

# JRC-DMS

## Policies & Procedures

(Revised January 2010)

## ***Table of Contents***

*All entries in Table of Contents are linked to the corresponding sections.*

SUBJECT 1.00	Board Composition.....	3
SUBJECT 2.00	Management Agreement and Responsibilities .....	3
SUBJECT 2.01	Review of Management Contract.....	3
SUBJECT 2.02	Evaluation of Management Services .....	3
SUBJECT 2.03	Maintenance of JRC-DMS Records and Files.....	3
SUBJECT 2.04	Record Retention.....	3
SUBJECT 3.00	Ethical Standards of Practice.....	5
SUBJECT 3.01	Conflict of Interest Statement.....	5
SUBJECT 3.02	Director Replacement.....	5
SUBJECT 4.00	Financials.....	5
SUBJECT 4.01	Sponsorship Fees.....	5
SUBJECT 4.02	Automobile Reimbursement.....	5
SUBJECT 4.03	Investments.....	6
SUBJECT 5.00	Program Documentation.....	7
SUBJECT 5.01	Program Sponsorship.....	7
SUBJECT 5.02	Contacting JRC-DMS Directors.....	7
SUBJECT 5.03	Accepted Credentials for Clinical Instruction .....	8
SUBJECT 5.04	Annual Reporting of Outcomes.....	8
SUBJECT 5.04a	Definition of Outcomes .....	8
SUBJECT 5.04b	Definition of Class.....	8
SUBJECT 5.04c	Outcomes Thresholds .....	8
SUBJECT 5.04d	Pass Rate Calculation .....	9
SUBJECT 5.04e	Failure to meet established thresholds.....	10
SUBJECT 5.05	Scanning Lab Definition.....	10
SUBJECT 6.00	Site Visitor Qualifications .....	10
SUBJECT 6.00a	Site Visitor Appointment.....	10
SUBJECT 6.00b	Withdrawal of Appointment.....	11
SUBJECT 6.01	Site Visitor Conduct .....	11
SUBJECT 6.01a	Grievance Against a Site Visitor .....	12
SUBJECT 6.02	Site Visit Exit Summation .....	13
SUBJECT 6.03	Site Visitor Evaluation .....	13
SUBJECT 6.04	Site Visitor Reimbursement.....	14
SUBJECT 6.05	Responsibilities of the Site Visit Team .....	14
SUBJECT 6.06	Site Visit Confidentiality.....	14
SUBJECT 6.07	Sexual Harassment .....	15
SUBJECT 7.00	10-Year Accreditation Cycle.....	15
SUBJECT 8.00	Appointment and Term of CAAHEP Commissioner .....	15
SUBJECT 8.00a	Sponsorship .....	15
SUBJECT 8.00b	Running for CAAHEP Board of Directors.....	15
SUBJECT 9.00	Recognition of Additional Clinical Affiliates.....	16
SUBJECT 9.01	Clinical Affiliate Application Fee .....	16

## **SUBJECT 1.00 – Board Composition**

The JRC-DMS Board shall be a mix of physicians and sonographers from a variety of backgrounds.

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## **SUBJECT 2.00 – Management Agreement and Responsibilities**

JRC-DMS will maintain a management agreement to provide administrative management services. (f00)

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### **SUBJECT 2.01 – Review of Management Contract**

The management agreement will be reviewed and accepted by JRC-DMS in accordance with the timetable stated in the contract.

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### **SUBJECT 2.02 – Evaluation of Management Services**

An evaluation of the Management Services will be performed annually. (w06)

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### **SUBJECT 2.03 – Maintenance of JRC-DMS Records and Files**

The Management Service of JRC-DMS will keep all records and files.

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### **SUBJECT 2.04 – Record Retention**

The following schedule is to be used for the retention of all JRC-DMS files:

<u><i>Administrative</i></u>	<u><i>Retention Period</i></u>
Contracts and leases (expired) _____	7 years
Contracts and leases (still in effect) _____	Permanently
Correspondence (legal and important matters only) _____	7 years
Expenses analyses and expense distribution schedules _____	7 years
Financial statements (end-of-year, other months optional) _____	Permanently
Insurance policies (expired) _____	Permanently
Minutes of directors and committees, including bylaws and charter _____	Permanently
Trademark registrations _____	Permanently
Transcripts of disciplinary hearings _____	Permanently

<u><i>Bookkeeping</i></u>	<u><i>Retention Period</i></u>
Accounts payable ledgers and schedules _____	7 years
Accounts receivable ledgers and schedules _____	7 years
Audit reports of accountants _____	Permanently
Bank reconciliations _____	2 years
Cash books _____	Permanently
Charts of accounts _____	Permanently
Checks (cancelled, but see exception below) _____	7 years

Checks (cancelled for important payments [i.e., taxes, property purchases, special contracts, etc.]. These checks should be filed with papers pertaining to the underlying transaction).	Permanently
Duplicate deposit slips	2 years
General and private ledgers (and end-of-year trial balances)	Permanently
Internal audit reports	Permanently
Internal reports (miscellaneous)	3 years
Inventories of products, materials and supplies	7 years
Invoices from vendors	7 years
Journals	Permanently
Notes receivable ledgers and schedules	7 years
Payroll records and summaries, including payments to pensioners	7 years
Petty cash vouchers	3 years
Physical inventory tags	3 years
Purchase orders (except purchasing department copy)	2 years
Receiving sheets	2 years
Requisitions	2 years
Sales records	7 years
Stock and bond certificates (cancelled)	7 years
Subsidiary ledgers	7 years
Tax returns and worksheets, revenue agents' reports and other documents relating to determination of income tax liability	Permanently
Time books	7 years
Voucher registers and schedules	7 years
Vouchers for payments to vendors, employees, etc. (includes allowances and reimbursement of employees, officers, etc. for travel and entertainment expenses)	7 years

<u>Accreditation / Reaccreditation</u>	<u>Retention Record</u>
Application forms – accreditation / reaccreditation	Permanently
Self-study documents (keep current only)	5-10 years
Program's response to the findings letter (keep current only)	5-10 years
Invoices to programs	7 years
Program permanent files	Permanently
Correspondence (routine) with programs and vendors	1 year
Correspondence (general)	5 years
Complaints	Permanently
Probationary / Withdrawal actions	Permanently
Accreditation actions	Permanently
Affiliate requests	Affiliate Approved
Affiliate spreadsheets (current only)	Permanently
Findings letter	Permanently
Annual Report	5 years
Program temporary files	Varies
Correspondence (routine) with programs	Accreditation granted
Correspondence (general)	Accreditation granted
Site visit report	Accreditation granted
Reviewer's analysis	Accreditation granted

*Any and all documents responsive or relevant to any investigation or legal proceeding should be permanently retained. (f04, s08)*

### **SUBJECT 3.00 – Ethical Standards of Practice**

All representatives of JRC-DMS, including officers, directors, site visitors, committees, and staff, will adhere to ethical standards of practice. (s07)

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### **SUBJECT 3.01 – Conflict of Interest Statement**

JRC-DMS directors will absent themselves from discussion and vote for any program in which a real or perceived conflict of interest could be implied. All discussions and deliberations of JRC-DMS regarding individual program accreditation actions are confidential.

Each director will sign a conflict of interest statement annually. (f94, s97, s02, w06)

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### **SUBJECT 3.02 – Director Replacement**

The sponsoring organization of any Director may be requested to replace their representative for the following reasons:

- Absence from two consecutive Board of Directors meetings
  - Breach of confidentiality
  - Ethical violations
  - Excessive tardiness completing program reviews
- 

### **SUBJECT 4.00 – Financials**

- JRC-DMS will review and approve a budget proposed by the management services annually. (f00, w06, s07)
  - JRC-DMS will have an annual review of all accounting. (w06, s07, w08)
  - JRC-DMS financial reports will be provided monthly to the Secretary-Treasurer by the management services. (f00)
  - JRC-DMS checks in excess of \$10,000.00 require two signatures. The appropriate signatures are identified in the JRC-DMS Bylaws. (f94, s06)
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### **SUBJECT 4.01 – Sponsorship Fees**

The sponsoring organizations of the JRC-DMS shall pay an annual fee per Board representative as determined by the JRC-DMS Board of Directors. (f95, w06)

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### **SUBJECT 4.02 – Automobile Reimbursement**

Automobile reimbursement for personal car use while performing JRC-DMS business will be according to the current Internal Revenue Service Rate. (s91,f00, w06)

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## **SUBJECT 4.03 – Investments**

### **INVESTMENT:**

- Provide stable and predictable growth in investment income from year to year.
- Preserve the capital value of the fund balance and protect the fund balance from wide variations in market value.
- Accrue financial reserves equivalent to one year's operating budget.

### **ASSET ALLOCATION GUIDELINES:**

#### **A. Operating Funds Investment Plan**

The purpose of the operating fund is to provide sufficient cash to meet the budgeted financial obligations of JRC-DMS in a timely manner. The primary goal of investing operating fund assets is to ensure that working capital is invested as fully as possible.

##### **1. Investment Objectives**

- a. Preservation of principal
- b. Provide liquidity
- c. Maximize investment income within the constraints of "a" and "b" above

##### **2. Investment Guidelines**

Acceptable investments shall include:

- a. Federal insured certificates of deposit
- b. Money market funds
- c. U.S. Treasury bonds

Maturity: Investments in the operating fund will be limited to one year or less.

##### **3. Performance Measurement**

Maximizing investment income is a secondary consideration to providing liquidity and maintaining safety of principal. Performance will be reported quarterly and compared to a short-term Treasury bill index.

#### **B. Reserve Funds Investment Plan**

JRC-DMS' reserve fund exists for general investment purposes. Preservation of capital is the primary investment goal for these funds, with growth of capital as the secondary objective. The time-frame for investment of these funds is at least three to five years or an average market cycle. The Board of Directors is authorized to select an investment manager, who is insured and bonded, to provide services necessary for it to perform its obligations as set forth in the policy statement. The investment manager shall be guided by JRC-DMS' investment guidelines and objectives that the Board shall review.

##### **1. Investment Objectives**

- a. Preservation of principal
- b. Provide liquidity
- c. Maximize investment income within the constraints of "a" and "b" above

##### **2. Investment Guidelines**

Acceptable investments shall include:

- a. Federal insured certificates of deposit
- b. Money market funds
- c. U.S. Treasury bonds
- d. Mutual funds
- e. Stocks

Maturity: Investments in the reserve fund will be limited to six months to a year.

### **3. Performance Measurement**

Maximizing investment income is a secondary consideration to providing liquidity and maintaining safety of principal. Performance will be reported quarterly and compared to a short-term treasury bill index.

#### *Reserve Fund Spending Policy*

A defined percentage of the reserve fund's return (from market appreciation) can be used to support program expenses. The purpose of the reserve funding spending policy is to:

- a. Provide a fixed amount of revenues for JRC-DMS' access to meet special projects and emergency operating expenses.
- b. Provide a process to allocate the returns from the reserve fund to support operations.
- c. Provide safeguards to ensure that inflation cannot erode the purchase power of funds' assets. (s08)

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## **SUBJECT 5.00 – Program Documentation**

JRC-DMS requires that programs seeking accreditation provide evidence, in the form of a written report, that a self-study has been conducted. Accredited programs must periodically submit a self-study report and participate in an on-site visit, to obtain and maintain accreditation.

If requested information, including but not limited to the self-study, annual report, request for clarification, etc., is not received within 3 days of the given due date, a program will be placed on administrative probation. If a specific due date is not given, programs must respond to the request of information within 30 days.

JRC-DMS requires that programs seeking accreditation must submit all correspondence and the self-study in English. All correspondence including, but not limited to, the self-study, annual report, etc., must be typed. Handwritten information will only be accepted on completed survey forms. Programs are required to use the appropriate current JRC-DMS forms. Forms can be found at [www.jrcdms.org](http://www.jrcdms.org).

If requested information is not received in a timely manner, when a program is undergoing comprehensive review, the program's application may be returned without further review. Once the application is returned by JRC-DMS, the program must begin the initial or continuing accreditation process again, including resubmitting all appropriate fees.

JRC-DMS will not accept vague, inconsistent, or confusing information. (f00, w05, w06, s07)

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## **SUBJECT 5.01 – Program Sponsorship**

Separate programs conducted by a single sponsor are considered individual programs and require individual accreditation. (f00, s07)

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## **SUBJECT 5.02 – Contacting JRC-DMS Directors**

The management services office will not give out contact information for JRC-DMS directors. Office staff should take the individual's contact information, and if appropriate, the director will make contact with the individual or instruct staff to follow through. (w06, s07)

## **SUBJECT 5.03 – Accepted Credentials for Clinical Instruction**

Any of the following credentials from ARDMS, ARRT, and CCI, are accepted for clinical instructors in the following areas:

- Abdomen: RDMS (AB), RT(S)
  - OB/Gyn: RDMS (OB), RT(S)
  - Breast: RDMS (AB), RDMS (BR), RT(S)
  - Neurosonology: RDMS (AB), RT(S), RDMS (NE)
  - Adult Echocardiography: RDCS (AE), RCS
  - Pediatric Echocardiography: RDCS (AE), RDCS (PE), RCS
  - Fetal Echocardiography: RDMS (OB), RT(S), RDCS (PE), RDCS (FE), RCS
  - Vascular: RVT, RVS (f08)
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## **SUBJECT 5.04 – Annual Reporting of Outcomes**

A three-year trend of poor outcomes may trigger a comprehensive review or site visits at the program's expense

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### **SUBJECT 5.04a – Definition of Outcomes**

JRC-DMS uses a number of criteria for outcome measures, which includes, but is not limited to, employer surveys, graduate surveys, student surveys, and student attrition. JRC-DMS also evaluates the number of graduates taking and passing national credentialing exams. The current accepted credentials include: RDMS (AB, OB), RVT, RDCS (AE, PE), RT(S), RCS, RVS. Validation of credentialing examinations must include analysis by psychometricians using current psychometric guidelines.

Programs must use the forms provided by JRC-DMS to report outcomes. (s06, w06, s08)

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### **SUBJECT 5.04b – Definition of Class**

The following definition of class must be used by programs when reporting outcomes:

- All students graduating for the reporting year.
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### **SUBJECT 5.04c – Outcomes Thresholds**

JRC-DMS has established the following outcomes thresholds that programs must meet/maintain for accreditation:

#### **SURVEYS**

##### *Graduate Surveys*

- Within one year post-graduation
  - Must have at least a 50% return rate
  - Composite score of three or greater on a five-point rating scaleExample:
  - 10 Total graduates
    - Must have a minimum of 5 returned surveys (50%) for each graduating class
    - EACH QUESTION should have an average composite score of 3 on the five-point Lickert scale

### *Employer Surveys*

- Within one year post-graduation
    - Must have at least a 50% return rate
    - Composite score of three or greater on a five-point rating scale
- Example:
- 10 Total graduates
    - Must have a minimum of 5 returned surveys (50%) for each graduating class
    - EACH QUESTION should have an average composite score of 3 on the five-point Lickert scale

### **ATTRITION**

Total enrollment per class:

- Not to exceed 20% of total enrollment.  
Including attrition due to Academic Dismissal, Clinical Dismissal, Student Withdrawal

### **NUMBER OF GRADUATES EMPLOYED IN A RELEVANT SETTING**

- At least 75% of graduates must be employed as sonographers, continuing their education, or in the military in one of the program's accredited specialties within six months of graduation.

### **CREDENTIALING SUCCESS**

#### *General Concentration Only Program*

- 60% overall take and pass rate within one year of graduation and earn either abdomen or OB/Gyn credential.
- At some point during the five or 10-year accreditation cycle the program must demonstrate that some graduates have been successful in obtaining the credential for both abdomen and OB/Gyn.
- Current accepted credentials for the General Concentration:
  - ARDMS: RDMS (AB) and RDMS (OB/Gyn)
  - ARRT: RT(S)

#### *Cardiac Concentration Only Program*

- 60% overall take and pass rate and earn a credential within one year of graduation.
    - If pediatric echocardiography is offered/reported as an outcome, at some point during the three, five or 10-year accreditation cycle the program must demonstrate that some graduates have been successful in obtaining the credential for adult echocardiography and pediatric echocardiography.
  - Current accepted credentials for the Cardiac Concentration:
    - ARDMS: RDCS (AE) and RDCS (PE)\*
    - CCI: RCS
- \*if applicable

#### *Vascular Concentration Only Program*

- 60% overall take and pass rate and earn a credential within one year of graduation
- Current accepted credential for the Vascular Concentration:
  - ARDMS: RVT
  - CCI: RVS

#### *Multiple Concentration Programs*

- 60% overall take and pass rate and earn a credential within one year of graduation.
- At some point during the five or 10-year accreditation cycle the program must demonstrate that some graduates have been successful obtaining in all of the credentials the curriculum is designed to teach. (w07, s08)

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## **SUBJECT 5.04d – Pass Rate Calculation**

Credentialing success is demonstrated by the number of graduates attempting and successfully obtaining a credential, as outlined below. To determine this number, the following formula must be used:

Number of Graduates Passing Exam divided by the Total Number of Graduates Attempting Exam (w07, s08)

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## **SUBJECT 5.04e – Failure to meet established thresholds**

Failure to meet the cut-points during a program review, including the annual report, will require an action plan. An action plan should explain and provide documentation regarding how deficiencies will be corrected. Inability to correct deficiencies over three years of reporting data may trigger an unscheduled comprehensive review (self-study and site visit), progress report, or a change in the program's accreditation status. A change in accreditation status may include a recommendation of probationary accreditation or withdrawal of accreditation. (w07)

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## **SUBJECT 5.05 – Scanning Lab Definition**

Scan laboratories are defined as:

- Scheduled and required experiences
  - Scan labs are student scanning practice in a controlled laboratory setting
  - Scan labs must be monitored by faculty at all times
  - Scan labs may be conducted in a classroom setting or in the clinical setting
  - Scan labs may be conducted on volunteer models, such as other students
  - Policies must be in place that ensure that models understand the purpose is educational, not diagnostic
  - Scan labs cannot take the place of clinical education in a hospital or office setting on real patients, but can be used to enhance scanning experience in certain limited settings. (s07)
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## **SUBJECT 6.00 – Site Visitor Qualifications**

Site visitors will be qualified by education and experience to evaluate the learning concentrations for which the program is seeking accreditation. All current site visitors are required to complete site-visitor training, which is sponsored by JRC-DMS. Current and past JRC-DMS Directors may be site visitors. JRC-DMS site visitors must be knowledgeable of the accreditation process and objective in program evaluation; including knowledge of the Standards and Guidelines and Policies and Procedures.

JRC-DMS requires site visitors to regularly update knowledge and improve and skills through participation in annual site visitor retraining workshop/session(s).

JRC-DMS site visitors who do not hold a JRC-DMS-approved credential may only serve as the team member.

Site visitors may become a team chair after the following:

- Satisfactory completion of three or more JRC-DMS site visits as a team member
    - Satisfactory completion is defined as receiving no unfavorable evaluations from either the team chair or the program being visited.
  - Current with JRC-DMS training and retraining
  - Currently holds at least one JRC-DMS recognized credential (s97, f00, s03, w04, w07)
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## **SUBJECT 6.00a – Site Visitor Appointment**

JRC-DMS recognizes that site visitors serve at the discretion of the Board of Directors, for terms lasting two years, and may be retired per the JRC-DMS Board at any time. JRC-DMS requires site visitors to:

- Maintain confidentiality

- Demonstrate continued knowledge of current JRC-DMS Standards and Guidelines and Policies and Procedures
- Justify program non-compliance using the Standards and Guidelines during program evaluations
- Act in a professional manner as a representative of JRC-DMS
- Limit interaction and involvement to the observation and substantiation of information

Site visitors must also be able to communicate effectively and apply sound reasoning and problem solving skills.

The JRC-DMS Board and staff will review the qualifications and appointments of site visitors annually, based on the above criteria. (w07)

### **SUBJECT 6.00b – Withdrawal of Appointment**

Site visitors may be removed from the site visitor roster if they:

1. Voluntarily resign
2. Are inactive for a period of at least three years
3. Fail to participate in required site visitor retraining activities
4. Fail to correct any deficiencies revealed in the evaluation process (w07)

### **SUBJECT 6.01 – Site Visitor Conduct**

1. Site visitors are present to observe, question and record impressions, not to counsel, guide, teach or otherwise help the program to make on-site changes or improvements. Site visitors must maintain objectivity with respect to personal values, philosophies or educational methods.
2. Site visitors must avoid undue influence, or its appearance. Site visitors cannot accept gifts, favors, or services that might prejudice, or appear to prejudice, their professional judgment or that may lead the program to expect leniency in the interpretation of compliance.
3. Site visitors may not engage in either personal recruitment or job-hunting activities/behavior during a site visit or until the accreditation process is complete, whichever is longer. Site visitors should not suggest their availability for consultation or for employment by the program being evaluated.
4. The extent a program meets the Standards and Guidelines is the only criterion for which it may be evaluated.
5. Behavior such as sexual comments, inappropriate jokes and intolerance of any kind (gender, race, ethnicity, sexual orientation) will not be tolerated.
6. Site visitors' attire should be conservative and businesslike.
7. The site visit team may not indicate their personal opinions of probable JRC-DMS Board recommendations to CAAHEP.
8. Site visitors must maintain confidentiality at all times during and following the site visit.
9. Site visitors must not allow notoriety or reputations (real or perceived) within the profession, to influence judgments and evaluations. (f99, w07)

## **SUBJECT 6.01a – Grievance Against a Site Visitor**

A complaint or grievance of an approved site visitor's conduct during a site visit may be submitted by any individual, for example, student, faculty and/or fellow site visitor. The following procedures will be used in the investigation of a grievance or complaint concerning a site visit.

Procedure: All written grievances shall be forwarded to the Chair of the JRC-DMS for action within 10 working days. The JRC-DMS Board of Directors will not intervene on behalf of individuals, or act as a court of appeal for individuals. It will intervene only when it believes that the practices or conditions indicate that the site visitor's conduct during the site visit may not have been in compliance with established JRC-DMS Policies and Procedures.

1. To receive formal consideration, all complaints must be submitted in writing and signed. Submission of signed program site visit questionnaires or peer site visit evaluations will also be accepted, but must clearly request formal consideration by the board to evaluate potential site visitor misconduct related to the Standards and Guidelines or JRC-DMS established Policies and Procedures.
2. If the chair determines the complaint does not relate to the established policies and procedures, the person initiating the grievance shall be notified accordingly.
3. If the complaint does relate to the established policies and procedures, the chair shall acknowledge receipt of the complaint and share with the filing party a description of the process and policies that pertain to handling such complaints. If JRC-DMS does not hear from the complainant within 10 working days, they will continue with this action:
  - A. The chair shall forward the complaint to the JRC-DMS Grievance Subcommittee. Attached to the complaint will be the program's findings letter, response (if received) and any other pertinent notes from the site visit.
  - B. JRC-DMS shall notify the site visitor of the substance of the complaint and will conduct a preliminary investigation of the alleged misconduct. JRC-DMS will file a report of the investigation findings within 30 days of the site visitor's receipt of the letter of notice.
    - i. During the course of investigation, the site visitor shall be suspended from any site visits activities. If the site visitor was scheduled for a site visit, arrangements shall be made for a replacement.
    - ii. The subcommittee may request further information or material relative to the complaint from the complaining party, the institution or other relevant sources.
  - C. The identity of the complaining party shall be kept confidential, unless the complainant authorizes disclosure of his/her identity, or unless such disclosure is required by legal process in a subsequent proceeding.
4. On receipt of the responses, the subcommittee shall consider the complaint and all relevant information obtained in the course of investigation and formulate an appropriate action according to the following guidelines:
  - A. If the complaint is determined to be unsubstantiated or unrelated to the established accreditation policies, the complaining party and site visitor will be so notified of the completion of the investigation.
  - B. If the investigation reveals the site visitor is not in substantial compliance with the established site visitor policies, the subcommittee will forward its recommendation to the JRC-DMS Board for inclusion on the next available JRC-DMS Board Agenda. Possible recommendation may include, but is not limited to:
    - i. Issue of a warning of misconduct to the site visitor and required re-training regardless of previous date of training

- a. Multiple receipts of warning will result in removal from the JRC-DMS approved site visitor list
  - ii. Demotion to team member (for team chairs only) and required re-training regardless of previous date of training
  - iii. Suspension of the site visitor from the JRC-DMS approved site visitor list for a period as determined by the JRC-DMS Board of Directors.
- C. Upon approval of the recommendation by the full JRC-DMS Board of Directors, the chair shall notify the complainant of the result of the investigation.

Should JRC-DMS determine that the misconduct of the site visitor jeopardizes the review of the program; a second, abbreviated site visit may be held, at no additional charge to the program, at the program's request. (w07)

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### **SUBJECT 6.02 – Site Visit Exit Summation**

The purpose of the exit summation is to provide a forum for the site visitors to provide the program with an indication of what will be included in the site visit report to the JRC-DMS. The site visitors should make it clear that they are not presenting an accreditation recommendation.

Persons who should be included in the exit summation include, but are not limited to:

- Site visitors
- Program Director and key faculty (as designated by Program Director)
- Representative of school administration

Prior to the exit summation, the site visitors should:

- Meet with the Program Director and other program personnel, if applicable, to discuss final questions regarding the site visit process
- Meet privately to draft the exit summation

The following statement must be read, verbatim, during the exit summation. The suggested time for reading the statement is included in the Procedure Manual.

“Site visitors do not make an accreditation recommendation nor do they imply what JRC-DMS’ recommendation might be. The program will be required to respond to the findings of the site visit at a later date. The JRC-DMS Board may modify or request clarification to the site visit summation in its findings letter, which is sent to the program following this site visit. JRC-DMS bases its final recommendation to CAAHEP on review of the self-study, the site visit report, and the program’s response to the findings. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) determines the final accreditation action. These are our impressions of the strengths and weaknesses of the program...”

The exit summation should be conducted in a professional manner and follow the guidelines presented in the Procedure Manual. (w07)

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### **SUBJECT 6.03 – Site Visitor Evaluation**

Post site visit questionnaires will be reviewed on a quarterly basis by the vice chair at the Board of Director’s meetings. Staff will mail a report regarding performance, to all site visitors who participated in a site visit during the previous year.

After initial review by staff, any site visitors receiving an unfavorable evaluation will be reviewed by the grievance subcommittee, as described in Policy 7.04A, Grievance Against a Site Visitor.

Staff will review all of the questionnaires, and maintain the Post Site Visit Questionnaire Report. In the process, staff will note which program site visits resulted in an unfavorable response for a site visitor, defined as any “no” response, and/or any score less than “3.” (w07)

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#### **SUBJECT 6.04 – Site Visitor Reimbursement**

All reasonable expenses (with the exception of alcoholic beverages) incurred during a site visit are the responsibility of the program being visited.

For detailed travel policies see the JRC-DMS Corporate Travel Policies posted on the JRC-DMS website.

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#### **SUBJECT 6.05 – Responsibilities of the Site Visit Team**

The primary responsibilities of the site visit team include:

- Validating the application/self-study
- Establishing/distributing the site visit agenda, in collaboration with the Program Director
- Gathering information
- Reporting program strengths and weaknesses during the exit summation
- Reporting impressions and substantiation of compliance with CAAHEP/JRC-DMS Standards to the JRC-DMS Board
- Evaluating the performance of the fellow team member

JRC-DMS requires the team chair to read the following confidentiality statement at the initial meeting with the sponsor and at the exit summation:

“As participants in this accreditation site visit, we are aware that we have access to accreditation information, which shall remain confidential. We agree to respect and protect the confidentiality of all accreditation materials, recommendations, suggestions and discussions prior to, during, and following the site visit.”

JRC-DMS requires the site visit team to complete the site visit report to assure consistent and objective evaluation procedures based on the relevant accreditation standards. JRC-DMS requires the completed site visit report to be signed by both team members and forwarded to JRC-DMS within 14 days of the completion of the site visit. JRC-DMS requires the site visit agenda to provide adequate time for program evaluation activities. (w07)

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#### **SUBJECT 6.06 – Site Visit Confidentiality**

All information made available to site visitors for and during their evaluation is to be considered confidential. Site visitors are required to sign and return a confidentiality agreement annually. Disclosure of any information obtained during the accreditation process is a breach of confidence. Team members are also privy to a number of opinions expressed by individuals during interviews; these too are confidential. Site visitors should refrain from discussing any aspect of an institution, even positively, with anyone other than representatives of the institution, or individuals involved in the accreditation process. (w07)

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## **SUBJECT 6.07 – Sexual Harassment**

JRC-DMS defines sexual harassment as any unwelcome communication of a sexual nature, whether verbal, physical, written or pictorial. JRC-DMS does not condone any form of sexual harassment. Each site visitor is required to conduct him or herself in an appropriate manner as to contribute to an environment free of sexual harassment when performing on-site evaluations for JRC-DMS. JRC-DMS expects site visitors to be treated with dignity by site visit team members and sponsor and program officials during the performance on a site visit evaluation. Site visitors are encouraged to express freely, responsibly, and in a timely manner their opinions and feelings about any problem or complaint of sexual harassment to the JRC-DMS staff.

JRC-DMS considers that any act by a site visitor, sponsor or program official, JRC-DMS Director, or JRC-DMS employee of reprisal, interference, restraint, penalty, discrimination, coercion or harassment, either overtly or covertly, against any site visitor for responsibly using this policy and its procedures, interferes with free expression and openness. (w07)

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## **SUBJECT 7.00 – 10-Year Accreditation Cycle**

The JRC-DMS Board of Directors may make recommendation for continuing accreditation, not to exceed 10 years, to CAAHEP. A program that is eligible must be:

- Well established and in good standing with the JRC-DMS and CAAHEP;
- have had no significant changes in its accredited learning concentration(s) curriculum;
- have acceptable outcomes, as established by the JRC-DMS, and
- have had no change in Program Director or clinical coordinator since its last accreditation award.

The definition of a well-established program is one that has undergone at least two previous successful accreditation cycles that resulted in the granting of at least a five-year accreditation. Initial accreditation does not apply toward the two successful accreditation cycles. Programs requested to submit a progress report(s), are eligible for 10-year accreditation provided the progress report is accepted with no additional progress reports required. (s03, s06, s07)

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## **SUBJECT 8.00 – Appointment and Term of CAAHEP Commissioner**

The CAAHEP commissioner shall be the JRC-DMS Chair and another board member appointed by the Chair. The term will be a maximum of two (2) years, renewable one (1) time, unless the individual serving as commissioner is elected to a CAAHEP board position.

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### **SUBJECT 8.00a – Sponsorship**

Commissioners will be sponsored by JRC-DMS to attend CAAHEP meetings and will provide the board with a report of CAAHEP proceedings at each JRC-DMS Board meeting.

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### **SUBJECT 8.00b – Running for CAAHEP Board of Directors**

The commissioner will obtain chair approval at a regular board meeting before agreeing to run for CAAHEP Board of Directors. The commissioner can only run for CAAHEP office while they are currently on the JRC-DMS Board.

If a commissioner is elected to such an office, which term extends beyond the regular JRC-DMS sponsored term, JRC-DMS will continue to sponsor the commissioner for as long as the CAAHEP term runs, and that person will

continue to function as the JRC-DMS commissioner to CAAHEP. Staff will continue to provide the commissioner with JRC-DMS meeting minutes and newsletters, the commissioner will continue to provide the board with a report of CAAHEP proceedings at each JRC-DMS Board meeting through the representation of the alternate.

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## **SUBJECT 9.00 – Recognition of Additional Clinical Affiliates**

Request for recognition of additional clinical affiliates from accredited programs may only be submitted with the annual report, self-study, or findings response and must include the current JRC-DMS clinical affiliate spreadsheet, signed affiliation agreement, clinical affiliate request form, clinical instructor credentials, and appropriate fee.

**The program must pay the addition of clinical sites fee ANY TIME that the program is adding additional clinical sites. This includes the following scenarios: annual reports, self-study or findings letter.** The program may use clinical sites prior to recognition by JRC-DMS if the site satisfies the criteria outlined in the Standards and Guidelines. If a site is used prior to recognition, it must be submitted with the next annual report, self-study or findings response, whichever is sooner. Failure to submit clinical sites for recognition may result in an adverse action. If the clinical site is not recognized by JRC-DMS, the student(s) must be removed and placed at an alternate clinical site that satisfies the CAAHEP Standards, immediately upon notification from JRC-DMS. (s97,s02, w05, s07, w08, w10)

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## **SUBJECT 9.01 – Clinical Affiliate Application Fee**

JRC-DMS will institute a fee for the evaluation and approval of applications for new affiliate sites to offset the expense incurred in the analysis of the application and subsequent board review and approval. The current fee structure can be found on the JRC-DMS website.