



Council for the Accreditation  
of Emergency Management  
& Homeland Security Education  
(CAEMHSE)

**The CAEMHSE Accreditation Process**

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## The CAEMHSE Accreditation Process

**NOTE: The CAEMHSE is offering on-site assessment and virtual assessment. The Council will work with the institution (i.e., the department) to determine whether a physical on-site visit is desired, or an entirely virtual assessment is preferred. The Council will utilize three assessors during the process, one of which will be the Assessment Team Lead. The Team Lead will be identified to the institution, and the bulk of communication will be with this person. The lead assessor will be empowered to make assessment decisions for the Council and the other assessors.**

### AP1. Timeline and Activities

**Step 1:** An institution notifies the CAEMHSE (or Council) of their intent to seek accreditation, and makes application, including CAEMHSE membership and the proper application fee (may be invoiced). When an institution is requesting accreditation for more than one degree program, it must submit (at least a partial) application for each program to be considered, with the additional fee(s).

**Step 2:** The institution receives, from the CAEMHSE, approval of the application, and begins the Self-Study process.

**Step 3:** The Council verifies the program(s) to be accredited, and the Assessment Manager begins coordination with the institution's representative to establish tentative dates for the assessment, virtual or on-site—which will be subject to the site team's review of the self-study.

**Step 4:** The Council, together with the institution, determines the configuration of the (virtual or-site) assessment team for each program seeking accreditation. An effort will be made to provide diversity of assessors (i.e., educators, practitioners, governmental, and corporate) where possible and appropriate. If more than one degree program is to be assessed, [an] additional assessor[s] may be required. An alternate assessor may be designated to participate in the self-study review, offering feedback and comment, and should be prepared to step in if a primary team member is unable to continue participating in the assessment.

**Option A.** A virtual assessment will be conducted by a Team Lead assessor and a minimum of two other assessors in an entirely virtual mode.

**Option B.** A single on-site assessor (usually the Team Lead), and a minimum of two other assessors in a virtual mode.

**Option C.** A full on-site team (historical model) will include a minimum of three trained evaluators/assessors (Lead and two others) and an alternate. Note that historically this has been very informative and productive for the assessment team AND the institution/program.

For associate's degree programs, it is the intent that the site team would be composed of at least one member with a master's degree. The remaining site team members must at least possess a bachelor's degree.

For bachelor's degree programs it is the intent that the site team would be composed of at least one member with a doctoral degree. The remaining members must at least possess a master's degree.

For master's degree programs it is the intent that the site team would be composed of three members, preferably with doctoral degrees, but not less than a master's degree. At least one member must have a doctorate, and at least one member must have experience teaching in a master's level program.

If the program seeking accreditation is an online or hybrid program, or includes significant online components, at least one site team member must have experience teaching in an online or hybrid format.

**Step 5:** The institution conducts the self-study. The institution must complete and provide to the CAEMHSE an electronic copy of the self-study, which must be received at least 90 days prior to any scheduled site or virtual assessment visit.

### **AP2. Review of Self Study**

1. The assessment team will review the results of the institution's self-study and notify the CAEMHSE of the results within 30 days. If the self-study is complete, the assessment date(s) will be confirmed. If there are minor deficiencies found by the assessment team during the review of the self-study, the Council [Assessment Manager] will notify the program of those deficiencies. The institution will have 30 days to correct those deficiencies, and resubmit the self-study. The Assessment Team Lead will review the revised self-study, approve it, and confirm the assessment arrangements.
2. If there are major deficiencies found during the review of the self-study that need further explanation and/or correction prior, to the scheduled assessment, the Council will contact the program point of contact to request additional information in writing prior to the site visit. If the deficiencies were corrected prior to the site visit they will not be included in the final report (as deficiencies).

### **AP3. Assessment: Virtual or On-Site**

**Option A, Virtual Assessment.** All information flow and assessment conduct will be through electronic means: email, and document upload and download.

**Option B, One On-Site Assessor.** The site visit duration, one to three days, will be determined through discussion with the institution. See Option C for particulars needing decision. An agenda for the visit should be finalized prior to any travel.

**Option C, Three On-Site Assessors.** On-site visits for accreditation, normally by a team of three assessors, will typically span three days, depending upon the size and complexity of the program. If more than one degree program is under review, or there is more than one campus location being assessed, additional time and/or site visit team members may be required. An agenda for the on-site assessment should be arranged between the assessment team leader and the program coordinator/director (or other program official) representing the entity/institution seeking accreditation. The agenda will outline important events which should take place during the on-site assessment. The agenda will typically cover interviews with key leaders, faculty members, program stakeholders, and students, and be shared with all those involved. The agenda may be modified by the assessment team leader in coordination with the host entity due to local circumstances; this should be done well before the visit is to take place. Officials representing the entity seeking accreditation should take part in the preparation of the agenda so that it accommodates the characteristics of campus facilities and allows for scheduled interviews with

appropriate faculty, students, and administrators. The assessment team leader should furnish a copy of the agenda to each member of the on-site assessment team prior to arrival.

**AP4. Arrival on Campus (Options B and C)**

Immediately upon arrival, the assessment team leader will contact the entity representative for any final modifications to the schedule. Site team members also should have a private meeting to review the accreditation site visit process and discuss any strategies or assignments for the on-site assessment.

**AP5. Site Team Work Area (Options B and C)**

The on-site assessment team should be provided a private work area (e.g., conference room) where they can discuss issues in confidence and without interruption. If possible, the room should have a telephone and internet access. Access to a printer and copy machine, and the institution's intranet are encouraged.

**AP6. Meetings with Leadership (All Options)**

Assessment team members, collectively or independently, will conduct meetings with institution and program leadership as practicable, on-site and/or virtual. These meetings facilitate the establishment of good will, explaining the purposes of the assessment, conduct portions of the assessment, and facilitate assessment team expectations and needs.

**AP7. Program Interviews (All Options)**

During an assessment, assessment team members should interview the dean, chairperson, program coordinator/director, program faculty and staff, students, and any other pertinent stakeholders. On-site team members may conduct separate interviews and visits with individuals and groups within the program and the institution.

*Program Leadership.* The dean, chairperson, and the program coordinator/director (or equivalent) should be interviewed separately. The program coordinator/director also should be interviewed separately from faculty and staff.

*Faculty.* The on-site assessment team members should interview enough instructors to ensure overall entity understanding and commitment to written policies and procedures as well as consistency with each other and the program coordinator/director. Faculty interviews may be conducted individually, collectively, in-person, and/or via electronic means (for distance learning programs). In order to encourage frank discussion, a meeting of program faculty is usually held without the presence of the program coordinator/director.

*Staff.* The on-site assessment team members should interview administrative assistants, advisors, and/or other program staff separately from faculty.

*Students.* Interviews with students should be conducted without the presence of representatives of the program seeking accreditation. A minimum of five students will be interviewed from each undergraduate degree program seeking accreditation. A minimum of two students will be interviewed from each graduate program seeking accreditation. Student interviews should be scheduled in groups based on the program in which they are enrolled. If applicable, student interviews may be conducted via phone or other electronic means, although there is usually high value in face-to-face contact (including virtual meetings). If possible, class visits are encouraged.

*Program Stakeholders.* The on-site assessment team members may meet with advisory board members or other stakeholders to ensure that stakeholders have input into program planning.

**AP8. Review of Support Services (1.0 Standards)**

The team will review academic support services (e.g., Library, learning management system, office of accommodation, internships, career center). This includes accessibility of services available to online students.

**AP9. Exit Procedures: Pre-Conference (private) and Presentation (public)**

If an on-site visit, prior to the [public] exit conference (or presentation), the on-site assessment team will hold a private meeting with program and institution leaders or representatives to review preliminary findings and seek consensus among assessment team members, to begin preparation of the draft assessment report, and to designate on-site assessment team member roles for the exit conference.

In the exit pre-conference the site assessment team members will present preliminary findings to the program point of contact and/or institution leadership. The [public] exit presentation concludes the site visit, and is followed by the immediate departure of the team from the institution. (Note: this closure should also be listed in the agenda section).

**AP10. Findings and Draft [Interim] Report**

If an on-site visit, before leaving the program’s site, the on-site assessment team will compose a rough draft, or Initial Assessment Report, of findings for the accreditation report. (This task is primarily a responsibility of the site visit team leader.) A copy of this Draft Initial Assessment Report (so labeled) will be left with the program coordinator/director. After the site visit, the assessment team will prepare the initial draft of the final accreditation report. The Draft Final Assessment Report will include a review of the site team visit including:

- a brief overview of the program and institution
- composition of site assessment team
- confirmation that documentation—specifically the self-study and any other documentation issued by the institution to the on-site assessment team—was reviewed
- the [final] site visit agenda and list of interviews conducted
- a discussion about strengths and weaknesses, based on CAEMHSE accreditation standards
- the team’s preliminary findings of compliance (near-compliance, and non-compliance) with accreditation standards
- recommendations and suggestions for modification, correction, and/or future improvement

If a virtual assessment, a Draft Initial Assessment Report will be conveyed to the program coordinator/director within a week.

The Draft Final Assessment Report will be sent by the team leader to the CAEMHSE no later than 30 days after the site visit, or virtual assessment concludes. The Council will forward the draft report to the institution for review. The institution will then have 30 days after receipt of the report to respond with Errors and Omissions, and provide additional supporting documentation, if applicable, to the Council.

### **AP11. Final Assessment Report Preparation**

After receipt of any additional comments or documentation from the institution, the assessment Team Leader will prepare the Final Assessment Report (which will follow the same format as the draft final report) to the CAEMHSE for review and approval. The Council will present the final report to the CAEMHSE Board of Directors for approval. After approval, the Council will send the Final Assessment Report to the institution, notifying them of the outcome of the review, including either a letter of accreditation (or conditional accreditation) or notification of non-accreditation. Final review and the accreditation decision should occur within 90 days of the conclusion of the site visit. The final report will include one of three accreditation decisions: Accreditation, Conditional Accreditation, or Non-Accreditation (and reaccreditation duration, if more or less than five years).

#### **AP11a. Award of Full Accreditation**

If the program sufficiently complies with all standards, it will be awarded initial accreditation for a period of five years. A program may apply for reaccreditation during the 5<sup>th</sup> year. Subsequent reaccreditations will [normally] be for 10-year intervals, and require full Self-Studies.

#### **AP11b. Award of Conditional Accreditation**

If the program meets the general intent of accreditation, full compliance, or conditional compliance with all program standards (although deficiencies are identified), the program may be given conditional accreditation of a period less than five years, or have an option to withdraw its application. If a program receives conditional accreditation it will be required to submit a plan to correct deficiencies to the Council within 45 days. The corrective action plan should include the identified deficiencies, corrective action to be taken, and a timeline. Additionally, the program will submit a progress report that reviews the status of the corrective action plan within 12 months to maintain conditional accreditation. If all deficiencies are satisfactorily corrected within 24 months the program will be eligible for full [5-year] accreditation. The program will submit a final report upon completion of the corrective action plan, with supporting documentation, to the CAEMHSE for reconsideration. A follow up on-site review may be required to evaluate progress. Continued communication with the CAEMHSE, showing progress, will likely eliminate any site revisit. A fee for re-evaluation may apply; the amount of CAEMHSE effort will be the primary determining factor in assessing fees.

#### **AP11c. Notice of Non-accreditation**

If the program does not achieve accreditation during the initial review, or at the conclusion of the conditional accreditation period, a decision of non-accreditation will be issued. A re-evaluation may be requested or mandated. The fee will be negotiated, and time limits may apply.

### **AP12. Reaccreditation**

One year prior to the expiration date of the program's grant of accreditation, programs will receive notification of their reaccreditation cycle, the timelines for each step of the process, and the due dates for the fees required.

Reaccreditation activity, at the five-year mark, may be abbreviated, e.g., that is, it will require a level of self-study but not a site visit. The Council will appoint an assessment team to review the self-study and any changes to the program(s), including documentation submitted by the

institution. Reaccreditation shall be for a period up to five years. The second (10-year) reaccreditation shall be a full assessment, and may result in an accreditation of five or more years, up to ten years.

**AP13. Appeals**

The decision of the duration of accreditation, or of non-accreditation, may be appealed through submission of a letter of request for reconsideration, to the CAEMHSE President, who will investigate the entire assessment proceedings, and confer with the Board of Directors. Appeal requests should be submitted within 30 days of the issuance of the Final Assessment Report.