeated at intervals up to 10 years. A summary report of the review is presented to the Council for an accreditation decision. New programs that seek accreditation status must successfully complete an initial accreditation review, admit students and undergo a subsequent review after the first students graduate when it is possible to evaluate educational outcomes following the first graduation.

Ongoing oversight by the Council is provided between formal programmatic reviews. Programs are required to advise the Council and get approval for major changes. The Council also investigates situations brought to its attention that may affect a program’s accreditation status. Each program is required to complete and submit an annual report.

In a broad sense, accreditation of nurse anesthesia educational programs provides quality assurance concerning educational preparation through continuous self-study and review. The ultimate goals of the accreditation program are to improve the quality of nurse anesthesia education and provide competent nurse anesthetists for healthcare consumers and employers. Graduation from an accredited program is a prerequisite for eligibility for national certification, and it is also used as a criterion by licensing agencies, employers, and potential students in the decisions they make and in determining eligibility for government funding.
A. CONDUCTING INSTITUTION STANDARDS

1. The mission and/or philosophy of the conducting institution's governing body promote(s) educational excellence and supports the nurse anesthesia program within a doctoral framework.

* 2. The degree granting institution is accredited by a regional or national accrediting agency. The accrediting agency must be officially recognized by the U.S. Secretary of Education to accredit institutions (see Glossary “Institutional Accradiator”).

3. The organizational relationships of the institution, academic unit, and program are clearly delineated.

* 4. The conducting organization completes a legally binding written agreement that outlines the expectations and responsibilities of all parties when an academic affiliation is established or two or more entities with unshared governance enter into a joint arrangement to conduct a program (see Glossary “Unshared Governance”).

5. The amount of advanced standing or transfer credit awarded by the degree granting institution is clearly stated and publicized.

6. The governance structure(s) facilitates effective communication.

7. The CRNA program administrator, or an individual designated by the CRNA program administrator, participates in institutional planning, curriculum design and review, and other appropriate governance roles.

8. The institution’s and/or program’s committee structure is appropriate to meet program objectives, and includes public, student and faculty participation (see Glossary “Public Member”).

* 9. The conducting institution provides sufficient time to permit faculty to fulfill their obligations to students including clinical and classroom teaching, counseling and evaluation, and advising on doctoral level scholarly activities.

10. The conducting institution provides sufficient protected time to permit faculty to fulfill their own scholarly activities, service, administrative, and clinical responsibilities (see Glossary “Protected Time”).

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
11. The program’s resources must be adequate to support the scale and scope of the operation and the total number of students to promote the quality of graduates so they can graduate appropriately prepared for entry into practice, including:

11.1. financial resources that are budgeted and used to meet accreditation standards.

11.2. physical resources including facilities, equipment, and supplies.

11.3. learning resources including clinical sites, library, and technological access and support.

11.4. faculty.

11.5. support personnel.

11.6. student services (see Glossary "Student Services").

* 12. The program seeks Council approval prior to increasing class size and demonstrates reasonable assurance that there are adequate resources as delineated in Standard A.11.

* 13. The program is required to act in accordance with the Council’s Accreditation Policies and Procedures.

14. There is evidence that eligibility and certification requirements are maintained by institutions or programs relying on Council’s accreditation to participate in Higher Education Opportunity Act, Title IV programs (see Glossary "Title IV Eligibility").

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
B. FACULTY STANDARDS

**CRNA Program Administrator:**

* 1. The program is administered by a doctorally prepared CRNA who has the leadership authority and accountability for program administration.\(^1\)

* 2. The CRNA program administrator’s doctoral degree must be from an **accredited** institution of higher education that was accredited by an agency officially recognized by the U.S. Secretary of Education to accredit institutions, at the time the degree was conferred. The accrediting agency must be officially recognized by the U.S. Secretary of Education to accredit institutions (see Glossary “Institutional Accr..."

* 3. The CRNA program administrator must be experientially qualified to provide leadership to the program (see Glossary “Experientially Qualified”).

* 4. The CRNA program administrator is full time (see Glossary "Full Time Program Administrator").

* 5. The CRNA program administrator has a current **unencumbered** license or privilege to practice as a registered professional nurse and/or APRN in the state or territory of jurisdiction of the program (see Glossary "Privilege to Practice").\(^2\)

* 6. The CRNA program administrator has current certification or current recertification by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).

7. The CRNA program administrator has the authority to prepare and administer the program budget.

8. The CRNA program administrator demonstrates knowledge of environmental issues that may influence the program and nurse anesthesia practice by engaging in professional development.

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\(^1\) Doctoral degrees are required for the CRNA program administrators (program administrator and assistant program administrator) in all doctoral programs by 2018.

\(^2\) A federal government/military nurse practicing exclusively in federal or military systems only needs one license from any state or territory per U.S. federal government/military policy.

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
Assistant CRNA Program Administrator:

* 9. The assistant CRNA program administrator is a doctorally prepared CRNA who is experientially qualified to assist the CRNA program administrator and, if required, assume leadership responsibilities for the program (see Glossary “Experientially Qualified”).

10. The assistant CRNA program administrator’s doctoral degree must be from an accredited institution of higher education that was accredited by an agency officially recognized by the U.S. Secretary of Education to accredit institutions, at the time the degree was conferred. The accrediting agency must be officially recognized by the U.S. Secretary of Education to accredit institutions (see Glossary “Institutional Accradiator”).

* 11. The assistant CRNA program administrator has a current unencumbered license or privilege to practice as a registered professional nurse and/or APRN in the state or territory of jurisdiction of the program.

* 12. The assistant CRNA program administrator has current certification or current recertification by the NBCRNA.

13. The assistant CRNA program administrator demonstrates knowledge of environmental issues that may influence the program and nurse anesthesia practice by engaging in professional development.

CRNA Faculty:

14. Didactic faculty meet the governing body’s requirements for teaching doctoral level courses.

* 15. CRNA faculty have a current unencumbered license or privilege to practice as a registered professional nurse and/or APRN in compliance with state law, in the state or territory of jurisdiction of the program.

* 16. CRNA faculty have current certification or current recertification by the NBCRNA.

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3 Doctoral degrees are required for the CRNA program administrators (program administrator and assistant program administrator) in all doctoral programs by 2018.

2 A federal government/military nurse practicing exclusively in federal or military systems only needs one license from any state or territory per U.S. federal government/military policy.

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
17. Core CRNA program faculty, including the program administrator, assistant program administrator, and course directors, have formal instruction in curriculum, evaluation and instruction (see Glossary, “Formal Instruction in Curriculum, Evaluation and Instruction”).

18. CRNA faculty who teach clinical anesthesia content must demonstrate clinical competency (see Glossary "Demonstration of Clinical Competency").

19. Only CRNA and anesthesiologist faculty may teach clinical anesthesia content.

Non-CRNA Faculty:

20. Non-CRNA faculty must be academically prepared for the areas in which they teach (see Glossary "Academic Preparation").
C. STUDENT STANDARDS

Selection and Admissions:

1. The program enrolls only students who by academic and experiential achievement are of the quality appropriate for the profession and who have the ability to benefit from their education.

2. Admission requirements include:

   2.1. A baccalaureate or graduate degree in nursing or an appropriate major.

   2.2. An unencumbered license as a registered professional nurse and/or an APRN in the United States or its territories, or protectorates.

   2.3. A minimum of one year full time work experience, or its part time equivalent, as a RN in a critical care setting. The applicant must have developed as an independent decision-maker capable of using and interpreting advanced monitoring techniques based on knowledge of physiological and pharmacological principles (see Glossary "Critical Care Experience").

   2.4. Current certification in advanced cardiac life support (ACLS) and pediatric advanced life support (PALS).

Student Participation and Conduct:

3. Students demonstrate professionalism, including a commitment to academic and personal integrity.

4. Students keep accurate and complete clinical experience logs that are reviewed by program faculty on a regular basis (see Glossary "Counting Clinical Experiences").

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
D. GRADUATE STANDARDS

The graduate must demonstrate the ability to:

**Patient Safety:**

* 1. Be vigilant in the delivery of patient care.

* 2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, e-mailing, etc.).

* 3. Conduct a comprehensive equipment check.

* 4. Protect patients from iatrogenic complications.

**Perianesthesia:**

* 5. Provide individualized care throughout the perianesthesia continuum.

* 6. Deliver culturally competent perianesthesia care *(see Glossary “Culturally Competent”).*

* 7. Provide anesthesia services to all patients across the lifespan *(see Glossary “Anesthesia Services” and “Across the Lifespan”).*

* 8. **Perform a comprehensive history and physical assessment.**

* 9. Administer and manage general anesthesia to patients with a variety of physical conditions.

* 10. Administer and manage general anesthesia for a variety of surgical and medically related procedures.

* 11. Administer and manage a variety of regional anesthetics.

* 12. Maintain current certification in ACLS and PALS.

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*Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.*
Critical Thinking:

* 132. Apply knowledge to practice in decision–making and problem solving.
* 143. Provide nurse anesthesia services based on evidence based principles.
* 154. Perform a preanesthetic assessment prior to providing anesthesia services.
* 165. Assume responsibility and accountability for diagnosis.
* 176. Formulate an anesthesia plan of care prior to providing anesthesia services.
* 187. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
* 198. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
* 200. Calculate, initiate, and manage fluid and blood component therapy.
* 210. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
* 221. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
* 232. Use science-based theories and concepts to analyze new practice approaches. Pass the national certification examination (NCE) administered by NBCRNA.
* 243. Pass the national certification examination (NCE) administered by NBCRNA. Use science-based theories and concepts to analyze new practice approaches.

Communication:

* 254. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
* 265. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
* **276.** Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.

* **287.** Maintain comprehensive, timely, accurate, and legible healthcare records.

* **298.** Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.

* **3029.** Teach others.

**Leadership:**

* **3130.** Integrate critical and reflective thinking in his or her leadership approach.

* **324.** Provide leadership that facilitates intraprofessional and interprofessional collaboration.

**Professional Role:**

* **332.** Understand the personal obligation to adhere to the *Code of Ethics for the CRNA*.

* **343.** Interact on a professional level with integrity.

* **354.** Apply ethically sound decision-making processes.

* **365.** Function within legal and regulatory requirements.

* **376.** Accept responsibility and accountability for his or her practice.

* **387.** Provide *anesthesia services to patients in a cost-effective manner*, *anesthesia services to patients*.

* **398.** Accept responsibility and accountability to appear for duty appropriately rested and fit to provide the services required by patients.

* **4039.** Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency (*see Glossary "Chemical Dependency and Wellness").

* **419.** Inform the public of the role and practice of the CRNA.

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* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
* 421. Evaluate how public policy making strategies impact the financing and delivery of healthcare.

* 432. Advocate for health policy change to improve patient care.

* 443. Advocate for health policy change to advance the specialty of nurse anesthesia.

* 454. Analyze strategies to improve patient outcomes and quality of care.

* 465. Analyze health outcomes in a variety of populations.

* 476. Analyze health outcomes in a variety of clinical settings.

* 487. Analyze health outcomes in a variety of systems.

* 498. Disseminate research evidence.

* 5049. Use information systems/technology to support and improve patient care.

* 510. Use information systems/technology to support and improve healthcare systems.

* 521. Analyze business practices encountered in nurse anesthesia delivery settings.

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* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
E. CURRICULUM STANDARDS

* 1. The curriculum is designed to award a Doctor of Nursing Practice or Doctor of Nurse Anesthesia Practice to graduate students who successfully complete graduation requirements.

* 2. The curriculum is designed to focus on the full scope of nurse anesthesia practice including:

   2.1. Course(s): Advanced Physiology/Pathophysiology (120 contact hours), Advanced Pharmacology (90 contact hours), Basic and Advanced Principles in Nurse Anesthesia (120 contact hours), and Advanced Health Assessment (see Glossary “Advanced Health Assessment”).

   2.2. Content: Advanced Physiology/Pathophysiology (120 contact hours), advanced pharmacology (90 contact hours), basic and advanced principles in nurse anesthesia (120 contact hours), research (75 contact hours), advanced health assessment (45 contact hours), human anatomy, chemistry, biochemistry, physics, genetics, acute and chronic pain management, radiology, ultrasound, anesthesia equipment, professional role development, chemical dependency and wellness, informatics, ethical and multicultural healthcare, leadership and management, business of anesthesia/practice management, health policy, healthcare finance, integration/clinical correlation (see Glossary, “Chemical Dependency and Wellness,” “Pain Management-Acute,” “Pain Management-Chronic,” “Professional Role Development,” and “Radiology”).

   2.3. Clinical experiences (see Appendix).

3. The curriculum meets commonly accepted national standards for similar degrees (see Glossary “Commonly Accepted National Standards”).

4. The post-baccalaureate curriculum is a minimum of 3 years of full-time study or longer if there are periods of part-time study.\(^4\)

\(^4\) Shorter programs of study can be submitted for consideration when accompanied by supporting rationale that ensures compliance with accreditation standards.

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
5. The curriculum is composed of sequential and integrated courses designed to facilitate achievement of the program’s terminal objectives.

6. All courses have clearly stated objectives.

7. Distance education programs and courses satisfy accreditation standards and achieve the same outcomes as traditional educational offerings.

8. The curriculum requires the student to complete scholarly work that demonstrates knowledge and scholarship skills within the area of academic focus (see Glossary “Scholarly Work”).

9. The clinical curriculum provides students with experiences in the perioperative process that are unrestricted, and promote their development as competent nurse anesthetists.

10. The program provides opportunities for students to obtain clinical experiences outside the regular clinical schedule by a call experience or other mechanism (see Glossary “Call Experience”).

11. Simulated clinical experiences are incorporated in the curriculum (see Glossary “Simulated Clinical Experience”).
F. CLINICAL SITE STANDARDS

* 1. The program demonstrates it has sufficient clinical resources to assure graduates individually meet all accreditation requirements.

2. The program has a legally binding contract with the clinical site(s) that outlines expectations and responsibilities of both parties.

3. The program identifies a CRNA coordinator for each clinical site who possesses a master’s degree (doctoral preparation preferred) to guide student learning. An anesthesiologist may serve in this capacity.  

4. The program demonstrates that the educational environment at all clinical sites is conducive to student learning.

* 5. Supervision at clinical sites is limited to CRNAs and anesthesiologists who are institutionally credentialed to practice and immediately available for consultation. Instruction by graduate registered nurse anesthetists or physician residents is never appropriate.

6. Clinical site orientations are provided that outline role expectations and responsibilities of students and identify available learning resources.

* 7. The clinical supervision ratio of students to instructor insures patient safety by taking into consideration: the complexity of the anesthetic and/or surgical procedure, the student’s knowledge and ability, and the co-morbidities associated with the patient. At no time does the number of students directly supervised by an individual clinical instructor exceed 2:1 (see Glossary “Clinical Supervision”).

8. The program restricts clinical supervision in nonanesthetizing areas to credentialed experts who are authorized to assume responsibility for the student (see Glossary “Credentialed Expert”).

* 9. Student time commitment should consist of a reasonable number of hours that does not exceed 64 hours per week (see Glossary “Reasonable Time Commitment”).

A process for submitting a waiver for the requirement of a coordinator with a master’s degree under some circumstances is currently under development.

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

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G. POLICY STANDARDS

1. Accurate cumulative records of educational activities are maintained.

* 2. Truth and accuracy are evidenced in recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

* 3. The following are published annually:

   3.1. accurate information about the nurse anesthesia program’s programmatic accreditation status.

   3.2. the specific academic program covered by the accreditation status.

   3.3. the name, address, telephone number and URL (http://home.coa.us.com) of the Council on Accreditation of Nurse Anesthesia Educational Programs.

   3.4. for the most recent graduating class, the:

      3.4.1. attrition.

      3.4.2. employment of graduates within six months of graduation.

      3.4.3. NBCRNA NCE pass rate for first time takers (see Glossary “Published Outcomes”).

4. Policies and procedures that are fair, equitable, and do not discriminate are defined (see Glossary “Nondiscriminatory Practice”).

5. Policies and procedures regarding academic integrity are defined and used in all educational activities.

6. Policies outline the procedures for student discipline and dismissal.

7. The program demonstrates that it processes complaints, grievances, and appeals in a timely and equitable manner affording adequate due process.

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
8. The program forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.
H. EVALUATION STANDARDS

1. The program has a written systematic plan for continuous self-assessment that incorporates the following:

* 1.1. Formative and summative evaluations of each student that are conducted for the purpose of counseling students and documenting student achievement.

   1.1.1. Terminal evaluation is completed to demonstrate student achievement of Graduate Standards D1-D52.

   1.1.2. There is an established assessment procedure to verify competence in pertinent scholarship skills relevant to the area of academic focus.

* 1.2. Students evaluate the quality of:

   1.2.1. courses

   1.2.2. didactic instruction

   1.2.3. clinical sites

   1.2.4. clinical instruction

   1.2.5. teaching and learning environment

   1.2.6. their own achievement (self-evaluation)

   1.2.7. program

       1.2.7.1. institutional/program resources

       1.2.7.2. student services (see Glossary “Student Services”)

       1.2.7.3. curriculum

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
1.3. Faculty evaluate the quality of:

1.3.1. faculty services
1.3.2. the program
1.3.3. their own contributions to teaching, practice, service, and scholarly activities (self-evaluation)

1.4. Alumni evaluate:

1.4.1. the quality of the program
1.4.2. their preparation to enter anesthesia practice (self-evaluation)
1.4.3. their involvement in professional activities (self-evaluation)

1.5. Employers evaluate the:

1.5.1. competence of graduates entering anesthesia practice
1.5.2. performance of recent graduates

* 1.6. Outcome measures of academic quality including:

1.6.1. student attrition
1.6.2. NBCRNA NCE pass rates and mean scores
1.6.3. employment rates
1.6.4. any other outcome methods of student achievement identified by the program and/or institution (see Glossary “Academic Quality”).

* 2. The program utilizes evaluation data (including that from the systematic plan for continuous self-assessment) to:

2.1. monitor and improve program quality and effectiveness
2.2. monitor and improve student achievement

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
2.3. monitor compliance with accreditation requirements and initiate corrective action should areas of noncompliance occur.
Appendix

The minimum number of clinical hours is 1200 (1600 preferred).

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<thead>
<tr>
<th>CLINICAL EXPERIENCES</th>
<th>Minimum Required Cases</th>
<th>Preferred Number of Cases</th>
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<tr>
<td>PATIENT PHYSICAL STATUS</td>
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<td>Class I</td>
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<tr>
<td>Class II</td>
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<tr>
<td>Classes III –VI &amp; IV</td>
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<td>Class VI</td>
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<td>TOTAL CASES</td>
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SPECIAL CASES

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<th>Minimum Required Cases</th>
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<td>Cesarean delivery</td>
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<td>Analgesia for labor</td>
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<td>Pain Management Encounters (see Glossary, “Pain Management Encounters”) (new)</td>
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<td>ANATOMICAL CATEGORIES</td>
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<tr>
<td>Intra-abdominal</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Intracranial</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Oropharyngeal</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Intrathoracic</td>
<td>15</td>
<td>40</td>
</tr>
<tr>
<td>Heart</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Lung</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Neuroskeletal</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td>20 ±10</td>
<td>30 ±10</td>
</tr>
</tbody>
</table>

6 Count all that apply

7 A majority of these cases must be open.
### CLINICAL EXPERIENCES

<table>
<thead>
<tr>
<th>METHODS OF ANESTHESIA</th>
<th>Minimum Required Cases</th>
<th>Preferred Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>General anesthesia</td>
<td>450</td>
<td>350</td>
</tr>
<tr>
<td><strong>Induction, maintenance, and emergence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalation induction</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>Mask management</td>
<td>30 25</td>
<td>40</td>
</tr>
<tr>
<td>Supraglottic airway devices (previously Laryngeal mask airways)</td>
<td>35 25</td>
<td>50</td>
</tr>
<tr>
<td>Tracheal intubation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Oral</td>
<td>300</td>
<td>200</td>
</tr>
<tr>
<td>b. Nasal</td>
<td>50</td>
<td>10</td>
</tr>
<tr>
<td>Emergence from anesthesia</td>
<td>300</td>
<td>200</td>
</tr>
<tr>
<td><strong>Regional techniques</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>1. anesthesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. pain management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration (total of a, b &amp; c)</td>
<td>35 25</td>
<td></td>
</tr>
<tr>
<td>a. Spinal</td>
<td>10 1</td>
<td>50</td>
</tr>
<tr>
<td>1. anesthesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. pain management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Epidural</td>
<td>10 1</td>
<td>50</td>
</tr>
<tr>
<td>1. anesthesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. pain management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Peripheral</td>
<td>5 1</td>
<td>40</td>
</tr>
<tr>
<td>1. anesthesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. pain management</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Monitored anesthesia care - Moderate/deep sedation</strong></td>
<td>25</td>
<td>50</td>
</tr>
</tbody>
</table>
### CLINICAL EXPERIENCES

<table>
<thead>
<tr>
<th></th>
<th>Minimum Required Cases</th>
<th>Preferred Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ARTERIAL TECHNIQUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arterial puncture/catheter insertion</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Intra-arterial BP monitoring</td>
<td>30 25</td>
<td></td>
</tr>
<tr>
<td><strong>CENTRAL VENOUS PRESSURE CATHETER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement (^{8}) (total of a &amp; b)</td>
<td>10 5</td>
<td>15 10</td>
</tr>
<tr>
<td>a. Actual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Simulated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td><strong>PULMONARY ARTERY CATHETER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous catheter placement</td>
<td>150 100</td>
<td></td>
</tr>
<tr>
<td>Alternative airway management techniques (total of 1 &amp; 2) (see Glossary: alternative airway management techniques)</td>
<td>25 10</td>
<td>50 40</td>
</tr>
<tr>
<td>1) <strong>Fiberoptic Endoscopic</strong> techniques (^{8}) (total of a, b &amp; c)</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>a) Actual placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Simulated placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Airway assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other techniques</td>
<td>5</td>
<td>25</td>
</tr>
</tbody>
</table>

\(^{8}\) Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.
Glossary

**Academic Preparation** – Academic preparation includes degree specialization, specialty coursework, and other preparation to address the major concepts included in the courses taught.

**Academic Quality** – Academic quality refers to results associated with teaching, learning, research, and service within the framework of the institutional mission. Academic quality requires an effective learning environment and sufficient resources for faculty and students to obtain the objectives of the program and meet accreditation standards.

**Across the Lifespan** – Across the lifespan refers to a patient population-focus of families and individuals. The continuum of care ranges from the prenatal period to end of life with health statuses ranging from healthy through all levels of acuity, including immediate, severe, or life-threatening illnesses or injury.

**Advanced Health Assessment** – A course in advanced health assessment includes assessment of all human systems, advanced assessment techniques, diagnosis, concepts, and approaches.

**Anesthesia Services** – Anesthesia and anesthesia-related care represent those services which anesthesia professionals provide upon request, assignment and referral by the patient’s healthcare provider authorized by law, most often to facilitate diagnostic, therapeutic and surgical procedures. In other instances, the referral or request for consultation or assistance may be for management of pain associated with obstetrical labor and delivery, management of acute and chronic mechanical ventilation, or management of acute and chronic pain through the performance of selected diagnostic and therapeutic blocks or other forms of pain management.

**Call Experience** – Call is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. **Although a student may be assigned to a 24 hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.**

**Chemical Dependency and Wellness** – Chemical dependency includes substance related disorders characterized by chronicity and progression that threaten wellness. Wellness is defined as a positive state of the mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. The wellness/chemical dependency curriculum must be an evidence-based program of study which could include but is not limited to the following five key conceptual components:

1. Importance of Wellness to Health Care Professionals: Describe the integration of healthy lifestyles, adaptive coping mechanisms for career stressors, and an awareness of chemical dependency risk factors and pathophysiology.
2. Healthy Lifestyles: Describe attitudes, behaviors, and strategies (i.e., healthy nutrition, exercise, sleep patterns, and critical incidents’ stress management) that create a positive balance between one’s personal and professional life for personal wellness.

3. Coping Mechanisms: Describe adaptive or maladaptive strategies and/or behaviors employed by individuals to reduce the intensity of experienced stress.

4. Identification and Intervention: Describe needed awareness of the symptoms of chemical dependency, appropriate strategies for successful intervention, treatment, and aftercare.

5. Re-Entry into the Workplace: Broadly describes components of successfully returning to anesthesia practice. These components include frameworks for returning to administrative, academic or clinical anesthesia practice, strategies to reduce the likelihood of relapse, and elements of lifestyle adaptation that lead to a healthy balance of professional work and physical, emotional, and spiritual health.

**Clinical Hours** – Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthetic assessment, patient preparation, OR preparation, and time spent participating in clinical rounds. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time.

**Clinical Supervision** – Clinical oversight of graduate students in the clinical area must not exceed 1) two graduate students to one CRNA, or 2) two graduate students to one anesthesiologist, if no CRNA is involved. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety).

**Commonly Accepted National Standards** – Commonly accepted national standards are standards that are generally recognized as determining the quality of similar degrees by the larger community of higher education in the United States.

**Counting Clinical Experiences** – Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., CVCL placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the management of the anesthetic, or only observe another anesthesia provider manage a patient’s anesthetic care. Two learners should not be assigned to the same case, except when the case provides learning opportunities for two students and two anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement.
**Credentialed Expert** – An individual awarded a certificate, letter or other testimonial to practice a skill in an institution is a credentialed expert. The credential must attest to the bearer’s right and authority to provide services in the area of specialization for which she or he has been trained. Examples are: a pulmonologist who is an expert in airway management; an emergency room physician authorized by an anesthesia department to assume responsibility for airway management; or a neonatologist who is an expert in airway management.

**Critical Care Experience** - Critical care experience must be obtained in a critical care area within the United States, its territories or a U.S. military hospital outside of the United States. During this experience, which the registered professional nurse is to have has developed has had the opportunity to develop critical decision making and psychomotor skills, competency in patient assessment, and the ability to use and interpret advanced monitoring techniques.

A critical care area is defined as one where, on a daily basis, the registered professional nurse manages invasive hemodynamic monitors (such as pulmonary artery catheter; CVP; arterial), cardiac assist devices, mechanical ventilation, and vasoactive drips (such as norepinephrine; epinephrine; dobutamine; nicardipine; nitroglycerine). The critical care areas include the following: Surgical Intensive Care, Cardiothoracic Intensive Care, Coronary Intensive Care, Medical Intensive Care, and Pediatric or Neonatal Intensive Care. Those who have experiences in other areas may be considered provided they can demonstrate competence with invasive monitoring, ventilators, and critical care pharmacology.

**Culturally Competent** – Cultural competency is demonstrated by effectively utilizing various approaches in assessing, planning, implementing, and administering anesthesia care for patients based on culturally relevant information.

**Demonstration of Clinical Competency:** The academic environment must provide substantial access to practice experts in order for students to learn. As the competencies needed to practice are rapidly changing, students must have access to instructors who possess clinical content knowledge and create a learning environment that is characterized by a culture of inquiry and practice scholarship that exemplifies rapid translation of new knowledge into practice, and utilizes evaluation of practice-based models of care.

Clinical competence may be demonstrated by an instructor’s involvement in one or more of the following:

- Current clinical practice
- Research in clinical area
- Education in the clinical area
- Utilization of evidence based practice in instruction
- Participation in continuous professional development program
- Consultation with clinical experts
**Experientially Qualified** – Program Administrators must possess: a) a minimum of four years clinical experience as a CRNA; b) graduate preparation in the basic and clinical sciences relevant to nurse anesthesia practice, teaching and learning, and curriculum development and implementation; c) current knowledge of CRNA practice and related professional issues; and d) current knowledge of institutional and programmatic accreditation requirements for nurse anesthesia educational programs.

Assistant Program Administrators must possess: a) a minimum of two years clinical experience as a CRNA; b) graduate preparation in the basic and clinical sciences relevant to nurse anesthesia practice, teaching and learning, and curriculum development and implementation; c) current knowledge of CRNA practice and related professional issues; and d) current knowledge of institutional and programmatic accreditation requirements for nurse anesthesia educational programs.

**Formal instruction in curriculum, evaluation and instruction** - Formal instruction in curriculum, evaluation and instruction includes completed educational content evidenced on a transcript from an accredited institution of higher education, an AANA approved continuing education (CE) program, or a CE program approved by another nationally recognized professional approval organization.

**Full Time Program Administrator** – A full time program administrator is a CRNA who by title and function maintains no less than a 0.8 FTE position directing the organizational administration of a nurse anesthesia program; providing leadership and oversight of all aspects of the educational program including, but not limited to, governance, didactic and clinical curriculum, recruitment, and evaluation. The workload may include a reasonable teaching commitment. Engagement in direct patient care activities, including supervising nurse anesthesia student clinical performance, does not qualify as meeting organizational administrative duties.

**Institutional Accréditor** – The institution where a degree is earned must be accredited by an agency that is recognized by the U.S. Secretary of Education as a reliable authority for the quality of training offered.

**Nondiscriminatory Practice** – Nondiscriminatory practice is the practice of treating all individuals, including applicants, without regard to race, color, national origin, gender, marital status, sexual orientation, religion, age or disability, consistent with law. Although an applicant should not be required to provide information regarding any protected characteristics, he or she can provide such information on a voluntary basis. An applicant may be asked if he or she can perform the essential tasks or functions of a nurse anesthetist, without regard to race, color, national origin, gender, religion, age, marital status, physical or mental handicap or disability, sexual orientation, or any legally protected factor. Although an applicant should not be required to provide discriminating information, he or she can provide such information on a voluntary basis.
According to federal law, an applicant may be asked if he or she can perform the essential tasks or functions of an anesthetist, as long as all other applicants are asked the same question. (Reference Title VII of the Civil Rights Act of 1964 and the Americans With Disabilities Act.)

**Pain Management, Acute** – Acute pain management involves the treatment of pain of recent onset arising from a discrete cause, e.g., post operative pain. Acute pain may result from both surgical and nonsurgical origins. The experience of acute pain can initiate a cascade of emotional, physical, and/or social reactions.

**Pain Management, Chronic** – Chronic pain management involves the treatment of persistent pain or discomfort that continues for an extended period of time (usually involving durations greater than 3 to 6 months). Chronic pain may result from both surgical and nonsurgical origins. Some chronic conditions cause pain that may come and go for months or years or that may cause acute increases in the pain level. Persistent pain in certain circumstances becomes a disease with complex causal interactions of biological and psychological factors and not just a symptom.

**Pain Management Encounters** – Pain management encounters are individual one-on-one patient interactions for the express purpose of intervening in an acute pain episode or a chronic pain condition. Pain management encounters must include a patient assessment prior to initiating a therapeutic action. Pain management encounters include, but are not limited to, the following:

1. Initiation of epidural or intrathecal analgesia.
3. Initiation of regional analgesia techniques for post operative pain or other non-surgical acute pain conditions, including but not limited to plexus blocks, local anesthetic infiltration of incisions, intercostal blocks, etc.
4. Adjustment of drugs delivered, rates of infusion, concentration or dose parameters for an existing patient controlled analgesia or patient controlled epidural analgesia.
5. Pharmacologic management of an acute pain condition in PACU.
6. Trigger point injections.
7. Electrical nerve stimulation.

The administration of intravenous analgesics as an adjunct to a general or regional anesthesia technique does not constitute a pain management encounter for purposes of meeting minimal COA required clinical experiences. The administration of regional anesthesia as the primary anesthetic technique for a surgical procedure does not constitute an acute pain management encounter.

**Privilege to Practice** – Privilege to practice is the authority to practice nursing in any compact state that is not the state of residency. Additional license is not granted for this authority.
**Professional Role Development** – Curricular content geared toward development as a professional nurse anesthetist includes but is not limited to the history of nurse anesthesia, standards of practice, professional ethics, regulation of practice (governmental and non-governmental), legal aspects of practice, the business of anesthesia and practice management, anesthesia reimbursement methodologies and payment policies, chemical dependency and wellness, as well as the structure and function of the state, national, and international nurse anesthesia organizations.

**Protected Time** – While the definition of protected time may vary somewhat, the intent is to allow for reasonable balance between personal wellness and professional responsibilities. The institution shall summarize expected faculty efforts for all activities including administration, teaching, research, clinical, and other activities. Other activities include, but are not limited to, those related to maintaining professional competence, scholarly pursuits, and professional advancement. The total hours of faculty commitment must provide ample time for the faculty member to maintain healthy work-life balance.

**Public Member** – A public member is someone who ensures that consumer concerns, public and private, are formally represented and who curbs any tendency to put program priorities before public interest. Such members should be selected at large, and they cannot be current or former members of the healthcare profession or current or former employees of the institution that is conducting the program. This also excludes anyone who might be perceived to have divided loyalties or potential conflicts of interest, such as a relative of an employee or former employee.

**Published Outcomes** – A program must publish accurate data and information to the public on its performance. The data must demonstrate the degree to which it has achieved its purpose and objectives. Publications can be in various formats but must include posting the information on a website that is linked to the Council’s List of Recognized Programs.

**Radiology** – Didactic curricular content includes the fundamentals of radiologic principles and various techniques; topographic anatomy; contrast agents; radiation safety; basic evaluation of normal and abnormal radiographs of the chest, abdomen, and spine; evaluation of proper positioning of various tubes (e.g., endotracheal tubes, chest tubes) and lines (e.g., central venous catheters); and proper techniques of safe fluoroscopic equipment use.

**Reasonable Time Commitment** – A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all in clinical hours (see Glossary, “Clinical Hours”) (including in house call), averaged over four weeks. Students must have include a 10 hour rest period between scheduled clinical duty periods (i.e. assigned continuous clinical hours-shifts). Students who choose to work as a registered nurse in addition to their responsibilities in the nurse anesthesia program must ensure that their work as an RN, when combined with nurse anesthesia student time commitment, does not exceed the 64 hour
time commitment. At no time may a student provide direct patient care for a period longer than 16 continuous hours.

**Scholarly Work** - The doctoral program culminates with the completion of a scholarly work that demonstrates the ability to translate research findings into practice. This is an opportunity for the student to prepare a substantial final written work product, applicable to nurse anesthesia practice, that reflects the breadth of skills and knowledge the student has gained throughout the program of study. The final written work product may be in the form of a manuscript submitted for publication, a poster presented at a national meeting, design of innovative clinical practice model, or other effective means of dissemination. The structure and process of the scholarly work will vary according to the requirements of the governing institution, and conform to accepted educational standards at the practice doctoral level.

**Simulated Clinical Experiences** – Simulated clinical experiences are learning experiences involving the imitation or representation of clinical activities that are designed for competency attainment, competency assessment, or competency maintenance. Simulation involves a wide range of options including, but not limited to standardized patients, web-based simulation, computer-based simulation, manikin-based technologies ranging from low- to high-fidelity, task trainers, and holodecks. These clinical learning experiences are intended to help bridge didactic learning with safe and effective patient care delivery.

**Student Services** - Student services consist of assistance offered to students such as financial aid, health services, insurance, placement services, and counseling.

**Title IV Eligibility** - Title IV Higher Education Act (HEA) federal programs administered by the U.S. Department of Education have a requirement for institutions or programs participating in federally funded programs to be accredited by an institutional accreditor recognized by the U.S. Secretary of Education. Examples of federal programs where accreditation provides a federal link to funding are Direct Loans, Student Aid Programs (Stafford, PLUS and consolidation loans) and Federal Perkins Loans.

**Unshared governance** - An unshared governance is a formal arrangement in which two or more organizations or institutions are controlled by separate administrative authorities. Written affiliation agreements are necessary between entities that participate in an unshared governance arrangement.
Standards Revision Task Force
Dr. Rebecca Gombkoto, Chair
Dr. Betty Horton, Consultant
Dr. Denise Martin-Sheridan
Dr. James Walker
Ms. Mary Jean Yablonky
Dr. Francis Gerbasi, Staff
Ms. Kara Chlebek, Staff