International Council for Ayurveda Accreditation

Handbook of Accreditation

for Ayurvedic Medicine

Programs

Table of Contents

PART ONE: General Information

■ Overview of Higher Education Accreditation

Higher education accreditation is an external, peer-review process whereby recognition is granted to educational institutions—or to specialized and professional programs offered by educational institutions— signifying attainment of a certain specified level of quality and integrity in its operations. Accreditation is also a process that requires ongoing self-appraisal and continuing improvement on the part of institutions and programs. This recognition process, which is entered into voluntarily, provides assurance to the general public, the educational community, governmental agencies, and other organizations and individuals regarding the quality and integrity of institutions and programs. In the United States and Canada this recognition is granted primarily by private, independent entities, and can serve as a basis for professional licensure and access to external funding (in the United States, this can include access to a certain federally funded programs). These accrediting agencies establish standards and other criteria for accreditation, conduct onsite visits to verify compliance with standards, and decide whether to recognize the institutions or the specialized and professional programs that have applied. Once recognized, the institutions and programs are monitored and periodically re-evaluated by their accreditors; they also engage in a periodic, comprehensive self-appraisal process (referred to as the "self-study process") at time intervals specified by the agency.

The two basic types of accreditation are "institutional" and "programmatic." Institutional accreditation pertains to an entire educational institution, while programmatic accreditation pertains to specialized or professional programs, departments or schools that are part of the higher education institution. Institutional accreditors often require that an institution's principal specialized programs also be recognized by the appropriate programmatic accreditors. Programmatic accrediting agencies are also often referred to as "specialized accreditors" or, if they accredit programs in one of the professions, as "professional accreditors."

The ICAA is a programmatic accrediting agency for the profession of ayurvedic medicine. As such, it serves to ensure the high quality of ayurvedic education in the United States and Canada through the voluntary accreditation of Certificate, Associate, bachelor, master and doctorate-level ayurvedic programs.

Typically, to become accredited, an institution or program must first achieve pre-accreditation status—which is referred to by the Council and a number of other accreditors as "candidacy status." ICAA candidacy is a formative period for a program during which the Council carefully monitors the program's

ongoing development towards maturity. Accreditation and candidacy status both indicate that a program is recognized by—and affiliated with—the Council; the Council provides no recognition or affiliation options other than candidacy and accreditation. The specific steps and requirements for achieving candidacy and subsequent accreditation are presented in this *Handbook*.

Brief History of the Ayurvedic Medicine Profession

Ayurveda is an ancient system of life (ayur) knowledge (veda) arising in India thousands of years ago. Ayurveda theory evolved from a deep understanding of creation. The great rishis or seers of ancient India came to understand creation through deep meditation and other spiritual practices.

The rishis sought to reveal the deepest truths of human physiology and health. They observed the fundamentals of life, organized them into an elaborate system, and compiled India's philosophical and spiritual texts, called Veda of knowledge.

Ayurveda was first recorded in the Veda, the world's oldest existing literature. The three most important Veda texts containing the original and complete knowledge of Ayurveda, believed to be over 1200 years old, is still in use today. These Ayurvedic teachings were customarily passed on orally from teacher to student for over 1000 years. The wisdom of Ayurveda is recorded in Sanskrit, the ancient language of India that reflects the philosophy behind Ayurveda and the depth within it.

Ayurveda greatly influenced health care practices in the east and the west. By 400 AD Ayurvedic works were translated into Chinese; by 700 AD Chinese scholars were studying medicine in India at Nalanda University. Chinese medicine, herbology and Buddhist philosophy were also impacted by Ayurvedic knowledge. Having passed the test of experience it remains essentially the same now as at its inception, although numerous commentators over the centuries have added insight with their analyses.

The philosophy of Ayurveda teaches a series of conceptual systems characterized by balance and disorder, health and disease.

Disease/health results from the interconnectedness between the self, personality, and everything that occurs in the mental, emotional, and spiritual being. To be healthy, harmony must exist between the purpose for healing, thoughts, feelings and physical action.

Ayurveda is a careful integration of six important Indian philosophical systems, many physical/behavioral sciences, and the medical arts. One verse from an ancient authority says Ayurveda deals with what is good life and bad life, happiness and misery, that which supports or destroys, and the measurement of life. It works to heal the sick, to maintain health in the healthy, and to prevent disease in order to promote quality of life and long life. Health is defined as an experience of bliss/happiness in the soul, mind, and senses and balance of the body's three governing principles, seven tissues, three wastes, digestion, and other processes such as immune functioning. Health is not the absence of symptoms. Ayurveda has objective ways to assess each of these, pulse assessment being the primary means.

Its central tenet is that life is a combination of body, mind, senses, and spirit (more than a mind-body system). Nothing exists but for the pre-existence of and working of a Supreme Intelligence/Consciousness – an elemental, all-powerful, all-pervading spirit-energy that expresses Itself through and in the creation. Ayurveda seeks to know this aspect of life, the subjective (internal) as well as the objective (outer).

History of the Council

The International Council for Ayurvedic Accreditation (ICAA) is an independent, non-profit organization committed to the development and dissemination of the tools necessary for the standardization of Ayurvedic education in the United States.   These standards would serve as the basis by which regulators in the field could develop the legal parameters for Ayurvedic practitioners. As a result of the growing interest in Ayurvedic services and education in the United States, today there are over 50 training programs, hundreds of treatment centers and thousands of independent practitioners. There are also membership-based professional organizations supporting the work of the practitioners and promoting the science of Ayurveda. As a teaching faculty at many Ayurvedic organizations and practicing Ayurveda physician (vaidya), Dr. Ashlesha Raut has always been passionate about standardizing Ayurveda education in North America. Dr Bhaswati Bhattacharya joined her along with initial council members Patricia Layton, Dr. Vd. Anupama KizhakkeVeettil, Dr. Vd. Jayagopal Parla, Dr. Jayaraan Kodikannath in order to create the solution.   In November of 2011, they formed ICAA and started identifying and recruiting experienced, academically qualified professional Ayurvedic active clinicians and teachers committed to the field of Ayurvedic education in the US.

In 2012, ICAA formally presented their mission and vision the Association of

Ayurvedic Practitioners of North America (AAPNA) annual conference. ICAA also created awareness in the Ayurveda community about Ayurveda standardization as well as sought input from other Ayurveda educators and practitioners in the field of Ayurveda education standardization. In 2013, ICAA published lesson plans for Ayurveda Level I education and ICAA hosted a focus group at the Las Vegas AAPNA conference. In 2014, ICAA published lesson plans for Ayurveda Level 2 and in 2015 ICAA established as a 501 (C) 3 not for profit organization. As of today, ICAA has 21 of advisors; 11 council members; 8 committees, and many volunteer members.

Significance of Candidacy Status and Accreditation by the Council

Accreditation by the ICAA signifies that the mission and objectives of an ayurvedic program are soundly conceived and clearly stated, the program satisfies the Council's standards and abides by the Council's policies, the program's mission and objectives are being accomplished, and the program is organized, staffed and supported in a manner that merits confidence on the part of potential students, professional regulatory agencies, governmental funders, and other entities and individuals.

As noted above, candidacy status is a form of recognition by the Council that typically precedes accreditation. The term "candidacy" signifies that a program is a "candidate for accreditation;" a program can remain in candidacy for a period of up to three years maximum. A program will initially be granted candidacy status for an initial period of two years. If a school wishes to apply for an additional year extension they will need to apply for an extension and pay an additional fee. after three years the school must either achieve accreditation or it loses its candidacy status.

Candidacy status indicates that an ayurvedic program:
Meets the Council's eligibility requirements;
- Complies with the Council's accreditation standards and policies to the degree expected of a program for its stage of development; and
- Has demonstrated its potential for attaining accreditation within three years after the initial granting of candidacy (as noted above, if accreditation is not achieved within three years, a program loses its candidacy status).

While not synonymous with accreditation, candidacy is not considered a lesser form of recognition; graduates of both candidate and accredited ayurvedic medical programs are eligible to take the Ayurvedic Licensing Examination (ALEX).

Candidacy and accreditation apply to the entire ayurvedic program. They indicate that each related unit or aspect of the program has been evaluated and has been found to be achieving its purpose satisfactorily,

As a programmatic accreditor, the Council's grant of candidacy or accreditation does not automatically qualify an ayurvedic program for participation in student aid programs under the U.S. Higher Education Act.

ICAA recognition does not automatically qualify students for participation in government-funded student aid programs in Canada.

Under rules adopted by the Board of Ayurvedic Examiners , only currently enrolled students or graduates of programs that have accreditation or candidacy from the Council are eligible to take the Ayurvedic Licensing Examination (ALEX). ICAA accreditation and candidacy are not retroactive for the purpose of establishing eligibility to take the ALEX.

■ Professional Certification in the U.S. and Canada

Eligibility for professional certification or regulation is based on graduation from a ayurvedic program that is accredited by—or that has candidacy status with—the Council, and passage of the ALEX. (As noted above, only students and graduates of programs recognized by the Council are eligible to take the ALEX.)

■ How the Council is Organized

As noted above, the Council is an independent, not-for-profit agency incorporated under the State of Illinois' office of the Secretary of State, The Council is governed by a Board of Directors, which serves as the Council's decision- making body; among other things, the Board establishes accreditation standards, determines policies and procedures, evaluates and monitors ayurvedic programs, makes decisions about candidacy and accreditation.

■ Vision, Mission, Goals and Values of the Council of Ayurveda Credentialing (ICAA)

Vision

The vision of the Internationa Council for Ayurveda Accreditation (ICAA) is to be recognized as the accrediting agency advancing excellent quality ayurvedic education.

Mission
The mission of ICAA is to promote high quality Ayurvedic education by developing and implementing educational standards and accrediting Ayurvedic medical education programs.

Goals
To enable ICAA to pursue its vision and fulfill its mission, the Board has identified the following as the primary goals of the ICAA:

1. To provide a conjoint accreditation service that works in collaboration with the ayurvedic profession, educators, regulators, certifying bodies and the public in developing and administering its standards and processes.
2. To foster collaboration and cooperation among the ayurvedic educational institutions and other health care education institutions and professions.
3. To pursue the development of processes and cooperative arrangements which minimize unnecessary duplication of effort for programs seeking accreditation.
4. To maintain a practical, cost-effective and efficient model of governance and administration.
5. To operate in a manner that respects due process and is characterized by openness, transparency, fairness, equality and consistency.
6. To develop credible, relevant, clear and regularly updated accreditation standards and residency requirements.
7. To ensure, through valid and reliable evidence-based evaluation processes, that ICAA standards are being met by ayurvedic programs that seek ICAA recognition.
8. To give public recognition to those educational programs in compliance with ICAA standards, and to foster and encourage the continuing improvement of ayurvedic education programs.
9. To foster the development of new institutions and new programs by providing assistance and information on program development and accreditation.

Values
In conducting its operations, the Council adheres to the following values:
1. RESPECT: Honor the traditional and evolving principles of ayurvedic medicine - and their expression in the objectives, research

activities, and didactic and clinical curriculum components of contemporary ayurvedic education programs.

2. QUALITY: Commit to continued improvement in ayurvedic education programs—as well as in its own policies, standards and processes—achieved through ongoing outcomes assessment, creativity and responsiveness to change.

3. ACCOUNTABILITY: Accountable to the ayurvedic medicine educational programs, their students and the public they will serve.

4. INTEGRITY: Maintain openness, transparency, fairness, equality and consistency-as well as objective, valid and reliable approaches to-in the determination of a program's compliance with accreditation standards.

5. COMMUNITY: Partner -and peer review processes, characterized by-through communication, consultation and cooperation with organizations and individuals involved in ayurvedic medical education, practice, certification and regulation, as well as with ayurvedic medical students and the general public.

6. SUPPORT: Support volunteers and staff with its operation and the ongoing enhancement of their potential contributions through orientation and training sessions, programs and other opportunities for learning and growth.

7. EXCELLENCE: Achieve the highest standard of practical, efficient and cost effective approaches to ayurvedic education.

PART TWO: Eligibility Application

■ Introduction

The Council offers two types of formal, public recognition for ayurvedic programs: "candidate for accreditation" (a pre-accreditation status that is generally referred to in this *Handbook* as "candidacy" or "candidacy status") and accreditation. Before it may seek accreditation by the Council, a program must first achieve candidacy. ICAA candidacy is a formative period for a program during which the Council carefully monitors the program's ongoing development towards maturity; a program in candidacy must achieve accreditation within three years (two years plus an extension year) or its candidacy status is withdrawn. As noted previously, while not synonymous with accreditation, candidacy is not considered a lesser form of recognition: graduates of both candidate and accredited ayurvedic programs are eligible to take the Ayurvedic Licensing Examinations (ALEX) and to apply for licensure in the United States and Canada. Attainment of candidacy does not, however, assure eventual accreditation.

A program must successfully move through a two-phase process in order to attain candidacy status:

1. Eligibility Application. A program must first demonstrate to the Council its readiness to seek ICAA candidacy; this phase of the process, referred to as the "eligibility process," requires submission of an "eligibility application" that demonstrates to the Council's satisfaction that the program meets the Council's 17 eligibility requirements. The Council's acceptance of an eligibility application does not, however, confer any formal ICAA recognition.

2. Candidacy Self-Study Process. If the program's eligibility application is accepted, the program is authorized by the Council to engage in the candidacy self-study process. This process includes the following three steps:
   a. Submission of a comprehensive self-study report that demonstrates that (i) the program meets the Council's accreditation standards to the degree expected of a program for its stage of development and (ii) that it also complies with the Council's policies;
   b. Hosting an onsite visit by a ICAA evaluation team (the visit enables the Council—through its representatives—to verify the contents of the self-study report, and to observe first-hand the program's operations); and

c. Appearing before the Council at a formal hearing on candidacy, in-person or via telephone, at which the Council reviews the program's compliance with standards and policies, and then makes a recognition decision to approve, defer or deny candidacy.

■ Eligibility Application

The eligibility application consists of (i) a narrative report showing how the program complies with the Council's 17 eligibility requirements, and (ii) a number of required documents that serve to further substantiate compliance and describe important aspects of the program. The purpose of the eligibility application is to provide a ayurvedic program an opportunity to demonstrate to the Council that it is ready to undertake the demanding candidacy self-study process with a reasonable likelihood of success; acceptance of the application confirms that the program is, indeed, ready in the estimation of the Council to move forward in seeking candidacy.

The eligibility application submission to the Council contains the following:

1. A formal cover letter from the institution signed by the chief executive officer (CEO) stating that the institution intends to seek ICAA candidacy status for the ayurvedic program;

2. The eligibility application, which consists of the narrative report and supporting documents demonstrating that the programs meets the eligibility requirements; and

3. The required application fee

4. Attendance at an Eligibility Workshop by a school official

A program may submit an eligibility application whenever it believes it has met the Council's eligibility requirements. The following are the steps in the review process:

1. The institution sends the eligibility application submission to the Council's office for initial review by the ICAA executive director, who verifies that the application submission is complete—including the required cover letter and fee.

2. When the executive director determines that the submission is complete, he or she—in consultation with the Council's president—appoints a review committee composed of ICAA board members to review the application; the review takes place within three months of receipt of the complete submission.

3. Based on its review, the review committee may either (i) request additional information, (ii) defer action on the application for a period of up to one year due to the program's lack of readiness to engage in the candidacy self-study process, or (iii) forward the application to the Council's Board of Directors for review at its next regularly scheduled meeting .

4. At its meeting, the Council holds a hearing in a closed phone/in-person session on the eligibility application with representatives of the school/program seeking accreditation in attendance to provide information and answer questions. Following the hearing, the Council issues its decision on the application. The following is the range of the possible decisions that the Council may issue:

   a. Approve the application and authorize the program to begin work on its candidacy self-study report. In this case, the program is expected to submit its self-study report within three years of the Council's decision (two years and an additional extension year of applied for);

   b. Defer action on the application pending receipt of additional information (note that the Council may defer action on an application for a period of up to three months, after which it must approve or deny the application); or

   c. Deny the application.

If the review committee defers action on the eligibility application due to lack of readiness, the committee will inform the school/program of its deficiencies and request the school/program to provide information and documentation demonstrating that it has satisfactorily addressed the deficiencies identified by the committee within the three month period.

If the Council denies the eligibility application, the Council will inform the program of the reasons for denial. A Council decision to deny an application cannot be appealed. If the program decides to resubmit a new eligibility application, it must wait at least 120 days from the date that the previous application was denied and pay the application fee.

A program may decide to withdraw its eligibility application at any time prior to a final decision of the Council to approve or deny the application; if the program does so, the program recognizes that no portion of the application fee is refundable. A program that withdraws its application must wait at least 120 days before resubmitting a new application, and it must pay another application fee.

If a review committee of the Council requests that a program provide

additional information, the program must provide the information within 3 months of the request, or the eligibility application lapses. In the case of a lapsed application, the program must submit a new eligibility application, including another application fee, if it wishes the Council to review its eligibility application.

A program will be informed of any decision of a review committee or the Council regarding an eligibility application within 90 days of the decision.

■ Eligibility Requirements

As noted above, an eligibility application includes a narrative report that demonstrates compliance with the Council's 17 eligibility requirements, which are as follows:

1. The program is located at a legally organized educational institution that has authorization from the appropriate state or provincial agency to grant the ayurvedic degree or designation. Note that a program in Canada is not eligible for *initial accreditation* by ICAA unless it first obtains provincial approval for participation in government-funded student-aid programs.

2. The program is located at an institution with a qualified governing board that exercises ultimate authority over the institution free of undue outside influence. At least two-thirds of the individuals who serve on the board must have no contractual, employment or personal financial interest in the institution or program.

3. The program is located at an institution that has an appropriately qualified chief executive officer (e.g., president) whose full-time or major responsibility is to the institution.

4. The program has an appropriately qualified chief academic/administrative officer (e.g., dean)—or an appropriate academic leadership team—whose major responsibility is to the program. There are mechanisms in place to allow all appropriate constituencies within the program—including faculty, administrative staff and students—to communicate their needs and provide input to the program's leadership team.

5. The program has a clear, concise and realistic mission statement that identifies what it intends to accomplish, and encompasses the educational preparation of ayurvedic practitioners. The mission is accompanied by a set of programmatic goals and objectives—

consistent with the mission— that address instruction and that guide the program in establishing specific measurable educational outcomes for students in the program.

6. The program has an appropriately qualified and stable administrative staff sufficient in size to meet the needs of the program and achieve the program's mission.
7. Faculty members for didactic and clinical courses have appropriate education and experience for their teaching positions/responsibilities in the program.
8. The program meets the didactic clock hours and clinical hours outlined in the subject areas specified in the ICAA Accreditation Standards.
9. The program has learning resources—including a library and supplies to achieve its mission and objectives,
10. The program has in place—or is in the process of developing—processes for (i) evaluating each student's academic and clinical performance and achievement in relation to the program's mission and educational requirements, and
11. Assessing overall program outcomes and effectiveness in relation to the program's mission and programmatic objectives.
12. The program publishes and adheres to a student admission policy that clearly specifies the educational prerequisites, personal characteristics and minimum qualifications of applicants that the program considers necessary for academic and professional success.
13. The program has a current catalog or academic calendar and other official publications available to students and the public—in print or electronic form—that accurately set forth:
    a. Current mission and programmatic objectives
    b. Admissions requirements and procedures
    c. Transfer credit and advanced standing policies, including the criteria for accepting transfer credit
    d. Tuition, fees and refund policies
    e. Opportunities and requirements for financial aid (if applicable)
    f. Academic performance requirements
    g. Policies and procedures related to satisfactory academic progress
    h. Rules for student conduct
    i. Student disciplinary procedures
    j. Student grievance procedures
    k. Grading and attendance policies

l. Program completion requirements

m. Members of the administration, including their positions

n. Professional education and qualifications of full- and part-time faculty

o. Members of the governing board

p. Non-discrimination policy

q. Academic calendar

r. Program sequence or outline

s. Description of each major component of the academic program, including the curriculum and course descriptions for each course

t. Description of the learning and other physical resources

u. Sources of information on the legal requirements for licensure and entry into the profession.

14. The institution in which the program is located must be financially sound, and provide resources to the program sufficient to carry out the program's mission and educational objectives in the current, short and long term. Adequate resources must be available to meet debt-service requirements of short- and long- term indebtedness without adversely impacting the quality of the program.

15. The institution in which the program is located must provide for an institutional financial audit to be conducted annually by an outside independent certified or chartered public accountant. The audit must include an opinion/management letter, a balance sheet statement, a statement of revenue and expenditures, and a report on the change in fund balance and/or financial position.

16. The program discloses to the Council all information required by the Council to carry out its evaluation and accrediting functions.

17. The program understands and agrees that the Council may, at its discretion and in accordance with its policies, make known to any agency or members of the public who may request such information the nature of any action, positive or adverse, regarding its status with the Council.

■ Required Documentation

As noted above, an eligibility application also includes documentation (to be placed in appendices) that demonstrates the program's compliance with the Council's 17 eligibility requirements and provides further information on the program; a program has discretion to append additional documentation that it considers relevant to the narrative report and helpful in demonstrating

compliance with the eligibility requirements. The required documentation for each eligibility requirement (ER) is as follows:

Eligibility Requirement 1:

- A letter, certificate or other document from a state or provincial regulatory body showing that the institution is a legally incorporated, non-for-profit institution.
- A letter, certificate or other document from a state or provincial regulatory body showing that the institution is legally permitted to grant a Ayurvedic degree or designation.

Eligibility Requirement 2:

- A list of the current members of the governing board, including officer title (if any), employment relationship with the institution (if any), and brief biographical information on each member.

Eligibility Requirement 3:

- Résumé/CV of the institution's chief executive officer.

Eligibility Requirement 4:

- Résumé/CV of the program's chief administrative officer/dean (if applicable).

Eligibility Requirement 5:

- A copy of the program's mission and programmatic goals and objectives.

Eligibility Requirement 6:

- An organizational chart for the institution showing how the program's administration fits within the larger institution.
- An organizational chart for the program showing the reporting structure of the program's administrative staff.
- A list of the program's administrators, including their full-time-equivalent (FTE) status, teaching role (if any), and brief biographical information on each member.

Eligibility Requirement 7:

- A grid or list of the program's faculty members, including their teaching assignments per month.
- Brief biographical information on each of faculty member.

Eligibility Requirement 8:

- An outline of the program of study listing each course, including clock-hour and credit amounts.
- An outline of academic requirements for students in the clinical portion of the program.
- Information on the program's clinical training sites.

Eligibility Requirement 9:
- A summary of the library and information resources available to students in the program, including those resources directly related to the study of ayurvedic medicine.

Eligibility Requirement 10:
- A copy of the program's documentation for evaluating academic and clinical performance.

Eligibility Requirement 11:
- A copy of the program's academic assessment plan or a detailed description of its assessment process.

Eligibility Requirement 12:
- A copy of the program's catalog/calendar or other document that outlines admissions requirements.
- A copy of any additional materials provided to potential students containing admissions information.

Eligibility Requirement 13:
- A copy of the program's catalog/calendar.
- A copy of the program's student handbook.

Eligibility Requirement 14:
- A copy of the institution's budget for the current fiscal year.
- A copy of the program's budget for the current fiscal year.

Eligibility Requirement 15:
- A copy of the institution's most recent audited financial statement, including the management letter.

Eligibility Requirement 16:
- No documentation is required.

Eligibility Requirement 17:
- No documentation is required.

■ Format of the Eligibility Application

The Council has set the following page limits, formatting and other requirements for the narrative report component of the eligibility application:

1. The maximum number of pages is 60 pages double-spaced or 40 pages 1.5-spaced (for the sake of readability, reports should not be single-spaced). Note that this page limit applies to the body of the report and does not include appendices.
2. Report pages should be numbered.
3. Any easily readable typeface (e.g., Times Roman, Arial) may be used, provided that the type is a minimum of 11-point in size.
4. Margins should be a minimum of one inch on every side: left, right, top and bottom.
5. Block quotations should be indented, and may be single-spaced.
6. The report should be divided into sections pertaining to each of the eligibility requirements, and tabs or some other system should be used to indicate the location of sections and appendices.
7. Whenever the report references information contained in a document placed in an appendix, the report should specify the relevant page numbers of the document.
8. The report must be bound or placed in a loose-leaf binder (for ease of last-minute revisions, a loose-leaf binder is recommended). No more than two separate volumes may be submitted (e.g., a report binder and an appendices binder); however, catalogues, handbooks, manuals, etc., may be provided as separate documents and do not need to be part of the bound report (it's helpful if they are placed in a binder insert or pocket).
9. The application's narrative section must be in English even if a program is offered in a language other than English, or is housed in an institution in a location where English is not the official language. If any required documents contained in appendices are not in English, such as a charter or similar document that authorizes the legal operation of the institution, they must be accompanied by either an English translation of the document or an accurate summary of the document in English. Questions regarding appended documents that may require an English translation or summary should be directed to the ICAA executive director.

If a program has any questions regarding the content or format of the eligibility application, a program representative should contact the Council's executive director for guidance.

PART THREE: Candidacy and Accreditation

■ Introduction

This part of the *Handbook* sets forth the Council's policies and procedures related to candidacy and accreditation. Additional policies pertaining to candidate and accredited programs are contained in Part Six; CAC-recognized programs—and programs interested in seeking recognition—should be familiar with these policies.

As noted above, a program seeking initial candidacy must first submit an eligibility application to the Council. If the Council accepts the application, it authorizes the program to prepare a comprehensive self-study report. Similarly, a candidate program seeking initial accreditation, or an accredited program seeking reaffirmation of accreditation, is also required to submit a self-study report. Part Five of the *Handbook* provides detailed directions for preparing for, writing and submitting a self-study report.

■ Overview of the Self-Study Process

An essential element of accreditation is the self-study process. "Self-study," as the term implies, is an in-depth self-reflection and self-evaluation on the part of a program. Through self-reflection and self-evaluation, a program becomes aware of its strengths and weaknesses—not only in regard to compliance with ICAA accreditation standards, but also more broadly in regard to its success in achieving its own unique educational mission and objectives.

The self-study process consists of three components: (1) systematic efforts/research (e.g., through surveys, focus groups, review of documents, etc.) to gather comprehensive information from program constituencies and other sources about the program's operations, resources, faculty, students, educational offerings, services, and activities as they relate to the program's performance with respect to its mission and objectives and to the Council's accreditation standards; (2) an in-depth self-assessment/evaluation—based on the information gathered—of the program's past, present and anticipated future outcomes regarding achievement of its mission and objectives, as well as the degree to which it meets the Council's accreditation standards, and (3) formulation of plans and recommendations for changes to the program in order to more effectively realize the mission, ensure compliance with ICAA standards, and improve the educational experience and success of students.

The product of the self-study process is the "self-study report," which is the central document in the accreditation process. While the required content

and format of the self-study report is basically the same for programs regardless of their stage in the candidacy or accreditation process, the Council does not expect a candidate program to exhibit the same level of maturity and stability as an accredited program. For a program seeking candidacy, the self-study report is a means for the developing ayurvedic program to show how it is organized, staffed and supported to accomplish its mission and objectives—and to demonstrate its potential for becoming accredited within five years. See Part Five for more information on the content, format and submission deadlines of the self-study report.

After the program completes the self-study process and submits a self-study report, a Council committee reviews the report for completeness and responsiveness (see Part Five for information on the review process and deadlines). Once the self-study report is deemed acceptable, the Council appoints an evaluation team that visits the institution's campus to review the program. Following the evaluation visit, the Council holds a hearing on the program at a regularly scheduled Council meeting and makes a decision regarding the candidacy or accreditation status of the program. Policies and procedures pertaining to the evaluation visit, the conduct of the hearing, and the range of possible recognition actions are set forth in the following sections.

■ Planning for the Evaluation Visit

Following the submission of a self-study report acceptable to the Council, the Council authorizes an "evaluation visit" to the institution where the program is located. The evaluation visit is a comprehensive peer review process conducted by an "evaluation team" (a group of four or five individuals—led by a team chair— that represents the Council). The purpose of the visit is three-fold: (i) to verify first-hand the contents of the self-study report, (ii) to determine first-hand whether—and the degree to which—the program complies with CAC's accreditation standards and policies, and (iii) to provide advice and insight to the program, as might be appropriate, based on the expertise of team members. As described below, the team presents its findings to the Council in a written report.

An evaluation visit typically takes place over a three- or four-day period. Evaluation visit dates are arranged by the Council's executive director in consultation with the program's chief administrative officer six months to one year in advance of the visit.

At least two months before the visit, the executive director consults with a program representative regarding lodging and travel arrangements for the evaluation team. Generally, team members are responsible for making their

own travel arrangements to the city in which the program is located, while the program is responsible for reserving rooms for team members in a first-class hotel convenient to the campus (including a small meeting area for the team), and arranging for local transportation during the visit. The program is responsible for all costs associated with the visit.

At least one month before the visit, the program prepares in consultation with the team chair and ICAA executive director an evaluation visit schedule that outlines the team's activities during the visit, taking into account the assignments of individual evaluation team members. The purpose of the schedule is to ensure that the team is able to review every aspect of the program that requires review, and that the team's time on campus is efficiently and productively allocated. The ICAA executive director provides information to the program on what to include in the schedule. Among other things, the visit schedule includes interviews with program and institutional administrators, program faculty, students and board members—and possibly other individuals such as alumni; additionally, the schedule provides time for touring the campus, reviewing records, visiting clinical sites and team deliberation.

Prior to the team's arrival, the program sets up a workroom on campus for the team. The room must be large enough to give team members adequate space to work and conduct interviews; secure, so confidential materials can be left safely; and private, so discussions cannot be overheard. The workroom should also be away from the administrative offices of the institution's/program's senior staff. The program places in the room the resource materials listed in the Self-Study Guide in Part Five of the *Handbook*, and/or provides ready access to these materials electronically or in nearby offices. The program may also provide any other documents or materials that it considers helpful for the team's understanding of the program. The Council's executive director or the team chair may request that specific materials be placed in the meeting room in addition to required materials. The workroom should also be supplied with writing materials, computers and a printer for use by the team.

■ Function and Composition of the Evaluation Team

An evaluation team serves as the Council's representative for the purpose of conducting an onsite review of a program. While the primary role of the team is to provide an accurate analytical assessment of whether the program is in compliance with the Council's accreditation standards and achieving its educational mission and objectives, team members also function as supportive consultants to the program. The team's goal is to produce an

evaluation team report that will be both useful to the ayurvedic program and that will fully inform the Council's decision-making process.

An evaluation team for a comprehensive candidacy or accreditation visit normally consists of four or five members, with the number depending on the size and complexity of the program and whether the visit includes a review of a ICAA-recognized residency program. Team members typically include:

1. At least one ayurvedic practitioner who has graduated from a 1000+ hours Ayurvedic program and with a minimum of 5 years of experience
2. An ayurvedic educator who has graduated from a 1000+ hours Ayurvedic program with a minimum of 3 years of teaching experience
3. A person with broad experience as a college or university administrator.
4. At least one team member is a Council member and at least one is not.

Additionally, the Council's executive director, president or board member accompanies the team and provides support and guidance. In the case of a focused or interim evaluation visit, the team may consist of a smaller number of members.

The Council's president (or vice president if the president is affiliated with the program being visited), in consultation with the executive director, selects the members of the evaluation team from a pool of well- qualified individuals who previously participated in a training session sponsored by the Council, and appoints one of the members to serve as the team chair. Summaries of the team members' professional backgrounds are provided to the program at least three months before the visit, and the chief administrative officer is asked to notify the Council's executive director of any potential issues regarding the team's composition. In selecting team members, the president and executive director observe the Council's Policy on Potential Conflicts of Interest (see Part Six of the *Handbook*); additionally, they seek to assemble a team whose professional skills and expertise cover a wide range of areas. After team members are selected, the executive director provides each evaluator with the materials necessary to prepare for the visit, including the Council's *Handbook of Accreditation*, *Handbook for On-Site Evaluators*, *Evaluation Team Report Template*, the program's self- study report, the evaluation team report and Council decision from the previous comprehensive visit (if applicable), and any other materials that might be pertinent to conducting the visit.

■ Conducting the Evaluation Visit

The evaluation team works as a unit. While team members have specific assignments in order to ensure complete coverage of all of the aspects of

the program that must be reviewed, each evaluator shares equally the responsibility for the content of the final team report. Close cooperation and frequent discussion among members are essential. For some visits, especially focused visits, two more members of the team—or the entire team—may work together in interviewing program personnel and students and formulating team findings.

The chair of the team is responsible for leading the team and serving as its official spokesperson during the visit. Prior to the visit, the chair assigns to each team member—and to himself or herself—specific responsibilities for reviewing the program's compliance with CAC's accreditation standards and policies, and any other aspects of the program that must be reviewed. While onsite, the chair ensures that team members carry out their responsibilities and that all required aspects of the program are reviewed. The chair also makes sure that the visit is conducted in accordance with the Council's policies and procedures. Finally, he or she plays an important facilitative role in assisting team members to thoroughly understand one another's viewpoints, to persist in discussion and research until they are reasonably sure of the facts when interpretations differ, and ultimately to agree on the findings to present to the Council.

On the evening before the first day on campus, the team members hold an informal meeting to review the Council's policies and procedures for conducting an evaluation visit, compare their tentative conclusions based on the self-study report and other information made available to them, identify areas of the program's operation that may require special attention, and review team member assignments.

On the morning of the first day of the visit, the evaluation team holds an introductory meeting with key program officials. The meeting provides an opportunity for: (i) program officials and team members to become acquainted, (ii) the program's chief administrative officer to welcome the team and convey any information that may be useful at the outset of the visit, and (iii) the team chair to give an overview of the evaluation process and indicate the areas of responsibility of team members. Following the introductory meeting, the program gives the team a tour of the campus.

During the visit, team members conduct interviews with individuals and groups, review documents and records, examine the library collections and equipment utilized by the ayurvedic medical program, and examine the campus facilities—including classroom, clinical, administrative and student facilities—that are used by the program. An evaluation team generally meets each day to assess its progress and to identify outstanding issues. Team

members may also seek supplemental materials and arrange for additional interviews in order to better assess the program's compliance with the Council's standards and policies and its success in achieving its the mission. Throughout the visit, the team respects the confidentiality of the self- study report, supporting documents and materials, and materials viewed on campus. Near the end of the visit, the team meets to formulate its findings and suggestions, and to reach consensus on the confidential recommendation to the Council concerning candidacy or accreditation.

Programs and institutions differ widely; while there are a number of procedures generally applicable to conducting an evaluation visit on any campus, team members must also adapt themselves to varying circumstances and use the approaches they consider best suited to a particular program or institution. Team members should be aware that a comprehensive evaluation takes place while the institution is also conducting its normal business, and that the people they need to interview—faculty members, administrators, board members, students, and so on—must fulfill their other responsibilities. Such a situation requires flexibility on the part of evaluators to ensure that they gather all of the information they need to make well-informed judgments regarding the program; also, they must conduct the visit with discretion and a minimum of disruption to the program. The program should be aware that team members do not expect to be entertained. A social function for the team is permissible, but it should not be elaborate or of long duration. An appropriate function might be a breakfast on the morning of the first day of the visit, attended by the evaluators and several representatives from the program and its institution, or a meeting with board members over lunch.

The evaluation visit concludes with the "exit session"—a final meeting between the program and the evaluation team. During the exit session, the team chair presents an oral summary of the team's findings—the commendations and recommendations, making reference to the relevant sections of the *Handbook of Accreditation*—and any significant observations of the team that the chair wishes to share. While the exit session is not a forum for debating the team's findings, there is an opportunity for brief discussion among those present limited to clarifying any questions the program may have about the findings. The team chair and the chief administrative officer of the program decide beforehand on the time and location of the exit session, and the chief administrative officer may invite whoever he or she wishes among the program's (and institution's) administration, faculty and student body to attend the meeting. All members of the evaluation team attend the exit session unless there is an unavoidable conflict due to travel arrangements.

■ Evaluation Team Report

During the evaluation visit, the evaluation team formulates its findings and its confidential recommendation to the Council regarding a decision on candidacy or accreditation. Following the visit, the evaluation team writes a comprehensive report that presents: (i) detailed assessments of the ayurvedic program's compliance with each of the Council's standards and policies, noting areas where improvements are needed; and (ii) an assessment of the program's overall performance with respect to student achievement. The team uses the Council's *Evaluation Team Report Template* as a guide to ensure that the report is complete.

The following is the schedule for drafting an evaluation team report:

1. Within two weeks following the visit, evaluators send their report sections to the team chair, who assembles the draft report. If any sections of the report lack sufficient detail or are unclear, the team chair may request a team member to revise the section or the chair may revise the section him- or herself. The team chair may also do a first round of stylistic editing.

2. Within Four weeks following the visit, the team chair sends a draft of the team's evaluation report to the Council's executive director. The executive director edits and formats the report with regard to style, but does not alter the content except with the chair's approval.

3. Within six weeks following the visit, the executive director distributes the draft report to the members of the evaluation team and the program's chief administrative officer. The evaluation team report does *not* contain the team's confidential recommendation to the Council on accreditation or candidacy.

4. Within three weeks of receiving the draft report, the program is given an opportunity to offer corrections to what it considers any factual mistakes or inaccuracies contained in the draft report. Team members may also offer comments or suggestions for revising the report. All feedback on the report is sent to the executive director, who in turn forwards it to the team chair for review. The team chair has the sole discretion for incorporating any suggested changes and for approving the content of the final report.

5. The executive director mails three copies of the final version of the evaluation team report to the program's chief administrative officer and emails an electronic version, and also mails or emails each team member a copy. Prior to the Council meeting at which the program's accreditation or candidacy will be considered, Council members also receive a copy of the report.

The Council limits access to the evaluation team report to team members, Council members, the Council's executive director, and the chief administrative officer of the ayurvedic program, who is encouraged to distribute the report among the program's community as the program considers appropriate. Additionally, the Council may make the report available to staff of the U.S. Department of Education and other regulatory and accrediting bodies, as may be required.

■ Program's Written Response to the Final Evaluation Team Report

The program is given an opportunity to respond to anything in the draft version of the evaluation team report that it considers to be factually incorrect or inaccurate. Once the Council issues the final team report (which is not subject to any further revision), the program is given an opportunity submit a formal written response to the final report within 15 days of receiving it. The following requirements apply to the program's formal response:

1. The program's response should focus primarily on any concerns or objections the program may have regarding the team's *recommendations*. Since the program is not required to comply with any of the *suggestions* contained in the final team report, the program need not address these in its response.

2. The maximum number of pages in the response is 40 pages double-spaced or 30 pages 1.5-spaced (for the sake of readability, formal responses should not be single-spaced); care should be taken to make the response as concise and focused as possible.

3. The program may submit documentation referenced in the response, provided that the documentation was available to the team at the time of the visit. No more than 40 pages of documentation may be provided; care should be taken to submit only documentation that is directly relevant to the content of the written response, and the written response should reference the relevant page number of appended documents. Where possible, relevant material should be excerpted from longer documents.

4. The report should be bound, and pages should be numbered.

5. Any easily readable typeface (e.g., Times Roman, Arial) may be used, provided that the type is a minimum of 11-point in size.

6. Margins should be a minimum of one inch on every side: left, right, top and bottom.

7. The response should be organized in a way that orients the reader, and a lengthy response should include a table of contents and tabs to separate different sections.

The executive director will inform the program about both contact information for individuals to whom the formal written response should be submitted directly, and the report format (i.e., electronic or hardcopy) to be prepared/utilized.

■ Public Comment Period

The Internationa Council for Ayurveda Accreditation (ICAA) invites public comment whenever the Council has scheduled a hearing and plans to take action on a program's recognition status: Namely, whenever the Council reviews a program for initial candidacy, initial accreditation, or reaffirmation of accreditation. The Council provides for a public-comment period of at least 21 days' duration before the meeting at which the hearing is scheduled.

■ Council Decision-Making Procedures

Prior to the regular or special Council meeting at which a program's initial candidacy, initial accreditation or reaffirmation of accreditation will be considered, the executive director provides to the Council the following materials for review:

- The program's self-study report;
- The evaluation team report;
- The team's confidential recommendation regarding the recognition action;
- The program's formal response to the team report (if any); and
- Any public comments received regarding the pending Council action (see the Policy on Public Comments in Part Six of the *Handbook*).

At the meeting, the Council holds a hearing in closed session during which the program is invited to offer comments and Council members ask questions. The closed session may be attended only by (1) Council members not affiliated with the program or its institution (the term "affiliated" is defined in the Council's Policy on Potential Conflicts of Interest, see Part Six of the *Handbook*), (2) the Council's executive director, (3) representatives of the program and its institution, and (4) the chair of the evaluation team that visited the program. With the approval of the Council's president, or vice president if the president is affiliated with the program in question, other third-party individuals may attend that portion of the closed session needed in order to provide information about the program; additionally, officials from other regulatory bodies may be permitted to observe the hearing.

While the hearing provides a forum for the program to contest any findings

contained in the team report with which it disagrees, the program may not introduce new information that was not available to the team during the visit, and may not distribute written materials during the hearing. Following the Council's interview with representatives from the program and institution, the representatives depart—at which point the Council, remaining in closed session, decides upon a recognition action. The Council relies solely upon the written record described above and any additional information obtained during the hearing to reach its decision. Since the Council has the ultimate authority to grant or deny candidacy or accreditation, or take other actions such as imposing probation, the findings and confidential recommendation of the evaluation team are solely advisory to the Council. After considering all relevant information, the Council may adopt, modify or eliminate specific team findings—or add findings not identified by the team based on the Council's review of the record—and also may adopt the confidential recommendation or decide differently based on its own judgment.

■ Council Actions on Initial Candidacy

Following a Council hearing on initial candidacy, the Council may take any of the following actions in regard to the program:

- Grant initial candidacy
- Defer a decision on initial candidacy
- Deny initial candidacy

Within ten business days after the hearing, the Council mails written notification of its action to the institution's president and the program's chief administrator.

In general, the Council grants initial candidacy to a program if it satisfies the Council's eligibility requirements, is in substantial compliance with the Council's accreditation standards and policies at a level that is reasonable for its stage of development, and is achieving its stated mission and objectives. If the Council grants initial candidacy, the program must comply with a number of conditions while it is a candidate for accreditation: see the Terms of Agreement section below. Also, the Council may set forth in its decision letter one or more "recommendations" (a recommendation is a corrective action that the Council deems necessary to address an identified area of non-compliance with Council standards or policies) or "areas of interest" (an area of interest denotes a deficiency in a program that does not amount to a non-compliance, but that necessitates ongoing reporting). Programs may remain in candidacy for more than three years.

In general, the Council defers a decision on candidacy if the program

appears, overall, to be achieving its stated mission and objectives and in compliance with the Council's accreditation standards and policies, except for deficiencies in one or more key areas that the Council believes can readily be addressed within a reasonable timeframe not to exceed two years. In the case of a deferral, the Council may request additional information and/or documentation by a certain date regarding the steps taken to address deficiencies; in addition, the Council may require a follow-up focused evaluation visit to observe whether the deficiencies have been satisfactorily addressed. If the Council defers a decision on initial candidacy, the Council informs the program of the deficiencies upon which the deferral is based, the steps the program must take to demonstrate that it has addressed the deficiencies identified by the Council, and the likely timeframe holding another hearing to reconsider the program for initial candidacy. A program may not appeal a decision by the Council to defer initial candidacy, as a deferral is not considered an adverse decision. If a program fails to satisfactorily address the deficiencies identified by the Council within the specified timeframe, the Council may subsequently deny candidacy.

In general, the Council denies initial candidacy to a program if the program has neither demonstrated substantial compliance with the Council's accreditation standards and policies at a level that is reasonable for its stage of development, nor demonstrated the capacity to gain initial accreditation within a three-year period—the maximum time period that a program can remain a candidate for accreditation. Whenever the Council denies initial candidacy, the reasons for the Council's action are stated in the written notification to the program. A program denied initial candidacy may appeal the decision in accordance with the Council's Policy on Appeals (see Policy 3 in Part Six of the *Handbook*). If a program that is denied candidacy wishes to reapply for candidacy, it must resubmit a new eligibility application and pay the required fee; also, the program must wait at least one year from the date of denial of candidacy before it may submit a new eligibility application.

A program may postpone or withdraw its application for initial candidacy at any stage in the process following the Council's acceptance of its eligibility application and prior to the Council's decision on initial candidacy, namely: prior to submission of a self-study report for candidacy, prior to a candidacy evaluation visit, or prior to the date of the Council's hearing on initial candidacy. In the event that the program postpones or withdraws its application for initial candidacy, the program may reactivate its application for initial candidacy within two years of the date that its eligibility application was accepted. Should the Council incur any expenses due to the

postponement or withdrawal of the application for initial candidacy, such as the cost of airline tickets, the program will be responsible for covering these expenses. If the program does not reactivate its application within two years from the date that its eligibility application was accepted, then it must submit a new eligibility application and pay the required fee again if it decides subsequently to seek ICAA recognition.

■ Terms of Agreement for Candidate Programs

An ayurvedic program recognized by the Council as a candidate for accreditation agrees to comply with the following requirements:

1. Abide by the policies stated in the *Handbook of Accreditation* and any other policies the Council may adopt.
2. File an annual report to the Council by January 15 (annual report forms are provided to programs in the fall of each year).
3. Submit copies of a two-year progress report (as directed by the Council's executive director) at least 60 days in advance of an evaluation visit for reaffirmation of candidacy; information in the report shall include:

   a. A description and explanation of any changes in the educational requirements for the Ayurvedic degree or designation;
   b. A description and explanation of any changes in admission requirements, grading, and student personnel services;
   c. A description and explanation of any changes in policies affecting the faculty (e.g., changes in faculty salaries and other benefits), and information on any measures implemented to strengthen the faculty;
   d. The headcount and F.T.E. enrollment for the fall term of the current academic year, and for the fall terms of each of the two preceding years;
   e. The number of graduates awarded the Ayurvedic degree or designation during each of the last two academic years, and the estimated number to be awarded the degree during the current academic year;
   f. A description and explanation of any changes in the physical plant, clinics, laboratories, and library that impact the ayurvedic education program;
   g. A description and explanation of any changes in the financial structure and condition of the institution and program, noting budgetary increases and/or decreases, and operating surpluses or deficits;
   h. A current budget and a copy of the previous fiscal year's audited financial statement;

i. A description and explanation of any changes in the administrative structure and personnel of the program;

j. An update on the program's progress in implementing previously announced plans for program development and on any new plans that have been formulated;

k. An update on the program's progress in addressing Council-adopted recommendations and areas of

interest; and

l. Any other information that the Council may request.

4. Host an evaluation visit for reaffirmation of candidacy every two years following the granting of initial candidacy, or earlier if requested by the Council.

5. Apply for initial accreditation only after consultation with the Council.

6. Pay annual dues and evaluation visit fees as established by the Council.

Candidate and accredited programs are expected to engage in a continuing self-study and self-development process to enhance quality. The Council may request a focused/interim report and an evaluation visit at any time, if circumstances so warrant—and is especially likely to do so if a program faces a serious problem or situation, and it appears that the program may not be able to continue to comply with the Council's standards and policies or to fulfill its educational mission and objectives.

■ Loss of Candidacy

As noted above, a program may remain in candidacy for no longer than three years. A program loses its candidacy status whenever a program fails to achieve initial accreditation within three years from the date the Council granted candidacy status—either (i) by failing to take the required steps to seek initial candidacy within the three-year period of candidacy (in which case candidacy status lapses automatically), or (ii) by being denied initial accreditation by the Council (see the section on initial accreditation below). Additionally, the Council may withdraw a program's candidacy for cause at any time, and the program has discretion to relinquish its candidacy status (and any subsequent accreditation) at any time—as seeking and maintaining ICAA-recognition is entirely voluntary.

The Council reserves the right to withdraw the candidacy of a program for cause, after due notice, if: (i) evidence of progress in development is lacking, (ii) if the conditions or circumstances upon which the program was granted candidacy have significantly altered so as to adversely affect the quality of the program, or (iii) the program fails to comply with the Terms of Agreement.

If the Council believes that candidacy should be withdrawn, it issues a show-cause letter requesting that the program correct one or more identified deficiencies within a specified period of time, not to exceed two years. The burden of proof rests with the program to demonstrate that it has satisfactorily addressed the deficiencies and that its candidacy should be continued. Circumstances that may lead the Council to issue a show-cause letter include but, are not limited to, the following:

- Failure to maintain compliance with the Council's eligibility requirements, any accreditation standard with which the program previously complied, or the Council's policies;
- Unsatisfactory progress in meeting the general goals for the development of the program;
- Failure to meet enrollment projections resulting in inability to sustain the program financially;
- Inadequate financial support and control;
- Inadequate physical facilities and equipment;
- Inadequate library and/or educational resources to support the program;
- Inadequacies in the number or the professional competence of the faculty, administrators or support staff; and
- Substantial inaccuracies in the catalog or academic calendar and other program publications.

Receipt of the program's response to the show-cause letter may be followed by a request from the Council for a focused evaluation visit by one or more Council representatives, with the program bearing the cost of the visit.

Whenever the Council considers withdrawing candidacy, it holds a hearing in closed session with representatives of the program present for a portion of the hearing to answer questions. Within ten business days after the candidacy of a program is withdrawn, the Council's executive director sends a formal decision letter to the chief administrative officer of the program, with copies to the chief executive officer of the institution and to the chair of the governing board. The letter includes the reasons upon which the Council's action is based. The program may appeal the Council's decision in accordance with the Council's Policy on Appeals. Pending action on an appeal, the program's candidacy status remains in effect.

A program whose candidacy status is withdrawn may apply for reinstatement of its candidacy status as soon as the deficiencies are corrected, provided that the three-year time limit for achieving initial accreditation has not expired. The reinstatement process requires the

program to submit a focused report (the content of which is specified by the Council) demonstrating that it has satisfactorily addressed the deficiencies, and to host a focused evaluation visit; following the visit, the Council holds a hearing on whether to approve reinstatement of candidacy. The three-year time limit for achieving accreditation, which began when the program was initially granted candidacy, is not altered by reinstatement.

A program that loses its candidacy status with no opportunity for reinstatement (due to the expiration of the three-year candidacy period) must wait at least 120 days from the date its candidacy status lapsed or was withdrawn before reapplying for candidacy. To reapply for candidacy, a program must first petition the Council for permission to submit a new candidacy self-study report. If there are outstanding recommendations contained in a decision letter previously issued to the program, then the program must include in its petition information and documentation that demonstrates that it has addressed the outstanding recommendations. If candidacy was withdrawn for cause, the program must include in its petition information and documentation that demonstrates that it has addressed the cause(s) set forth in the previous decision letter.

If the program or its institution uses a public forum or the media in an attempt to influence, challenge or discredit the Council's decision regarding a program's candidacy, the Council may announce publicly the basis for its decision and make available any pertinent documentation in its records, including documentation normally kept confidential.

■ Council Actions on Initial Accreditation

A candidate program must achieve initial accreditation within three years of gaining candidacy status, or its candidacy lapses and it loses ICAA recognition. A candidate program may apply for initial accreditation at any time during the three-year candidacy period, provided that (i) there are students enrolled in each year of the program (or there will be students enrolled in each year of the program by the time of the evaluation visit), and (ii) the application submission is timed so as to allow for completion of the Council review process prior to the expiration of the five-year candidacy period. The Council recommends that programs consult with the Council's executive director prior to seeking initial accreditation.

The application process for initial accreditation is exactly the same as that for initial candidacy: submission of a self-study report, followed by an onsite visit by an evaluation team, and concluding with a hearing before the Council. See Part Five of the *Handbook* for detailed directions on preparing for, writing

and submitting a self-study report; see the sections above for information on the evaluation visit and the Council review and hearing procedures.

Following a Council hearing on initial accreditation, the Council may take any of the following actions in regard to the program:

- Grant initial accreditation for a period of up to five years (with or without requirements);
- Defer initial accreditation (with or without requirements); or
- Deny initial accreditation and withdraw candidacy status.

Within ten business days after the hearing, the Council mails written notification of its action to the institution's president and the program's chief administrator.

In granting initial accreditation, the Council has determined that the program satisfies the Council's eligibility requirements, is in substantial compliance with the Council's standards and policies, and is achieving the program's stated mission and objectives. If the Council grants initial accreditation, the Council may set forth in its decision letter one or more "recommendations" (a corrective action that the Council deems necessary to address an identified area of non-compliance with Council standards or policies) or "areas of interest" (a deficiency in a program that does not amount to a non-compliance, but that necessitates ongoing reporting). In some cases, as part of its decision, the Council may require a focused or interim report and an onsite visit to monitor a program's progress in addressing recommendations; additionally, in rare circumstances the Council may apply a letter of advisement sanction (see below) at the time initial accreditation is granted if there are major deficiencies in the program that—in the judgment of the Council—warrant this sanction, but are not so severe as to require denial of initial accreditation and thus loss of ICAA recognition.

In general, the Council defers a decision on initial accreditation if the program appears, overall, to be in compliance with the Council's accreditation standards and policies, except for deficiencies in one or more key areas that the Council believes can readily be addressed within a reasonable timeframe not to exceed two years. In the case of deferral, the Council may request a report containing additional information or documentation by a certain date regarding steps taken to address deficiencies; in addition, the Council may require a follow-up focused evaluation visit to observe whether the deficiencies have been adequately addressed. If the Council defers a decision on initial accreditation, the Council informs the program of the deficiencies upon which the deferral is based, the steps the program must take to demonstrate that it has addressed the deficiencies identified by the

Council, and the likely timeframe for holding another hearing to reconsider the program for initial accreditation. A program may not appeal a decision by the Council to defer initial accreditation, as a deferral is not considered an adverse decision. If a program fails to satisfactorily address the deficiencies identified by the Council within the specified timeframe, the Council may subsequently deny initial accreditation.

In general, the Council denies initial accreditation to a program and withdraws its candidacy status if the program is substantially out of compliance with a number of the Council's accreditation standards and policies, and the program is at—or very near—the completion of the three-year candidacy period and it appears that the program is incapable of bringing itself into substantial compliance with CAC's standards and policies within a two-year period. Whenever the Council denies initial accreditation, the reasons for the Council's action are stated in the written notification to the program. A program denied initial accreditation may appeal the decision in accordance with the Council's Policy on Appeals (see Policy 3 in Part Six of the *Handbook*). If a program that is denied initial accreditation wishes to reapply for accreditation, it must first regain candidacy status. In order to reapply for candidacy, a program must petition the Council for permission to submit a new candidacy self-study report according to the procedures set forth above.

A program may postpone its application for initial accreditation at any stage in the process prior to the Council's decision on initial accreditation, namely: prior to submission of a self-study report for initial accreditation, prior to an evaluation visit for initial accreditation, or prior to the date of the Council's hearing on initial accreditation. In the event that the program postpones its application for initial accreditation, the program's candidacy status is continued without interruption; in this case, the program must still achieve initial accreditation within three years or its recognition by the Council lapses. Should the Council incur any expenses due to the postponement of the application for initial accreditation, such as the cost of airline tickets, the program will be responsible for covering these expenses.

If the program or its institution uses a public forum or the media in an attempt to influence, challenge or
discredit the Council's decision regarding a program's initial accreditation, the Council may announce publicly the basis for its decision and make available any pertinent documentation in its records, including documentation normally kept confidential.

■ Council Actions on Reaffirmation of Accreditation

Once a program gains initial accreditation, the Council periodically "reaffirms" the program's accreditation status (this process is also referred to as "reaccreditation"). The application process for reaccreditation is exactly the same as that for initial candidacy and initial accreditation: submission of a self-study report, followed by an onsite visit by an evaluation team, and concluding with a hearing before the Council. See Part Five of the *Handbook* for detailed directions on preparing for, writing and submitting a self-study report; see the sections above for information on the evaluation visit and the Council review and hearing procedures.

Following a Council hearing on reaffirmation accreditation, the Council may take any of the following actions in regard to the program:

- Reaffirm accreditation for a period of up to five years (with or without requirements);
- Defer reaccreditation (with or without requirements); or
- Deny reaccreditation.

Within ten business days after the hearing, the Council mails written notification of its action to the institution's president and the program's chief administrator.

A program may be reaccredited for a period of up to five years, though the specified accreditation period does not preclude the Council from comprehensively reviewing the program sooner if the program's circumstances—in the judgment of the Council—so warrant. If the Council grants reaccreditation to a program, the Council may set forth in its decision letter one or more "recommendations" (a recommendation is a corrective action that the Council deems necessary to address an identified area of non-compliance with Council standards or policies) or "areas of interest" (an area of interest denotes a deficiency in a program that does not amount to a non-compliance, but that necessitates ongoing reporting). In some cases, as part of its decision, the Council may require a focused or interim report and onsite visit to monitor a program's progress in addressing recommendations (see below). Additionally, the Council may apply a sanction (see below) at the time reaccreditation is granted if there are major deficiencies in the program that—in the judgment of the Council—warrant a sanction, but are not so severe as to require denial of reaccreditation and thus loss of ICAA recognition.

In general, the Council defers a decision on reaccreditation if the program appears, overall, to be in compliance with the Council's accreditation standards and policies, except for deficiencies in one or more key areas that

the Council believes can be readily addressed within a reasonable timeframe not to exceed two years. In the case of a deferral, the Council may request a report containing additional information and/or documentation by a certain date regarding the steps taken to address deficiencies; in addition, the Council may require a follow-up focused evaluation visit to observe whether the deficiencies have been adequately addressed. If the Council defers a decision on reaccreditation, the Council informs the program of the deficiencies upon which the deferral is based, the steps the program must take to demonstrate that it has addressed the deficiencies identified by the Council, and the likely timeframe holding another hearing to reconsider the program for initial accreditation. A program may not appeal a decision by the Council to defer reaccreditation, as a deferral is not considered an adverse decision. If a program whose reaccreditation is deferred is subsequently reaccredited by the Council, the reaccreditation time period granted reflects the duration of the deferral. If a program fails to satisfactorily address the deficiencies identified by the Council within the specified timeframe, the Council may subsequently deny reaccreditation.

In general, the Council denies reaccreditation to a program (and thus withdraws its accreditation status) if the
program is substantially out of compliance with a number of the Council's accreditation standards despite previous attempts to remedy areas of non-compliance identified by the Council, or has engaged in egregious practices that violate the Council's standards and policies, and it appears that the program is incapable of bringing itself into substantial compliance with CAC's standards and policies within a two-year period.

Whenever the Council denies reaccreditation, the reasons for the Council's action are stated in the written notification to the program. A program denied reaccreditation may appeal the decision in accordance with the Council's Policy on Appeals (see Policy 3 in Part Six of the *Handbook*). If a program that is denied reaccreditation wishes to reapply for accreditation, it must first regain candidacy status. In order to reapply for candidacy, a program must petition the Council for permission to submit a new candidacy self-study report according to the procedures set forth above.

If the program or its institution uses a public forum or the media in an attempt to influence, challenge or discredit the Council's decision regarding a program's reaccreditation, the Council may announce publicly the basis for its decision and make available any pertinent documentation in its records, including documentation normally kept confidential.

■ Focused and Interim Reports and Visits

In conjunction with a Council decision on candidacy or accreditation—or whenever a program's circumstances, in the judgment of the Council, so warrant—the Council may place certain requirements on a program, including the requirement to submit a "focused" or "interim" report and possibly host a follow-up focused or interim onsite visit. Focused/interim reports and visits provide a mechanism for a targeted review of a program when information on a program indicates that major deficiencies may exist or when such deficiencies have already been identified; they provide an avenue by which the Council can assess the program's current level of compliance in regard to specific Council standards and policies, and can review the program's steps to address the deficiencies in a context other than (or sooner than) a comprehensive accreditation visit. For example, a report and follow-up visit may be required at any time if a program has encountered an unexpected serious problem or situation that impedes its ability to comply with the Council's accreditation standards and policies, and/or if it appears that the program may not be able to continue to fulfill its mission and objectives. The Council specifies the content of the required report and the nature of the visit—including the duration of the visit, number of Council representatives on the team, and the aspects of the program to be reviewed onsite.

■ Sanctions

The Council has the option, at any time, of applying a sanction to an accredited program in case of non- compliance with one or more of the eligibility requirements, standards or policies. By applying a sanction, the Council informs the program that it must bring itself into compliance within a certain specified timeframe.
The following are the three sanctions the Council may apply; they are usually (though not always) applied sequentially, starting with a letter of advisement:

- Letter of Advisement. The ayurvedic program is formally advised by letter—sent to the program's chief administrative officer and copied to the institution's chief executive officer—of deficiencies or practices that could lead to a more serious sanction if not corrected expeditiously. The letter requests a focused report and (optionally) an evaluation visit by a specific date, generally not to exceed six months from the date of the letter (though the Council has discretion to specify a longer timeframe). The Council does not make public the fact that it has issued a letter of advisement.
- Probation. If a program fails to respond satisfactorily to a letter of advisement or continues to be non- compliant with eligibility requirements,

accreditation standards or policies, it may be placed on probation, which is a public sanction. A formal letter is sent to the program's chief administrative officer, with copies to the institution's chief executive officer and the chair of the governing board, setting forth the deficiencies upon which the probation is based. The letter requests submission of a focused report and (optionally) an evaluation visit by a specific date, generally not to exceed six months from the date of the letter (though the Council has discretion to specify a longer timeframe).

- Show Cause. If a program fails to correct the deficiencies or practices that resulted in probation, does not respond to a letter of advisement, or is found otherwise to have strongly deviated from the Council's eligibility requirements, standards or policies, it may be requested to show why its accreditation should not be withdrawn at the end of a stated period. The request to show cause is by formal letter to the program's chief administrative officer, with copies to the institution's chief executive officer and the chair of the governing board. The burden of proof is on the program to demonstrate to the Council why its accreditation should be continued beyond the stated period. The letter sets forth the deficiencies upon which the show-cause action is based, specifies the show-cause period, and requests submission of a focused report and (optionally) an evaluation visit by a specific date. The issuance of a show-cause letter is a public sanction.

The Council judges the nature and severity of the situation in determining whether to issue a letter of advisement, impose probation, or issue a show-cause letter. While the three sanctions are of increasing severity, they are not necessarily applied in sequence. The Council may apply any sanction at any time, with the requirement that the program correct the cited deficiency or circumstance within a stated period, not to exceed two years from the imposition of the sanction, or not to exceed two years from the imposition of the first sanction if more than one sanction is applied for the same reason. Candidacy and accreditation continue during a period of a sanction. As noted above, while a letter of advisement is not made public, the actions of probation and show cause are published. The program is responsible for any costs associated with a sanction, such as hosting an onsite visit.

As noted above, the Council has the authority to impose a sanction in the context of a hearing on initial or reaffirmation of accreditation; in this case, the Council may, but is not required to, provide notice of its intended action. Should the Council consider placing an accredited or candidate program on probation or issuing a show-cause letter outside of the context of an accreditation action, the Council will: (i) inform the program of the sanction it intends to impose and the deficiencies or circumstances upon which the

sanction is being considered, and (ii) provide the program an opportunity to submit a written response at least 15 days prior to date of meeting. In the event that a program's non-compliance with ICAA requirements poses potential immediate serious harm to students or others, the Council may forgo notification to the program or provide a shorter notice period. Within ten business days of imposing a sanction the Council gives the program written reasons for its action. A program may not appeal a decision by the Council to impose a sanction, as a sanction is not considered an adverse decision.

■ Withdrawal of Accreditation

At the end of the time period stated in a show-cause letter, the Council will withdraw the accreditation of a program that has not corrected to the satisfaction of the Council the deficiencies or circumstances which led to the issuance of the letter. At least 30 days before the meeting date on which the Council will decide whether to withdraw accreditation based on the circumstances or deficiencies identified in the show-cause letter, it will: (i) inform the program of its intended action, and (ii) provide the program an opportunity to submit a written response at least 15 days prior to date of meeting.

If a program or its institution is found by the Council or a judicial court—or a federal, state or provincial agency—to have engaged in fraudulent activity, or if the institution loses its authority to grant the Ayurvedic degree or designation, the Council will withdraw accreditation. In such cases, the Council's procedures for sanctions do not apply, and the terms and conditions set forth in a letter of advisement, a probation decision, or a show-cause letter that the Council may have issued are nullified.

A program that has its accreditation withdrawn is not entitled to a refund of any fees or dues it has paid to the Council. As outlined above, a program interested in regaining accreditation must first seek candidacy status.

■ Annual Report

An accredited ayurvedic program is required to submit an annual report to the Council by January 15. The annual report form is emailed to each program in the fall. The Council reviews annual reports at its semi-annual meeting in the spring in order to ensure programs' ongoing compliance with accreditation standards and policies, monitor programs' progress in addressing outstanding recommendations and areas of interest, and to become aware of any significant changes or trends that may adversely affect individual programs' ability to remain in compliance with accreditation standards and policies.

■ Substantive Change

The accreditation or candidacy status of a ayurvedic program pertains to the entire program— including all its sites and educational offerings. If a program wishes to make a substantive change, it must submit an application to the Council that describes the proposed change; the application must be approved by the Council prior to implementation of the proposed change.

Definition and Examples of Substantive Change

A substantive change of an accredited or candidate ayurvedic program is one that may significantly affect the quality, objectives, scope, or location of educational offerings; the degree or designation offered; or the legal control of the program. The following are examples of substantive changes:

- A significant change in the program's mission or objectives;
- Any change in the legal status, sponsorship, or control of the institution that offers the program;
- A merger or affiliation with another institution;
- The addition of another academic program by an institution that currently grants only the ayurvedic degree or designation that may have a major impact on the ayurvedic program;
- A significant change in the quantity of education offered in the ayurvedic program, including additional courses or programs (or their deletion) that represent a significant departure in terms of content or delivery from those offered at the time of the Council's most recent evaluation of the program;
- A change in the credential awarded for completion of the ayurvedic program;
- A change in the way educational quantity of the ayurvedic program is measured, such as from clock hours to credit hours;
- The offering of a different program format for students from other healthcare professions; and
- The initiation of a branch campus, center or teaching clinic where student clinicians are permanently assigned, or another instructional site in an area or region not previously served, where ayurvedic medical students may fulfill any portion of their degree requirements (note that the Council has a separate policy that pertains to the establishment of a branch campus— see Part Six.

In cases where a program's administrative officers are uncertain whether a

change they are considering is substantive, they should consult the Council's executive director.

Approval Process for Substantive Change

The purpose of the approval process is to ensure that a proposed substantive change is well planned, will be implemented in accord with the Council's standards, and will not adversely impact the ICAA-recognized ayurvedic program.

An accredited or candidate program is responsible for notifying the Council's executive director at least four months prior to the planned implementation of a proposed substantive change. After the planning process has been completed, but no less than two months before the change is to be instituted, the program submits a substantive change application to the Council's executive director who, in consultation with the Council president, appoints a substantive change committee to review the application (note that in the case of a branch campus, the submission deadlines are different). The substantive change committee or the Council's executive director may at any time request additional information from the program if the substantive change application is incomplete.

Within one month of receipt of the substantive change application, the substantive change committee meets to review the application. The substantive change committee may act to:

- Approve implementation of the substantive change without any conditions;
- Approve implementation of the substantive change with conditions;
- Defer action pending receipt of additional information;
- Refer the matter to the full Council for consideration;
- Deny approval of the proposed change; or
- Require an evaluation visit prior to the committee or Council making a decision or following implementation of the change.

A program receives written approval from the substantive change committee or the Council before implementing it. A program that makes a substantive change without approval places its accreditation or candidacy in jeopardy.

Substantive Change Application

Although the content of the substantive change application depends on the nature of the proposed change, the following items are relevant in most cases:

- A clear statement on the consistency of the change with the mission and objectives of the program or, if the change is in the mission and objectives, a brief statement of the rationale for the change (note, however, that rephrasing a mission and objectives statement is not a substantive change if it does not significantly alter the meaning and content of the original wording);
- Evidence of formal approval or authorization by the governing board of the program's institution and, if applicable, by the appropriate governmental agency;
- A clear description of the educational offering(s), and evidence of approval by the appropriate academic policy body of the program or its institution;
- Plans and descriptive information showing evidence of need for the change, the clientele to be served, the procedures followed in reaching the decision to initiate the change, the organizational arrangements needed to accommodate the change, and the timetable for implementation;
- Budget projections (revenue and expenditures) for each of the first three years, including (a) revenue and expenditures associated with the change itself, and (b) institutional or program support to be reallocated to accommodate the change;
- An analysis that thoroughly addresses the budgetary and financial implications of the change;
- An analysis of the administrators, faculty, and staff who are needed, including the educational and professional experience and qualifications of the administrators, faculty and staff in relation to their individual assignments, and the availability of well-qualified administrators, faculty and staff to fill the positions needed for the change.
- While the Council does not prescribe the format of a substantive change application, the application should be carefully organized for ease of review and contain only documentation relevant to the proposed change.

Progress Report and Evaluation Visit

The Council requires a program to submit a progress report following the

implementation of the substantive change—generally within six months of the implementation date specified by the program, though the Council has the discretion to specify a longer time period or require the progress report to be included with the program's annual report. The purpose of the report is to provide information on the effects of the substantive change on the program and institution since its implementation—including whether results have matched projections, and whether any unanticipated problems have arisen. The Council's executive director informs the program of the number of report copies that must be submitted and where to send them.

If the Council's substantive change committee or the Council as a whole has required an evaluation visit either before considering the substantive change application or after it is implemented, a team appointed by the Council's president (or vice president if the president is affiliated with the affected program) conducts the visit. The size and composition of an evaluation team depend on the nature of the substantive change. The visit dates are set by the Council's executive director in consultation with officials of the program.

If an evaluation visit is required, the progress report is submitted to the Council at least one month before the visit, and copies are also provided to the evaluation team members. The progress report and the evaluation team report (if applicable) are reviewed by the Council at its next meeting. If the substantive change implementation has been effected in a way that does not raise any compliance issues or questions regarding ICAA standards and policies, the Council acknowledges the progress report and takes no further action. If there are compliance issues or questions, the Council may take appropriate action including requiring follow- up progress reports and onsite visits.

As noted above, the Council has specific policy that covers the submission of a substantive change application to establish an ayurvedic program at a branch campus: see Part Six.

If the program decides to postpone or cancel the planned substantive change following Council approval, it must promptly inform the Council of this decision and the reasons for the postponement or cancellation; if the program should subsequently decide to implement the substantive change, it must promptly inform the Council of this decision and the new timeline for implementation. In this latter case, the Council has discretion to review the substantive change application in light of any changed circumstances and to request additional information.

■ Policies on Disclosure of Information

Public Information and Notification to Agencies

The International Council for Ayurveda Accreditation (ICAA) makes the information available to the public (through a notice on its website) and provides written notification to the appropriate state and provincial authorizing agencies, the Board of Ayurvedic Examiners, within 30 days after it reaches a decision:

- To award initial accreditation or candidacy to a ayurvedic program;
- To reaffirm the accreditation or continue the candidacy of a ayurvedic program;
- To place a program on probation or to issue a show-cause letter to a program;
- To confirm that a ayurvedic program's candidacy or accreditation status has lapsed; or
- To deny, suspend, revoke, withdraw or terminate a program's accreditation or candidacy.

Additionally, the Council will, within 14 days of its notice to the program, publicly announce on its website a final decision to place a program on probation or issue it a show-cause letter, or to deny, suspend, revoke, withdraw or terminate a program's accreditation or candidacy.

Whenever the Council denies, suspends, revokes, withdraws or terminates a program's accreditation or candidacy, the Council will make available the following information—no later than 60 days after its final decision—to the appropriate accrediting agencies, the Board of Ayurvedic Examiners, the appropriate state and provincial authorizing agencies, and the public upon request:

- A summary of the Council's findings and reasons for the decision; and
- The official comments, if any, that the affected program may wish to make regarding the decision.

In the event that the affected program declines to issue official comments regarding the decision, the Council shall provide evidence that the affected institution was offered the opportunity to do so.

A recognized ayurvedic program may voluntarily withdraw from accreditation or candidacy at any time. If it does so, the Council will notify the appropriate state and provincial agencies, the North American Board of Ayurvedic Examiners and the public (through a notice on the Council's website) within 30 days of receiving notice from the program of its decision.

Information Report

The Council publishes and makes available to the public an information report that includes:

- A list of accredited and candidate ayurvedic programs with their addresses and telephone numbers;
- For each accredited and candidate program, the date when the Council is next scheduled to make a decision on the reaffirmation of accreditation or candidacy or, in cases where a candidate has applied for accreditation, the date when the Council will decide on initial accreditation;
- For any program on probation or subject to a show-cause action, a notation to that effect, including the date of the action;
- For each applicant program, the year during which it is scheduled to be considered for candidacy;
- For programs that will be reviewed by the Council at the next Council meeting, instructions for providing third-party comment in writing concerning the program's qualifications; and
- Instructions for obtaining the Council's printed procedures, eligibility requirements, standards and policies, as well as for obtaining a list of Council members and staff that includes their academic and professional qualifications, and their relevant employment and organizational affiliations.

The information report is updated and reprinted whenever the information is no longer current and complete.

Confidentiality of Documents

In accordance with its Policy on Recordkeeping (see Part Six of the *Handbook*), the Council routinely maintains a variety of materials associated with its oversight of affiliated ayurvedic medical programs. These materials—which are, with certain well-defined exceptions, kept confidential—include the following:

- Eligibility applications;
- Self-study reports for candidacy and accreditation, interim reports, and progress reports;
- Evaluation team reports and other reports of visiting representatives of the Council;
- Program responses to evaluation team reports and other reports;
- Correspondence to and from the program related to the program's

candidacy and accreditation;

- Annual reports; and
- Substantive change reports.

In cases where a program evaluated by the Council is part of an institution that has accreditation or pre-accreditation from a recognized institutional accreditor, or if the institution is in the process of applying to a recognized institutional accreditor, the Council may share the self-study report and evaluation team report with the institutional accreditor, which also treats the reports as confidential. The Council may also provide access to confidential materials if required to do so as part of a legal action.

Ayurvedic programs are encouraged to make available to the campus community the self-study report, the evaluation team report, and other reports submitted to or received from the Council. They may also elect to release to the public those reports and records that the Council treats as confidential. A program and its institution must be objective in publishing excerpts from a self-study or evaluation report. Excerpts that quote only commendations or take statements out of context are to be avoided as they may be misleading. When selective quotations are made or excerpts published, the program is required to provide access to the entire document from which the quotations or excerpts are taken. If the Council, its president, or its executive director determines that a program or its institution has inaccurately or misleadingly published or stated information contained in a self-study report, evaluation team report, or other document, the program or its institution must provide an appropriate public correction immediately, or the Council's president or executive director will so provide.

Public Comments

With regard to public comments concerning the qualifications of a ayurvedic program for accreditation or candidacy, the Council limits disclosure of the comments and information received to members of the Council and, upon request, to the program's chief administrative officer. See Policy on Public Comments in Part Six of the *Handbook* for more information.

■ Fees and Expenses

The International Council for Ayurveda Accreditation (ICAA) is a not-for-profit organization. Its primary mission is to serve the public by promoting high quality education in ayurvedic medicine and by accrediting ayurvedic education programs in the U.S. and Canada that meet or exceed CAC's standards. To support its work, the Council charges fees for its accreditation services (and also for its activities

associated with regulating ayurvedic residency programs); these fees are used to defray the expenses of running the Council and also to fund a modest reserve to cover unanticipated or emergency expenditures. Additionally, the Council accepts donations. As a not-for-profit organization, all funds are devoted to the carrying out the mission and related activities of the Council, and the Council's Board of Directors approves annual budgets and sets fees with the goal of serving the public and profession as cost-effectively as possible without jeopardizing the quality of its services.

The fees set forth below are denoted in U.S. dollar amounts, and are current as of the publication date of the *Handbook* and subject to change without notice. An institution should contact the Council's executive director for current information on fees.

Fee Structure (Current as of August 2016)

- Eligibility Application Fee: $1,000. This fee is required when a program submits an eligibility application. For information on the application process and fees see Part Two of the Handbook.
- Annual Sustaining Fee for Candidate or Accredited Ayurvedic Program:
  o Base Fee for accredited and candidate ayurvedic programs: $200; and
  o Per Student Fee: $10.00 per full time equivalent (FTE) student in the ayurvedic program.

(The Council sends an invoice to candidate and accredited programs each fall for the fee amount and payment is due by January 15the. Note that if a program is granted initial candidacy partway through the calendar year, the fee is prorated starting from the date that the program gains ICAA recognition.)

- Annual Sustaining Fee for an Ayurvedic Program at a Branch Campus:
  o Base Fee for accredited and candidate Ayurvedic programs: $200; and
  o Per Student Fee: $10.00 per full time equivalent (FTE) student in the branch campus Ayurvedic program.

- Fee for Rescheduling an Evaluation Visit: A fee to cover the additional time of Council staff to reschedule the visit is incurred if a program cancels within 12 month of the evaluation visit. The school is responsible for a $2500 penalty fee in addition to additional fees previously incurred if the cancellation occurs within 1 month of the scheduled visit. If a program cancels within 1 to 6 months the penalty is $1000, in addition to fees previously incurred and if a program cancels between 6 to 12 months there is no penalty other than previously incurred charges.

Evaluation Team Visit Expenses and Honoraria (Current as of August 2016)

The Council charges Ayurvedic programs for all the expenses associated with an evaluation visit (including travel, lodging, meals, etc., for evaluation team members and the Council's executive director). There are no honoraria for the evaluation team.

PART FOUR: Accreditation Standards for Ayurvedic Programs

■ Introduction

This part of the *Handbook of Accreditation* sets forth the Council's nine (9) accreditation standards, which are at the heart of the Council's recognition process. These standards were developed by the Council in partnership with the ayurvedic education and practitioner communities, and reflect a consensus regarding the content, characteristics and resources of a ayurvedic program necessary for (i) graduating safe and effective practitioners capable of working within the broader context of the U.S. and Canadian healthcare systems, and (ii) achieving its educational mission and objectives. In order to achieve candidacy and accreditation, a ayurvedic program must demonstrate compliance with the Council's accreditation standards and the policies set forth in this *Handbook*; a program that achieves candidacy or accreditation is responsible for maintaining ongoing compliance with the standards and policies.

Every two years, the Council's standing Committee on Standards, Policies and Procedures (COSPP) engages a comprehensive review of the nine (9) accreditation standards to ensure that they continue to foster high quality in ayurvedic medical education, reflect the evolving needs of the field and the broader healthcare system. COSPP also reviews individual standards whenever circumstances may necessitate such a review. Whenever the Council considers a revision to its standards, it circulates the proposed revision for public comment. The Council welcomes suggestion for improving its accreditation standards and policies.

■ Standard I: Mission and Objectives

A. Mission Statement and Programmatic Objectives

1. An ayurvedic medical education program (henceforth referred to as the "program") has a clear, concise and realistic mission statement that identifies what it intends to accomplish, and encompasses the educational preparation of ayurvedic doctors.

2. The mission statement is consistent with the operating authority of the program and institution, and reflects the appropriate level of education. For a program located within a multipurpose higher education institution, the programmatic and institutional mission statements must be compatible.

3. The mission must be accompanied by a set of programmatic objectives that address instruction, both didactic and clinical. The objectives must be consistent with the mission and guide the program in establishing specific learning outcomes for students in the program.

B. Development and Implementation of the Mission and Objectives

1. The program's mission statement and programmatic objectives are formally adopted or accepted by the institution's governing board. They are developed—and, when necessary, revised—through an inclusive process that involves broad input from the program's constituencies, including the administration, faculty and students.

2. The mission and programmatic objectives are widely disseminated, consistently appear in appropriate program publications (including the catalog or academic calendar), and are generally understood and supported by the program's communities of interest.

3. The mission and programmatic objectives serve as the foundation for all of the program's activities, services and policies; they inform the strategic planning process and guide the allocation of resources.

C. Re-evaluation of the Mission Statement and Programmatic Objectives

1. The mission statement and programmatic objectives are periodically re-evaluated within the context of an ongoing self-study process to ensure that (i) the program is fulfilling its mission and objectives, (ii) the mission and objectives are compatible with ayurvedic principles, philosophy, and clinical theory and practice, and (iii) the mission and objectives provide appropriate direction for current and anticipated programs, activities and services related to ayurvedic medicine.

2. The re-evaluation process takes into account the results of the program's assessment and outcomes review processes.

■ Standard II: Organization, Governance and Administration

A. Legal Organization and Governance

1. The institution offering the program authorized to operate under the applicable laws of the state or province and local community in which it is located, and must have authorization to offer a Ayurvedic degree or designation from the appropriate state or provincial agency.

2. A program in Canada that has ICAA candidacy status is eligible for initial accreditation by ICAA only if it also has provincial approval.

B. Administration

1. The program is located in an institution that has an appropriately qualified chief executive officer (e.g., president) whose full-time or major responsibility is to the institution.

2. The program must have an appropriately qualified chief academic officer (e.g., dean)—or an appropriate academic leadership team—whose full-time or major responsibility is to the program. The chief academic officer or the academic leadership team must have appropriate authority and autonomy to manage the program and must ensure that (i) fiscally responsible strategic or long-range planning is periodically carried out in order to enable the program to adapt to changing circumstances, and (ii) the program of study is regularly reviewed and revised as needed.

3. The program must have an appropriately qualified and stable administrative staff sufficient in size to meet the needs of the program and achieve the program's mission. The organizational structure of the administrative staff should be clearly set forth in an organizational chart or some other document. Staff members should have clearly defined roles and responsibilities, and have sufficient authority to carry out their responsibilities effectively.

4. Within the institution's administrative hierarchy, the ayurvedic program must be placed at the same level and have the same administrative status (reflected in sections B.2 and B.3 above) as other comparable healthcare related programs leading to doctoral degrees or designations. There should be evidence of strong senior level commitment to and support for the program. This is only applicable for programs applying for doctoral accreditation status.

5. There must be in place a comprehensive set of policies and procedures regarding human resources that include procedures for evaluating the performance of administrative staff on a regular basis, a grievance policy for employees, and non-discrimination and equal opportunity policies. Within the constraints of its resources, the institution and program provide employees with opportunities for professional development.

6. There must be mechanisms in place to allow all appropriate constituencies within the program— including faculty, administrative staff and students—to communicate their needs and provide input in

matters of significant interest to them to the program's leadership team. In particular, faculty members must have opportunities to provide substantive input into policy matters directly related to the educational program and faculty.

■ Standard III: Financial Resources

A. Sufficiency of Resources

1. The institution in which the program is located must be financially sound, and have resources sufficient to carry out the program's mission and educational objectives current, short and long term.

2. The program shall have an adequate financial base to meet existing program commitments and to complete the instructional commitment to current enrollees. Financial considerations must not compromise the mission and quality of the program, or cause more students to be enrolled than the program's resources can reasonably accommodate.

3. The financial resources of the program must adequately provide for instruction, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific needs and functions that are consistent with the program's mission and objectives.

4. Adequate resources must be available to meet debt-service requirements of short- and long-term indebtedness without adversely impacting the quality of the program.

5. The institution shall have the financial capacity to respond to financial exigencies and unanticipated occurrences. If an accumulated deficit has been recorded, a plan with reasonable and attainable benchmarks to eliminate the deficit must be implemented.

B. Financial Management

1. The institution shall have a qualified business manager or chief financial officer.

2. The institution must have control of its financial resources and budgetary process and be free from undue influence or pressure from external funding sources or agencies. In multipurpose institutions, there must be a program budget and the program must have sufficient control over the program budget to effectively carry out its mission and objectives.

3. The financial management system of the institution must conform to generally accepted accounting principles, and an annual institutional financial audit must be conducted by an outside independent certified or chartered public accountant. The audit must provide a detailed and accurate picture of the financial status of the institution and program for the preceding fiscal year; it must include an opinion/management letter, a balance sheet statement, a statement of revenue and expenditures, and a report on the change in fund balance and/or financial position. The audit must be reviewed by the appropriate individuals or responsible groups within the institution.

4. Accurate financial records and effective internal financial controls must be maintained. Financial reports are regularly generated.

5. The process by which the program's annual budget is established—and resources allocated—must be clearly defined, be based upon periodic assessments of program effectiveness, and be consistently implemented. The annual budget must provide a realistic projection of the program's revenue and expenditures based on reasonable assumptions. The annual budget must be reviewed and approved by the institution's governing board.

6. The current operating budget and projected budgets are regularly reviewed, and changes are made as necessary. Program administrators and other relevant personnel are provided with regular financial reports and are informed of budget changes in a timely manner.

7. Fundraising activities shall be carried out ethically, and in accordance with any applicable legal requirements and generally accepted standards. Accurate records of donated funds are maintained and required reports are filed in a timely manner.

8. Endowment funds and other investments shall be administered responsibly, and in accordance with any applicable legal requirements and with policies developed or approved by the governing board.

9. Research funding provided by an external funding source shall be administered in accordance with any applicable legal requirements and with the funding source's requirements. This is only applicable at the doctoral level.

10. The program must clearly define and consistently follow a fair and equitable refund policy for unearned tuition that complies with applicable state/provincial and federal laws and regulations.

C. Planning

1. The program must have sufficient input into and involvement with strategic and financial planning to ensure that its ongoing and developing needs will be met.

2. The program must have a multiyear financial plan and be able to project its expenditures and revenues for at least a three-year period, including the current fiscal year.

3. Whenever a significant amount of money is borrowed for capital improvements or for other purposes, there is evidence of careful planning to determine that sufficient reserves exist—or that sufficient revenues will be generated by the improvements or by other means—to repay the loan without jeopardizing the financial viability of the institution or compromising the quality of the program.

■ Standard IV: Program Faculty

A. Faculty Qualifications

1. Faculty members have appropriate education and experience for their teaching positions and responsibilities in the program. Individual faculty members must possess appropriate—and any other qualifications required to provide instruction in their assigned areas at the appropriate level. The program must keep on file documents that verify each faculty member's current credentials.

2. Faculty members must possess sufficient skills in instructional methodology, including assessment of student competence, to ensure that the program is effectively delivered.

3. The overall composition and combined experience of the faculty must adequately reflect the ayurvedic orientation of the program, and provide strong assurance of the program's potential to produce graduates who are capable of integrating ayurvedic principles, philosophy and theory into practice.

B. Faculty Sufficiency

1. The number of full- and part-time members of the faculty is sufficient to effectively meet program needs.

2. An adequate, cohort of faculty with commitments to the program and/or institution provides for coherent academic planning, coordination of instruction, and curriculum development.

C. Faculty Orientation and Performance Evaluation

1. The program provides an orientation for all new faculty members. The orientation provides a basic understanding of the school's philosophy, faculty expectations and review of the faculty manual.

2. To ensure and improve the quality and effectiveness of instruction, all faculty members are evaluated periodically. In addition to instructional capability, faculty members are evaluated on their performance of assigned responsibilities.

3. Faculty evaluation procedures provide for the effective evaluation of faculty members by administrators and students, and may provide for peer evaluation. Procedures are in place to ensure that the results of evaluations are reviewed with individual faculty members. When deficiencies are identified during the review process, remedial measures to address them are implemented.

D. Faculty Professional Development

1. The institution and the program encourage and support the on-going professional development of faculty members through appropriate policies and the provision of opportunities, assistance and incentives for professional development. The administration provides or makes available remedial and professional development offerings to support the attainment of developmental goals identified through the faculty performance evaluation process.

2. Individual faculty members are engaged in a process of on-going professional development and growth to enhance their effectiveness in meeting the missions and objectives of the institution and the program. Provision is made to ensure the continuing competence and currency of members of the academic and clinical faculty and to develop and maintain their skills as teachers and/or clinicians.

E. Faculty Participation in Program Development and Academic Administration

Faculty members contribute to the academic integrity of the program. The faculty is involved in the development and implementation of the program's curriculum and academic policies, including student selection, evaluation, discipline, academic standing and graduation. Faculty members participate in the review and recommendation of teaching methods, the identification of needs related to academic

facilities and equipment, and any planning processes established to deal with the growth and development of the program.

F. Conditions of Faculty Employment

1. The institution publishes a faculty handbook or comparable publication that clearly sets forth policies regarding hiring and termination, faculty rank and promotion, salary and benefits, performance evaluation, tenure (if applicable), teaching loads, instructional responsibilities, non-instructional responsibilities, conflict of interest, the resolution of grievances, and intellectual property. The handbook or comparable publication also contains an academic freedom policy that ensures academic freedom in teaching, scholarship and research. Policies with respect to promotion and tenure must include provision for faculty input.

2. Human resources policies and actions pertaining to faculty reflect a commitment to equal employment opportunity and non-discrimination.

3. Salaries and benefits are adequate to attract and retain a qualified faculty. Faculty compensation is regularly reviewed for adequacy in light of economic changes.

■ Standard V: Student Services

A. General Provisions

1. The program shall provide student services and activities that reflect the program's mission and objectives, support good student morale, and assist students in the achievement of personal and professional growth while they progress through the program. Student services shall include, at a minimum, well-developed programs in the following areas: (i) admissions, (ii) orientation, (iii) advisement and counseling, (iv) financial aid (if offered), (v) tutorial services, and (vi) career development services.

2. The program must publish in the student handbook (or in a comparable publication) a statement that clearly defines the rights, privileges and responsibilities of students, and that specifies the procedures for conducting disciplinary and academic standing proceedings for violations of those responsibilities. Whenever the faculty or administration takes a formal action that adversely affects the academic, clinical or enrollment status of a student, there must be a fair, clearly defined and documented process that includes timely notice of the impending action, disclosure of the grounds on which the action would be based,

and an opportunity for the student to respond.

3. The program shall provide a means for systematically obtaining student views and input into institutional and programmatic planning and decision-making.

4. The program must publish in the student handbook (or in a comparable publication) fair and efficient policies and procedures for reviewing and responding to formal complaints and grievances made by students, and must maintain a record of their disposition during the preceding three-year period—or from the date of the Council's last comprehensive on-site visit, if more than three years ago—demonstrating that these complaints and grievances were handled in an equitable manner according to the published policies and procedures.

5. The institution shall make adequate provision for the safety and security of its students and their property. Information concerning campus safety shall be distributed as may be required by federal and state/provincial laws and regulations.

B. Admissions

1. The program shall have a published student admission policy that (i) reflects the program's mission and objectives, and (ii) clearly specifies the educational prerequisites, personal characteristics and minimum qualifications of applicants that the program considers necessary for academic and professional success. The program shall endeavor to select students who possess the intellectual capacity, integrity and personal characteristics necessary to become effective ayurvedic physicians/doctors. The admissions process should include an in-person interview with applicants.

2. Admission policies must comply with applicable federal and state/provincial laws and regulations regarding non-discrimination and physical challenges that do not preclude the ability to meet the intellectual and technical standards of the program.

3. Faculty must be involved in the creation of the admissions policies, and should be involved in the student selection process. The program has final responsibility for recommending student selection.

4. Specific admissions policies (e.g., policies pertaining to transfer credit, advanced standing, re- admittance into the program, non-discrimination, etc.) shall be clearly stated in institutional publications. Enrollment, cancellation and refund policies shall comply with applicable federal and state/provincial laws and regulations.

5. The program must adhere to its published admissions policies; any exceptions to a policy are based on well-founded and documented reasons. Admissions files for students contain required documents.

6. Recruitment and admissions activities shall be conducted legally, and with honesty and integrity. The content of marketing materials and of any representations made to prospective students must be clear and accurate.

7. The program may accept transfer credit toward the ayurvedic program that the program judges to be equivalent to its requirements for graduation.

8. The program must demonstrate an acceptable process for assuring equivalence of transfer credits and for granting advanced standing. In considering education and training obtained in foreign countries, the program must obtain advisory assistance from a reputable educational credentials evaluation service for the interpretation of foreign educational credentials whenever the program lacks sufficient information or expertise to make an interpretation.

9. The admissions policy must involve planning and periodic assessment to determine whether the policy is adequately serving the needs and interests of the students, program and profession, and how it could be doing so more effectively.

C. Student Records

1. The program shall have an accurate and complete record keeping system, including permanent academic records that document the completion of program requirements. Students should have reasonably convenient access to their academic, attendance, financial and other records.

2. Policies shall be in place regarding the data to be included in the students' permanent records, as well as the retention, safety, security and disposal of records. Policies on record keeping, access to records and release of information must reflect the rights of individual privacy, the confidentiality of records, and the best interests of the student and the program; they comply with state/provincial and federal laws and regulations.

3. The program must maintain data that will facilitate the compilation of the following records and statistics: student profiles showing the number of students enrolled, graduated and readmitted; admissions data showing the number of applications received and accepted; pass rates

on Parts I and II of the ALEX examination; and ages, gender, educational backgrounds, and racial/ethnic origins (optional) of the student body.

D. Counseling

1. Students must have ready access to academic and career counseling, and should have ready access to personal counseling. Provision for academic counseling must incorporate and reinforce the efforts of faculty members, program administration and student affairs officers to support student success in the program.

2. A program should have in place mechanisms to identify at-risk students and address their needs in a timely manner; should it become apparent that a student lacks the abilities necessary to successfully complete the program, he or she should be counseled out of the program in a timely manner.

F. Official Publications and Online Resources

1. The program shall make available to students and to the general public a catalog, calendar, student handbook or comparable official publication (or publications) that accurately sets forth its:

   a. Current mission and programmatic objectives
   b. Admissions requirements and procedures
   c. Transfer credit and advanced standing policies, including the criteria for accepting transfer credit
   d. Tuition, fees and refund policies
   e. Opportunities and requirements for financial aid (if applicable)
   f. Academic performance requirements
   g. Policies and procedures related to satisfactory academic progress
   h. Rules for student conduct
   i. Student disciplinary procedures
   j. Student grievance procedures
   k. Grading and attendance policies
   l. Program completion requirements
   m. Members of the administration, including their positions
   n. Professional education and qualifications of full- and part-time faculty
   o. Members of the governing board
   p. Non-discrimination policy
   q. Academic calendar
   r. Program sequence or outline

<ol type="a" start="19">
Description of each academic program, including the curriculum and course descriptions for each course
Description of the learning and other physical resources
Sources of information on the legal requirements for licensure and entry into the profession

2. Publications, advertising and other communications that concern the institution's programs, services, activities and personnel must provide complete, accurate and clear information regarding the ayurvedic medical program. Courses and faculty not available during a given academic year must be identified clearly. Publications and advertising must accurately represent employment, career and licensure opportunities.

3. The program must publish its status and relationship with the Council and provide the Council's address and phone number in accordance with ICAA policy.

■ Standard VI: Program of Study

A. Program Development, Delivery and Integration

1. The program of study is "competency based." An ayurvedic program clearly articulates—both for individual courses and for the program in its entirety—the core competencies and educational objectives, consistent with its mission, that it considers necessary for a student to graduate as a competent Ayurvedic practitioner. The program also incorporates all competencies formally adopted by ICAA.

2. The five ayurvedic programs ICAA accredits consists of the following

PROGRAM	OBJECTIVES	CORE COMPETENCIES	DESIGNATION
Certificate in Ayurvedic Medicine Total: 600 Hours Didactic 500 hours Clinical	1.CAM's guide individuals and groups through educational seminars on the traditional principles and practices of the Ayurvedic way of life. 2. CAM's scope of practice emphasizes education on prevention of	See Skills checklist	Certificate in Ayurvedic Medicine (CAM)

100 hours	imbalances and the promotion of wellness on all levels of being, using the life-enhancing modalities and philosophy of Ayurveda. 3. CAM's approaches include appropriate dietary, lifestyle, yoga, meditation, and health-promoting herbal recommendations. 4. CAM's design preventive health routines for themselves, the client and audiences, according to Ayurvedic principles. 5. Assessment tools used by CAM's enable them to determine the Prakriti of an individual's body and mind; and the balanced and unbalanced states of the doshas, ama/agni, dhatus, and malas. 6. CAM's are the ideal Ayurvedic practitioner to visit if a person wants a regular coach to guide him/her through a general wellness routine. 7. CAM's do not practice conventional medicine. They do not diagnose or treat diseases.		
Associate Degree in Ayurvedic Medicine	Objectives: 1. AAM's provide guidance to individuals with imbalances.	See Skills checklist	Associate in Ayurvedic Medicine (AAM)

Didactic TOTAL: 1200 Didactic: 500+400= 900 Clinical: 100+200 = 300	2. They construct health interventions through the traditional principles and practices of the Ayurvedic way of life. 3. AAM's scope of practice emphasizes education on imbalances and on regaining wellness on all levels of being, using the modalities and philosophy of Ayurveda. 4. AAM's completed 500 hours of training as basic CAM's, and also have an additional 1000 hours of theory and practice in critical thinking about pathophysiology and imbalances of the body. 5. AAM's utilize personalized diets, lifestyle coaching, yoga and meditation instruction, and the use of herbs and oils using an Ayurvedic approach. 6. Assessment tools used by AAM's enable them to determine the Vikriti (imbalances) of an individual's body and mind; they work to realign unbalanced states of the doshas, ama/agni, dhatus, and malas. 7. AAM's are the ideal Ayurvedic practitioner		

	to visit to design tailored health routines and coach the client according to Ayurvedic principles. 8. AAM's do not practice conventional medicine. They do not diagnose or treat diseases.		
Bachelor of Science in Ayurvedic Medicine 1800 Hours = TOTAL: 1800 Didactic: 500+400+400= 1300 Clinical: 100+200+200 = 500	1.BAM's accurately assess pulse readings to uncover disease before it manifests. 2.BAM's utilize herbal formulations in their practice. 3.BAM's develop treatment plan protocols.	See Skills checklist	Bachelor in Ayurvedic Medicine (BAM)
Master of Science in Ayurvedic Medicine TOTAL: 2400 Didactic: 500+400+400 + 400= 1700 Clinical: 100+200+200 +200 = 700	1.MAM's understand the ancient texts in their native language and recite the slokas 2.MAM's complete a marma session with understanding of the points and their functions. 3.MAM's gain practical skills in developing treatment plan protocols. 4.MAM's write a research proposal and use statistical analysis software	See Skills checklist	Master in Ayurvedic Medicine (MAM)
Doctor of	Objectives:	See Skills checklist	Doctor in

Ayurvedic Medicine	1. DAM's provide in-depth guidance to individuals with imbalances using the modalities and philosophy of Ayurveda 2. DAM's scope of practice includes constructing health interventions and providing education about imbalances using the traditional principles and practices of the Ayurvedic way of life. 3. DAM's understand pathophysiology and are able to work alongside modern medical practitioners. 4. DAM's have formal education at a college bachelor level, and have developed critical thinking skills over several additional years of training and evaluation in clinical Ayurveda. 5. DAM's have completed the 500 hours of training as basic CAM's, an additional 1000 hours of theory and practice in critical thinking about pathophysiology and imbalances of the body, and then an additional 3100 hours of theory and clinical experience for understanding how to		Ayurvedic Medicine (DAM)
TOTAL: 3000 Didactic: 500+400+400 + 400 + 400= 2100 Clinical: 100+200+200 +200+200 = 900			

	manage imbalances. 6. They are able to manage diseases, and understand the USA-based laws needed to adapt their practice to providing care legally using only the modalities available in their locale. 7. Individuals trained as DAM's will be competent to perform comprehensive assessment of health and disease of both body and mind, including both pulse diagnosis and tongue diagnosis. 8. Based on their assessment, DAM's are able to structure, plan, and administer herbal formulations, personalized diet, lifestyle modification, yoga, meditation, and panchakarma. 9. DAM's have tools to understand imbalanced states of mind, and are able to use various modalities to guide rebalance. 10. DAM's are advanced clinicians, with more diagnostic and treatment experience than AAM's. 11. DAM's are the ideal practitioners to visit for individuals seeking advanced, tailored		

	Ayurvedic regimens alongside treatments by their primary medical provider. 12. DAM's do not practice conventional medicine, according to the USA-based laws. They do not diagnose or treat diseases based on modern medicine practice.		

3. The program is clearly and accurately described in published materials. A syllabus must be prepared for each course or major unit of instruction, distributed to each student in the course, and maintained in the program's curriculum files. The syllabus must contain, at a minimum, the following information:

- The purpose of the course
- The objectives of the course in specific terms, and the educational competencies to be attained
- An outline of the content of the course and laboratory instruction in enough detail to permit the student to see its full scope
- The method(s) of instruction and assessment
- The requirements of the course with important dates (e.g., papers, projects, examinations)
- The type of grading system used
- The required and recommended reading

4. The instructional methods and policies reflect the program's mission and objectives, as well as the specific objectives of individual courses.

5. Academic and clinical education components are carefully coordinated and integrated, and are mutually reinforcing. The program allows for a graduated progression in the student's development of knowledge, skills, attitudes and behaviors, and fosters the student's consequent ability to manage increasingly complex clinical knowledge and client cases.

6. Throughout the entire program, ayurvedic principles, philosophy, theory and practice are integrated into the education components of the program.

7. The program must establish and publish course prerequisites, and ensure that prerequisites are followed.

8. A curriculum review committee regularly reviews, evaluates and revises as needed the content and instructional methodology of the program to ensure that required competencies and expected outcomes are achieved; the review process takes into account findings identified by the program's or institution's outcomes assessment processes and advances in medical sciences.

B. Academic Component

1. The academic component of the program of study is competency based, and fosters the development of required knowledge, skills, attitudes and behaviors in ayurvedic medicine, including biomedical sciences and clinical sciences. Courses that prepare students to assess and diagnose the causes of disease incorporate an awareness and understanding of ayurvedic principles, philosophy, clinical theory and clinical practice.

2. Students learn how to advise clients on prevention and wellness, how to effectively treat clients who have identified health concerns, diseases or conditions using ayurvedic therapeutics and principles, how to make a prognosis, and how to evaluate and manage client outcomes.

3. Students learn the skills necessary to access and evaluate information from diverse media. Practical or applied skills are acquired through practical coursework and the clinical education experience.

4. The program's academic component:

   a. Includes courses/subject matter in ayurvedic medical history, principles, philosophy and integrates this subject matter throughout the program.

   b. Supports development of the student's skills in client lifestyle counseling in preventive approaches, including health education/promotion, disease prevention and mind-body medicine.

   c. Supports development of the student's ability to competently take and record a client's health history, effectively evaluate the causes and evolution of the chief complaints and present health status, appropriately utilize ayurvedic assessments, develop a differential diagnosis, create a treatment plan consistent with ayurvedic principles, philosophy, clinical theory and clinical practice, make a prognosis, and evaluate clinical outcomes.

   d. Supports students in becoming clinically competent, caring and ethical primary care/general practice physicians/doctors, with a well-developed sense of personal wellness, knowledge of their unique skills

as healers, and full understanding of their scope of practice and its strengths and limitations.

e. Supports development of the student's ability to evaluate and apply knowledge and information obtained from a variety of sources, including scientific and professional literature, clinical experience, and traditional ayurvedic practices.

f. Supports development of an understanding of principles of financial recordkeeping, marketing and ayurvedic practice management.

g. Supports students in developing the verbal and written communication skills necessary to work effectively with clients, the general public and other healthcare practitioners, and the ability to make appropriate referrals.

h. Supports development of the student's ability to participate in research and scholarly activity, including the ability to document the outcomes of ayurvedic medicine.

i. Emphasizes the importance of lifelong learning.

5. The academic component provides an in-depth study of the human body, as well as instruction in a variety of therapeutic and clinical subject areas relevant to the practice of ayurvedic medicine; where appropriate, instruction includes related experiences designed to reinforce and augment students' classroom learning. The following subject matter/pre-requisite courses are included:

Degree	Requirement Hours in program	Requirements	Pre-Requisites
Certificate in Ayurvedic Medicine	600	High School Diploma	Anatomy & Physiology
Associate in Ayurvedic Medicine	1200	High school diploma Certificate in Ayurvedic Medicine	Anatomy & Physiology CPR General education credits for AA degree Certificate of Ayurvedic Medicine Medical Terminology course (for credit or CEU either/or is okay)
Bachelor in	1800	AA degree in	A&P

Ayurvedic Medicine		related field	A&P II CPR Certificate of Ayurvedic Medicine Associate of Ayurvedic Medicine Ethics course (CEU type course) Medical Terminology course
Master in Ayurvedic Medicine	2400	BA degree in related field	A&PI A&P II CPR Certificate of Ayurvedic Medicine Associate of Ayurvedic Medicine Ethics course (CEU type course) A&P 3 (Pathology) Medical Terminology course SCIENCES: *Chemistry Biology Organic Chemistry Biochemistry Pharmacology Physics Statistics
Doctor in Ayurvedic Medicine	3000	MA degree in related field	A&PI A&P II CPR Certificate of Ayurvedic Medicine Associate of Ayurvedic Medicine Ethics course (CEU type course) A&P 3 (Pathology) Medical Terminology course SCIENCES FROM THE MASTERS PROGRAM (see above)

c. Clinical Education Component

   1. The clinical education component of the program is competency based and carefully integrated with the academic component of the program of study. It provides an opportunity for students to develop competence in integrating ayurvedic principles, philosophy and clinical theory into clinical practice, as well as for further development and application of the knowledge, skills, attitudes, behaviors and values introduced in the academic component.

   2. The clinical educational component enables students to develop the clinical competence, skills, professionalism and confidence necessary for successful clinical practice.

   3. Student achievement standards, competencies, policies, and evaluation procedures in the clinical education component are consistent with the principle of gradually ascending student responsibility: the level of clinical responsibility accorded student clinicians is gradually increased in accordance with their level of competence.

   4. The following are among the elements that characterize the clinical education component:

      a. A clinical experience that integrates ayurvedic principles, philosophy, clinical theory and clinical practice into every clinical interaction;

      b. A clinical experience that provides students with the opportunities to develop the clinical knowledge, skills and critical judgment necessary for safe and effective practice as an ayurvedic practitioner, including client counseling on health promotion and disease prevention, client assessment, diagnosis, treatment, prognosis and management, and referral as appropriate;

      c. Opportunities to demonstrate competence in the full range of ayurvedic therapies as set forth in this standard;

      d. Opportunities to develop the knowledge, skills, attitudes and behaviors necessary to establish effective professional relationships with clients, faculty, colleagues, other health care practitioners and the public;

      e. Opportunities to treat clients of all ages, to treat a wide variety of conditions and diseases, and to develop case management skills;

f. Group forums for discussion among clinical faculty and students on a variety of clinical subjects and case analyses, with the inclusion of ayurvedic principles, philosophy and clinical theory as relevant to the discussion topic; (Bachelor Level and above)

g. Opportunities to develop cultural/ethnic competence including socio-sexual and gender sensitivity, as well as an understanding of medical ethics and the medical consequences of common societal and environmental problems; (Bachelor Level and above)

h. Opportunities to develop a thorough knowledge and the necessary skills of charting practices and client record maintenance, including applicable legal requirements (Bachelor Level and above); and

i. Opportunities in ayurvedic practice management (e.g., attracting and retaining clients, time management, charging and collecting fees, etc.).

5. The program's clinical education component provides at least 100 clock hours of clinical training (at the minimum level) involving client contact in a clinical setting. The following requirements pertain to the clinical education component:

Degree Level	*Hours of Clinical Training	Measurement
Certificate	100	Case studies, observation, supervised practice, shadowing
Associate	300	Case studies, observation, taking case history, assessment, supervised practice, independent practice
Bachelors	500	Case studies, observation, taking case history, assessment, supervised practice, independent practice
Masters	700	Case studies, observation, taking case history, assessment, supervised practice, independent practice
Doctorate	900	Case studies, observation, taking case history, assessment, supervised practice, independent practice

*An hour of clinical refers to a clock hour

D. Clinic Administration, Resources, and Facilities

1. Clinical education is overseen by an appropriately qualified academic administrator who is involved in (i) curriculum design and implementation, (ii) oversight of clinical faculty, and (iii) the development of standards, policies and procedures pertaining to clinical education.

2. Clinical education is conducted in accordance with published policies on ethical behavior for students, clinical faculty, administrators and staff, and in accordance with policies and procedures on quality assurance.

3. Sufficient resources are allocated to the clinical education component of the program to achieve its educational goals and objectives. There is sufficient client volume for the number of student clinicians, and the clinical facilities are adequate in size and equipped as needed to provide experience in all aspects of ayurvedic assessment, diagnosis and treatment covered in the program curriculum.

4. Administrative staffing for the clinical education component is sufficient to meet its needs, the clinical setting is appropriately equipped, and serves the needs of clients, faculty and students.

5. There are record-keeping procedures in place that fully document completion of clinical education requirements.

6. The program must maintain clinical records of clients that are accurate, secured, backed up, complete and are kept confidential in accordance with applicable legal requirements. Clinical record keeping practices must conform to generally accepted standards of healthcare practice.

■ Standard VII: Evaluation and Assessment

The program must have in place thorough processes for (i) evaluating each student's academic and clinical performance and achievement in relation to the program's mission and educational requirements, (ii) evaluating the professional success of its graduates, and (iii) assessing overall program outcomes and effectiveness in relation to the program's mission and programmatic objectives. The program must regularly use the information generated through its evaluation and assessment processes to make related changes and improvements in its program of study, allocation of resources, and academic and institutional policies and procedures.

A. The program must maintain a written policy or plan that outlines the processes it uses to assess the educational performance of individual

students and the attainment of programmatic objectives, and that specifies the individuals responsible for implementing the policy or plan. These processes are clearly defined, encompass all of the programmatic offerings, and are conducted regularly.

B. As part of its assessment processes, the program gathers and maintains a sufficient variety and amount of data—including various outcomes measures—on students and graduates to enable the program to (i) document student achievement of individual clinical competencies and comprehension of subject matter, and (ii) evaluate and document the overall effectiveness of its training and the accomplishment of the program's stated mission and programmatic objectives. Findings from assessment processes are integrated into the institutional planning process.

C. The program utilizes both formative and summative processes for evaluating student learning. The evaluation processes are fair, emphasize objective techniques and approaches, and are applied consistently. Evaluation processes enable faculty to support and assist student learning and to verify each student's achievement of required academic and clinical competencies. Students who do not perform at the required level receive timely notification of the remedial options available to them.

D. Evaluation of student clinical performance is referenced to specific criteria, is performed regularly, and incorporates a variety of measures of knowledge and competence. Clinical faculty members have completed an orientation session that includes information on the program's evaluation processes pertaining to clinical performance, receive periodic in-service training to ensure consistency in evaluation, and have their individual performance as evaluators reviewed periodically.

E. The program maintains data for the latest five-year period on the program's completion rates. When data do not support a conclusion that the program consistently graduates 75% of the students who enter the program within the timeframe set by the program, a formal analysis is conducted, and a report containing information on measures being taken to improve completion rates is compiled and placed on file.

F. The program maintains data for the latest five-year period on the overall pass rate of its students and graduates on ALEX examinations.

G. The following are examples of outcome measures that may be used as elements of a program's assessment policy or plan (note that a program may select other elements not listed below):

1. Systematic approaches to the evaluation of student competence in clinical settings at various stages in the training, such as pre-clinic, midway through the clinical component, and post-clinic

2. Descriptive reports related to the student clinical experience (e.g.,

the variety of client conditions typically seen, the depth of the clinical exposure, etc.)

3. Structured observation and assessment of student clinical performance and ability to make independent clinical decisions
4. Review of client charts to assess student clinicians' knowledge and skills
5. Structured observation and documentation of student clinician performance in case presentations and grand rounds
6. Analysis of ALEX scores and pass rates, and the percentage of graduates who gain state/provincial licensure
7. Analysis of attrition rates for students
8. Survey data on client satisfaction with student or intern performance and on quality of client care
9. Periodic alumni surveys on matters related to the quality and appropriateness of the training, and graduates' success in finding satisfactory employment
10. Student exit surveys on various matters such as satisfaction with the program and instruction
11. Student evaluations of courses and instruction

■ Standard VIII: Library and Learning Resources

A. Organization and Administration
   1. Staff members have appropriate education and experience to carry out professional and technical operations to manage resources and services of the physical and the web-based library.
   2. The staffing is sufficient to support facilities, resources, services, programs, and the volume of students, faculty and other patrons.
   3. Policies and procedures that govern the use of library services and resources are documented and easily accessed by patrons.
   4. Policies and procedures that govern operational functions are clearly defined and documented for library staff use.

B. Collections
   1. The library provides comprehensive, authoritative and current information resources that support learning outcomes and research. The library has in place policies and procedures to protect the collection from theft and other types of loss.
   2. Collections comprise a variety of formats that include, but are not limited to, print materials, sound recordings, digital services, graphics,

models and web-based applications. The library should be responsive to changes in information technology.

■ Standard IX: Physical Resources

A. The program has sufficient physical resources—including instructional, library, clinical, office and facilities, equipment and supplies—to achieve its mission and objectives.

B. The program's physical facilities shall either be owned by the program, leased or otherwise contractually secured to guarantee their availability; any facility lease or contract must include an adequate notice period (in general, at least one full academic year) should the owner wish to terminate the lease or contract.

C. The facilities shall be sufficient to house and provide for the effective functioning of the program, and to accommodate the needs of the faculty, staff and student body. Faculty and staff offices, conference areas and other resources are sufficient for carrying out teaching, research, administrative and other assigned responsibilities.

D. Physical resources for the program are allocated in accordance with a comprehensive plan that is consistent with the program's mission and objectives. Appropriate program faculty and staff are involved in the planning process to ensure that the program's needs are addressed.

E. The facilities shall be safe, accessible and appropriately maintained. A schedule for routine and preventive maintenance and necessary capital improvements of the facilities and for maintenance of the grounds is developed and implemented.

F. There are sufficient instructional, office, computer/IT and other systems, equipment and supplies to meet the needs of the faculty, staff and student body. A schedule for routine maintenance of equipment is developed and implemented, and adequate funds are budgeted to allow for maintenance and replacement as needed.

G. Facilities and records must comply with federal, state/provincial and local fire, safety, health and accessibility laws and regulations. The institution should have a comprehensive emergency preparedness plan in place that includes appropriate training of students, faculty and staff.

H. Adequate record storage, back-up and recovery procedures must exist for all essential records, including student and client records.

PART FIVE: Self-Study Guide for Candidacy and Accreditation

■ Overview

The *Self-Study Guide* is designed: (i) to assist programs seeking candidacy status, initial accreditation and reaffirmation of accreditation in the self-study process, and (ii) to provide guidelines for the content and format of the self-study report. The guide is intended to help focus a program's self-study process upon the Council's nine accreditation standards and applicable policies, as presented in this *Handbook of Accreditation* (the self-study reports of programs that have a branch campuses must also include additional sections and materials related to these components of the institution). The Council encourages each program to develop a self-study process that best fits the needs and circumstances of the program within the parameters set forth in the guide.

Self-study reports must demonstrate that the program seeking candidacy, initial accreditation or reaccreditation has engaged in a thorough self-evaluation process, has sought the active participation of all relevant program constituencies (e.g., staff, faculty, students, alumni, the governing and advisory boards, etc.), and has provided a thorough and honest assessment of the program's strengths and weaknesses relative to the program's mission and the Council's accreditation standards. As explained below, if a program submits a self-study report that does not meet the Council's requirements, it will be required to revise and resubmit the report; additionally, submission of an unacceptable report may result in adverse action by the Council.

Although the self-study process is unique to each program, the resultant self-study report must at a minimum address each of the Council's accreditation standards and applicable policies, and must be organized into sections or chapters as follows (described in greater detail below):

■ Organization of the Self-Study Report

Table of Contents
Introduction: Background and History
1. Accreditation Standard I: Mission and Objectives
2. Accreditation Standard II: Organization, Governance and Administration
3. Accreditation Standard III: Financial Resources
4. Accreditation Standard IV: Program Faculty
5. Accreditation Standard V: Student Services

6. Accreditation Standard VI: Program of Study
7. Accreditation Standard VII: Evaluation and Assessment
8. Accreditation Standard VIII: Library and Learning Resources
9. Accreditation Standard IX: Physical Resources
10. Compliance with Policy 5 (Representation of Relationship with Council) and Policy 6 (Student Complaints)
11. Summary of Plans and Recommendations for Future Development

■ The Self-Study Process

The self-study is at the center of the accreditation process. It is a deep, comprehensive and institution-wide self-analysis of the educational resources and effectiveness of the institution and program in relation to the program's mission and educational objectives, carried out in the context of the Council's accreditation standards. This self-examination involves all key constituency/stakeholder groups of the institution and every aspect of the institution's operation that affects the program.

The self-study process consists of three components: (1) systematic efforts/research (e.g., through surveys, focus groups, review of documents, etc.) to gather comprehensive information from program constituencies and other sources about the program's operations, resources, faculty, students, educational offerings, services, and activities as they relate to the program's performance with respect to its mission and objectives and to the Council's accreditation standards; (2) an in-depth self-assessment/evaluation—based on the information gathered—of the program's past, present and anticipated future outcomes in terms of short- and long-range achievement of its mission and objectives, as well as the degree to which it meets the Council's accreditation standards, and (3) formulation of plans and recommendations for changes to the program in order to more effectively realize the mission, ensure compliance with ICAA standards, and improve the educational experience and success of students. The product of the self-study process, the *self-study report*, is the central document in the accreditation process.

■ Structure of the Self-Study Process and the Self-Study Report

Organizing for the Self-Study Process

Early in the self-study process—before the Council's deadline for submission of the self- study report—the program's leadership should develop a plan for carrying out the self-study. This plan should, at a minimum:

1. Inform all relevant constituencies about the purpose of the self-study

process and their involvement with the process.

2. Provide a realistic calendar or timeline for carrying out the self-study.

3. Identify the composition of the steering committee and other self-study committees/taskforces, as well as their role with respect to conducting the self-study process and drafting report sections.

4. Specify the individual(s) who are responsible for coordinating the overall self-study process and for handling discrete aspects of the process, including: (i) coordinating the activities of the various self-study committees, (ii) providing assistance and resources for the self-study process, (iii) ensuring adherence to the self-study timeline, (iv) communicating within the institution on the progress of the self-study, (v) compiling the self-study narratives, findings and recommendations into a comprehensive self-study report, (vi) revising the report to ensure a consistent unified style, and (vii) assisting with preparation for an onsite visit by a ICAA evaluation team.

Self-Study Orientation with ICAA Executive Director

Once the self-study steering committee is appointed, the self-study coordinator arranges a conference call with the committee members and Council's executive director, president and/or the ICAA Board Member(s). During this meeting, the Council's executive director/board provides an orientation to the self-study process and steering committee members have an opportunity to ask questions. The primary purpose of the orientation is to ensure that the program has the background information it needs to engage in an effective self-study process and to produce a self-study report that meets the Council's requirements. This orientation takes place prior to the submission deadline for the self-study report and must take place after the online orientation is completed by all committee members and before the submission deadline.

■ Outline of a Self-Study Report

As noted above, the self-study report should be organized into the following sections or chapters: table of contents, introduction, nine chapters that address the nine ICAA accreditation standards, a chapter that addresses compliance with applicable ICAA policies and a summary chapter.

Table of Contents

The Table of Contents must clearly set forth the organization of the self-study report, including the individual chapters/sections in the main body of the report and sections containing appendices/supporting documents. The report

editor should make sure that page numbers are accurate.

Introduction

The Introduction of the Self-Study Report provides a brief background and history of the institution and the program that includes information on the institution's/program's authorization to operate and applicable accreditation(s). This chapter must incorporate a description of the process the program used for self-study, including the names and affiliations of each person who served on each self-study committee and any other pertinent information on the self-study process that would be helpful to the reader.

Nine Chapters on the Nine Accreditation Standards

The self-study report must include a chapter or section on each of the nine accreditation standards. Each of these chapters must be presented from four perspectives: (1) a description of the program's current operation, structure, process or activity in relation to the requirements contained in the accreditation standard, (2) the self-appraisal of that area of the institution/program in relation to the program's mission and educational objectives and the accreditation standard, (3) the plans and recommendations for future development and improvement of that area of the institution/program, and (4) a list of material appended to the report that provide evidence of compliance with the accreditation standard.

While for the sake of clarity we have separated out the description and appraisal components of the report in this guide, the Council encourages programs to combine the description and appraisal into a unified analytical-narrative that integrates the description with the appraisal. This approach allows for a more natural flow in the presentation of content. Similarly, while the self-study report must address every section/element within each accreditation standard, the report can combine discussion on related sections/elements. However organized, the completed report must address every section/element within each of the accreditation standards.

Description of Current Status

The description must accurately, succinctly and thoroughly address the current operations, structures, processes, resources and/or activities of the institution/program in relation to each accreditation standard, the programmatic mission and, where applicable, student outcomes. Generally, the description references appended documents to substantiate the content and maintain brevity; however, where useful, the description should provide excerpts from institutional and programmatic documents to orient the reader to defining aspects of the program (for example, it is usually helpful to state

the program's mission and educational objectives even though they also appear in appended documents). The Self-Study Guide in Part Five of the *Handbook* provides a set of questions to assist programs in writing the descriptive sections.

Appraisal of Current Status

In the appraisal, the institution presents the results of the careful analysis and evaluation of the effectiveness of the program, operations, activities and institutional structures and processes in regard to specific areas—

with attention to both achievements and weaknesses/problems. This critical self-assessment is a primary internal activity of the self-study process to which the evaluation team and the Council will pay particular attention, as these judgments provide significant insight into the internal planning and management of the institution's resources to achieve the program's mission and educational objectives, meet the accreditation standards, and achieve required student outcomes.

Appraisal questions are presented below to assist the institution/program with analyzing and assessing its processes, structures and activities in relation to its mission and educational objectives. Many of the questions are designed to determine the program's degree of compliance with CAC's accreditation standards; they are also intended to stimulate internal self-evaluation and to suggest areas of further study and evaluation. The institution/program may also wish to consider other questions that it believes are pertinent to its particular circumstances, and is encouraged to appraise, in its own fashion, significant aspects of its program about which no questions are specifically asked. Once these questions have served the purpose of eliciting essential information, the material must be organized into a coherent narrative presentation.

Plans and Recommendations for Future Development

Having described and appraised its practices in a given area in the context of a specific accreditation standard, the program is asked to state its plans/recommendations for future development—indicating recommendations or plans to build upon the program's strengths in this area and plans to correct any identified weaknesses/problems. Plans/recommendations should be: succinct, realistic, and specific; tied to the specific findings identified in the description and appraisal sections of the report; and referenced to a realistic timeline for accomplishment. To be meaningful, these plans/recommendations must be part of the program's overall planning process, representing a definite commitment by the board, administration and faculty to improve the quality of its educational programs

and services over time. Developing a set of plans/recommendations is the first step in translating the results of self-study into practice.

Materials to Be Appended to the Report

Specific documents/materials are required to support the content of each chapter (see below). Additionally, the program may include other materials it considers relevant to the narrative. Care should be taken to judiciously select supporting materials so as to keep the overall report length reasonable and manageable— both for sake of the institution and the individuals responsible for reviewing the report.

As noted above, institutions that offer an ayurvedic program at a branch campus in addition to the main campus must include additional content and materials in the self-study report that address specific aspects of the program at the branch campus. Further information on this requirement is contained in the Council's Branch Campus Policy.

Compliance with ICAA Policies

In addition to the accreditation standards, the ICAA *Handbook of Accreditation* publishes two policies that a program must observe: Policy 5 (Representation of a Program's Relationship with the Council) and Policy 6 (Student Complaints). In this chapter of the Self-Study Report, the program must describe and document how it complies with these policies.

Summary

In this final chapter of the self-study report, the program should bring together all of the plans and recommendations from each of the preceding chapters and present them in summary form for its own use and for review by the evaluation team. This recapitulation of the institution/program's plans and recommendations for the future should correlate with the program's assessment regarding its strengths and weaknesses as noted in the body of the report, and should be presented and considered in two ways: (1) summarizing the plans/recommendations from each of the 9 sections, and (2) synthesizing and prioritizing the plans/recommendations from all 9 sections into a realistic timeline for implementation that takes into account the current and anticipated financial and human resources of the institution/program. The summary should also describe the program's ongoing structure for long-range planning that includes projected resource allocations. Because both the timeline for implementation and the program's structure for long-range planning must have the support of the governing board, administration and faculty in order to be successful, this support must be demonstrated and documented in the summary chapter.

■ Format of the Self-Study Report

In the spirit of achieving a healthy balance between thoroughness and brevity—and to promote clarity—the Council has set the following page limits, formatting and other requirements for self-study reports:

1. The maximum page limit is 200 pages double-spaced. Note that this page limit applies to the body of the report and does not include appendices. Self-study reports that include sections pertaining to compliance with the ICAA accreditation standards in relation to a branch campus may include an additional 60 pages double-spaced (above the 200) devoted to the branch campus.

2. Report pages must be numbered.

3. Either Times Roman or Arial font at 12pt size must be used

4. Margins must be a minimum of one inch on every side: left, right, top and bottom.

5. Block quotations may be single-spaced.

6. Tabs or some other system must be used to indicate the location of chapters and appendices.

7. Whenever the report references information contained in a document placed in an appendix, the report should specify the relevant page numbers of the document.

8. The report must be bound or placed in a loose-leaf binder (for ease of last-minute revisions, a loose-leaf binder is recommended). No more than two separate volumes may be submitted (e.g., a report binder and an appendices binder); however, catalogues, handbooks, manuals, etc., may be provided as separate documents and do not need to be part of the bound report (it is helpful if they are placed in a binder insert or pocket).

9. The application's narrative section must be in English even if a program is offered in a language other than English, or is housed in an institution in a location where English is not the official language. If any required documents contained in appendices are not in English, such as a charter or similar document that authorizes the legal operation of the institution, they must be accompanied by either an English translation of the document or an accurate summary of the document in English. Translations must be completed by a member organization of the American Translators Association. Questions regarding appended documents that may require an English translation or summary should be directed to the ICAA executive director/Board.

■ Requirements for Submission of Report Copies

The program is required to submit a *draft version* of the self-study report *at least four months prior to the scheduled date of the evaluation visit* for preliminary review by the Council's executive director and members of a review committee, as follows:

- One hardcopy *and* one digital copy of the draft report to the Council's executive director; and
- One hardcopy *or* one digital copy of the draft report to the members of a review committee designated by the executive director—depending on the preference of the reviewers.

Within 30 days of submission of the draft self-study report, the executive director will inform the program whether the review committee has found the draft report to be complete and fully responsive, or whether the program is required to add to or revise the report in order to ensure completeness and responsiveness.

The program is required to submit a *final version* of the self-study report that takes into account any feedback from the review committee at least two months prior to the date of the scheduled date for the evaluation visit, as follows:

- Two hardcopies *and* one digital copy of the final report to the Council's executive director;
- One hardcopy *and* one digital copy of the final report to each member of the evaluation team
- One digital copy to each member of the Council who is not a member of the evaluation team.

The executive director will supply to the program the contact information of individuals to whom the report should be submitted directly.

■ Failure to Submit an Acceptable Self-Study Report in a Timely Manner

The Council's accreditation process depends in great part upon the quality of the self-study reports submitted by ICAA-recognized programs and programs seeking recognition—their completeness, responsiveness, accuracy, and depth of analysis. As noted above, the Council's executive director and a review committee will review the draft self-study report submission for deficiencies and inform the program of any areas that must be revised or augmented in the final report. If the draft version of the report is too deficient to be remediated within the timeframe for final submission—namely two months prior to the evaluation team visit—the visit will be rescheduled.

If rescheduling a visit is necessary, the following will apply:

1 The program will bear any additional travel expenses incurred due to rescheduling;
2 The program will pay a $2500 fee to cover the additional time of Council staff to reschedule the visit; and
3 The period of accreditation subsequently granted by the Council will be adjusted to reflect the original date of the visit.

If the program demonstrates persistent inability to provide an acceptable self-study report, the Council has discretion to impose a sanction in accordance with its policies.

■ Self-Study Guide: Questions for Reflection and Required Report Materials

The purpose of this section of the *Self-Study Guide* is three-fold:

1 To provide guidance on the content of an ayurvedic program's self-study report to ensure that the report is comprehensive and responsive.
2 To encourage deep reflection about the program among the participants in the self-study process for the sake of ongoing improvement; and
3 To identify the supporting materials that the program must supply, either as appendices to the self-study report or onsite during the evaluation visit. Materials required to be available onsite should either be accessible in the team workroom—in hardcopy or electronic form—or should be made readily available to team members in specified locations.

As noted earlier, the Council encourages each program to develop a self-study process that best fits the needs and circumstances of the program within the parameters set forth in the *Self-Study Guide*. To that end, the Council encourages each program to formulate additional questions as part of its in-depth exploration.

There is some redundancy in the questions due to occasional overlap in the content of Council's accreditation standards. Programs are encouraged to use their discretion in presenting information so as to avoid unnecessary repetition, provided that the self-study report comprehensively addresses all of the standards.

■ STANDARD I: Mission and Objectives

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. Copy of the institutional mission, programmatic mission, and programmatic objectives.

2. Documentation that demonstrates periodic review and, as applicable, approval of mission and objectives (e.g., examples of meeting minutes).

REQUIRED TEAM WORKROOM MATERIALS

1. Copies of publications containing the programmatic mission and objectives.

QUESTIONS FOR REFLECTION

A. Mission Statement and Programmatic Objectives

1. Describe and analyze the interconnection between the institutional mission (if separate from the programmatic mission), the program's mission and associated programmatic objectives: Are they all logically consistent? Do they provide an effective basis for establishing specific student learning outcomes for the program?

2. Describe and analyze how the programmatic mission satisfies the elements outlined in this accreditation standard (e.g., clear, concise, realistic, encompasses training of ayurvedic doctors): Does the mission reflect the current educational practices of the institution and satisfy CAC's requirements?

3. Do the programmatic objectives address instruction, research/scholarship and service? Do they reflect the content and practices of the educational program?

B. Development and Implementation of the Mission Statement and Programmatic Objectives

1. Describe and analyze the process for disseminating the mission and programmatic objectives in program publications: Are they widely and consistently disseminated? Are they generally understood and supported by the program's communities of interest? Could they be more effectively disseminated? If so, how?

2. Describe and analyze how mission and programmatic objectives provide the foundation for the program's activities, services and policies: Do they inform the strategic planning process and guide the allocation of resources?

C. Re-evaluation of the Mission Statement and Programmatic Objectives

1. Describe and analyze how effectively the program is fulfilling its mission and objectives. Are there particular strengths or weaknesses in the program in relation to the mission and objectives?

2. Are the mission and objectives compatible with—and supportive of—ayurvedic principles, philosophy, and clinical theory and practice?

3. Do the mission and objectives provide appropriate direction for current and anticipated programs, activities and services related to ayurvedic medicine? Are any changes potentially needed to accommodate current or future directions?

4. Describe and analyze how information derived through the program's ongoing self-study and assessment processes is incorporated into the periodic re-evaluation of the mission statement and programmatic objectives.

■ STANDARD II: Organization, Governance and Administration

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. Documentation (e.g., articles of organization, official letters) from various agencies demonstrating (if applicable) legal incorporation, degree authorization, institutional accreditation, and financial aid authorization.

2. Governing board bylaws.

3. A list of governing board members, including brief biographical information on each person.

4. An organization chart or charts that outline the administrative structure of the institution and the ayurvedic program, and that show how the program administration relates to the institutional administration.

5. Board member conflict-of-interest statement.

6. Position description for dean/chief academic officer of the program (i.e., the person responsible for leading the program).

7. CV/résumé for dean/chief academic officer of the program.

REQUIRED TEAM WORKROOM MATERIALS

1. The latest official reports on the program and institution from other accrediting agencies (if applicable) and governmental regulatory agencies that oversee the institution or program.
2. Current strategic/long-range plan for the institution and program.
3. Personnel/employee handbook(s)/manual(s).
4. Governing board meeting minutes up to the past three years.
5. If applicable, meeting minutes of any advisory board for the program.
6. Position descriptions for key program administrative staff.
7. Copies of performance evaluation forms.
8. Résumés/CVs for the leadership team of the institution.
9. Résumés/CVs for key program administrative staff.

QUESTIONS FOR REFLECTION

A. Legal Organization and Governance

1. Describe how the institution is legally organized/incorporated: Is it incorporated as a not-for-profit organization? Is it authorized to offer an ayurvedic degree or designation? If so, by which state or provincial agency? Describe the local laws and regulations that pertain to the institution: How is compliance with local laws and regulations ensured? Are there any issues/problems with the current way in which the institution is organized and regulated that may adversely affect the institution or program? If so, what steps is the institution taking (or planning to take) to address these issues?

2. For a program in the U.S. seeking initial ICAA accreditation: Does the institution have candidacy or accreditation status with an institutional accrediting agency recognized by the U.S. Dept. of Education? If not, is the institution actively engaged in seeking institutional accreditation? What impediments, if any, does the institution face in gaining institutional accreditation?

3. For a program in Canada seeking initial ICAA accreditation: Does the program (or the institution that offers the program) have provincial approval for participation in government- funded student-aid programs? If not, are such programs available? Is the institution actively seeking to offer student aid? What issues, if any, does the program face in making government- funded student financial aid available?

4. Describe and analyze the institution's governing board: Who serves on the board and what are their professional backgrounds/qualifications? How is the board structured to conduct its work (e.g., frequency of meetings, types of committees, governing

philosophy)? Are two-thirds of the board members free of contractual, employment and/or personal financial interest in the institution or program? What are the strengths and weaknesses, if any, in the structure and composition of the governing board?

5. Does the governing board exercise ultimate authority over the institution, free of undue outside influence? If not, what are the constraints and how do they affect the institution and program?

6. Describe the governing board's routine activities (e.g., establishing broad policy, approving long- range plans, appointing and evaluating the chief executive officer, ensuring fiscal viability, approving budgets, ensuring the integrity of the institution, approving major program changes, and evaluating its own performance), and analyze the board's effectiveness in carrying out these activities. Is the governing board informed about the ICAA accreditation process?

7. Describe and analyze the institution's conflict-of-interest policy for the governing board: Does it adequately protect the interests of the institution? Does the institution keep on file a current signed statement from each governing board member indicating any actual or potential conflict of interest?

8. Describe and analyze the ways in which the program can formally communicate to the governing board regarding its needs and can provide input on relevant institutional and programmatic issues: Do these channels allow for regular and effective communication?

B. Administration

1. Describe the professional qualifications of the institution's chief executive officer.

2. Describe the professional qualifications of the program's dean/chief academic officer (or of the

   members of the academic leadership team, if the role is shared). Describe and analyze the chief academic officer's responsibilities: Are they appropriate and reasonable for the position? Does he or she have sufficient authority and autonomy to effectively manage the program? What role does he or she play in formulating the program's budget and participating in strategic planning for the program? Does he or she ensure that the program curriculum is regularly reviewed and revised as needed?
   What changes, if any, might be needed in the role of the chief academic officer to better meet the needs of the program?

3. Describe and analyze the program's organizational structure and administrative staffing: Is the program administration structured in a way that enables it to carry out its work effectively: Are job responsibilities and reporting lines clear? Do individual administrators have appropriate authority? Is there sufficient administrative staffing to meet the needs of the program and achieve the program's mission? Are administrators appropriately qualified for their roles? Is the administrative staffing reasonably stable? What are the strengths and weaknesses of the program administration?

4. Within the institution's administrative hierarchy, is the ayurvedic program placed at the same level and does it have the same administrative status as other comparable healthcare related programs leading to doctoral degrees or designations? If not, why is there a disparity? Describe and analyze the level of commitment to—and support for—the program by the institution's leadership and senior staff: Are there any issues regarding support for the program that might have an adverse effect on the program?

5. Describe and analyze the institution's human resources policies and procedures: Are they comprehensive? Do they provide for the regular evaluation of employee performance and the mechanisms for faculty advancement in rank? Is there a reasonable grievance policy for employees? Are there non-discrimination and equal opportunity policies in place? Within the constraints of its resources, does the institution and program provide opportunities for professional development? Are there any gaps or weaknesses in the human resources policies and procedures?

6. Describe and analyze the mechanisms in place for faculty, administrative staff, students and other appropriate constituencies to communicate their needs to the program's leadership team and provide input in matters of significant interest to them: Do these mechanisms provide reasonable access? Do faculty members have opportunities to provide substantive input into policy matters related to the educational program and faculty? What are the avenues by which the program's leadership team responds to such input? What weaknesses, if any, are there in regard to effective communication with the program's leadership team?

■ STANDARD III: Financial Resources

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. The institutional financial audit, including an opinion/management

letter, for the most recent fiscal year that also includes comparative financial information on the preceding fiscal year.

2. The program budget for the current fiscal year, including budget assumptions.

3. The program budget projections for the next two fiscal years, including budget assumptions.

REQUIRED TEAM WORKROOM MATERIALS

1. Manual outlining financial controls and management policies.

QUESTIONS FOR REFLECTION

A. Sufficiency of Resources

1. Describe and analyze the institution's current financial situation: Is the institution's financial situation sound? Are there any financial challenges that could adversely affect the program's ability to achieve its mission and educational objectives in the current, short and long term? If so, what steps are being taken to address them?

2. Does the program have an adequate financial base to meet existing program commitments and to complete its instructional commitment to current enrollees? Is enrollment at a reasonable level given the program's financial and other resources? Do budget considerations affect enrollment decisions? If so, in what way?

3. Describe and analyze how the program's financial resources are apportioned so as to achieve the program's mission and objectives in the following areas: instruction, research/scholarship and service; administration; learning resources; student services and activities; maintenance; equipment; and supplies. Are any areas under-funded relative to the program's needs? If so, what plans are there to increase funding?

4. Describe and analyze the level of the institution's short- and long-term indebtedness: Are there adequate resources available to meet debt-service requirements without adversely impacting the quality of the program? If debt-service requirements are adversely impacting quality, what steps are being taken to address this situation?

5. Describe the institution's capacity to respond to financial exigencies and/or unanticipated financial deficits. If there is currently a deficit, describe the plans to eliminate the deficit, including specific targets or benchmarks.

B. Financial Management

1. Describe the qualifications and role of the institution's business manager/chief financial officer.

2. What external constraints or pressures, if any, does the institution face in regard to control of its financial resources and budgetary process? If the institution is multipurpose, what level of control does the program have over its program budget? Is this level of control sufficient to enable it to effectively carry out its mission and objectives?

3. Who within the institution reviews the annual financial audit and how is this review carried out?

4. Describe and analyze the institution's internal financial controls and how it maintains its financial records: Are financial controls and recordkeeping practices satisfactory?

5. Describe and analyze the process by which the program's annual budget is established: Is the process clear and consistently implemented? Does the annual budget provide a realistic projection of the program's revenue and expenditures based on reasonable assumptions? Do budget allocations reflect, among other things, information obtained through assessments of program effectiveness? Is there a mechanism by which the annual budget is reviewed and approved by the institution's governing board?

6. Are program administrators and other relevant personnel provided with regular financial reports and informed of budget changes in a timely manner? How are any needed changes in budget allocations handled during the fiscal year? Overall, do program budget management procedures allow for effective administration of the program?

7. Describe briefly and analyze how the institution ensures that fundraising activities are carried out ethically and in accordance with any applicable legal requirements. How are records of donated funds maintained?

8. Describe briefly how endowment funds and other investments are administered: Who is responsible for setting policies for endowments and investments? How does the institution make sure that such funds are managed in accordance with any external legal requirements?

9. Describe briefly how research funding from external sources is administered in accordance with any applicable requirements.

10. Describe the program's refund policy for unearned tuition: Is it

clear, equitable and consistently followed? Does it comply with applicable state/provincial and federal laws and regulations?

C. Planning

1. Describe and analyze the avenues/mechanisms by which the program has input into—and involvement with—strategic and financial planning: Are these sufficient to ensure that the program's ongoing and developing needs will be met?

2. Describe and analyze the program's multiyear financial plan: Is the program's budget for the current fiscal year adequate? Is the program able to project its expenditures and revenues for next two fiscal years with reasonable accuracy?

3. Describe briefly how the institution's planning process incorporates the borrowing of large amounts of money for capital improvements or for other purposes: Does the institution make a determination that sufficient reserves exist—or that sufficient revenues will be generated by the improvements or by other means—to repay the loan without jeopardizing the financial viability of the institution or compromising the quality of the program?

■ STANDARD IV: Program Faculty

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. List of faculty who teach in the program, including educational credentials, rank, full- or part-time status, and number of years at the institution.
2. Faculty handbook (or comparable publication).

REQUIRED TEAM WORKROOM MATERIALS

1. Any other personnel or policy manuals pertaining to faculty.
2. Résumés/CVs of all program faculty.
3. List of faculty load/course assignments for the current academic year.
4. Faculty senate meeting minutes.
5. Curriculum committee meeting minutes.
6. Copies of forms used for faculty evaluation.
7. Examples of faculty development offerings and activities.

QUESTIONS FOR REFLECTION

A. Faculty Qualifications

1. Describe and analyze the overall qualifications and credentials of program faculty as a group: What qualifications are generally required for faculty teaching the didactic and clinic portions of the program? How does the program ensure that individual faculty members have appropriate qualifications for specific teaching assignments?

2. Describe and analyze the degree to which didactic and clinical faculty members possess skills in instructional methodology—including assessment of student learning—in addition to their subject matter expertise. What steps, if any, does the program or institution take to develop the instructional skills of faculty? How does the institution satisfy itself that the program is being effectively delivered?

3. Describe and analyze the qualifications of clinical faculty members as a group: How much experience in didactic and clinical practice do faculty have? Do the majority of clinical faculty members have a minimum of five years of experience? Are the qualifications and experience of clinical faculty sufficient to achieve the goals of the clinical training program?

4. Describe and analyze how well the overall composition and combined experience of the faculty reflects the ayurvedic orientation of the program. Are there sufficient ayurvedic physicians and other faculty who are knowledgeable in ayurvedic medicine to ensure that graduates of the program will be able to integrate ayurvedic principles, philosophy and clinical theory into clinical practice?

B. Faculty Sufficiency

1. Describe and analyze the composition of the program faculty in terms of the number of full- and part-time members: Is there overall a sufficient number of faculty to effectively meet program needs? What weaknesses, if any, are there in this regard? Are there any issues in relation to faculty workload? Are there any challenges in recruiting a sufficient number of qualified individuals to serve on the faculty?

2. Describe and analyze the role of faculty in academic planning, coordination of instruction, and curriculum development: Is there an adequate, stable cohort of full-time or near full-time faculty with primary professional commitments to the program and/or institution to handle these responsibilities effectively? What weaknesses, if any, are there in regard to these activities?

C. Faculty Orientation and Performance Evaluation

1. Describe the orientation program for all new faculty members. Is their orientation sufficient to enable effective instruction in an ayurvedic

medical program?

2. Describe and analyze the faculty evaluation process. Are all faculty members periodically evaluated? How well does the evaluation process support faculty in improving the quality and effectiveness of instruction? Does the evaluation process extend to research/scholarship activities and performance of assigned responsibilities apart from teaching?

3. Are administrators and students involved in evaluating faculty? Is there a peer evaluation process? Is there a process for program administration to review the results of evaluations with individual faculty members? When performance deficiencies are identified during review, are remedial measures identified? What changes, if any, are needed to increase the effectiveness of the faculty evaluation process?

D. Faculty Professional Development

1. Describe and analyze the ways in which faculty are encouraged or required to engage in professional development activities: Are there institutional policies regarding professional development? What opportunities, assistance and incentives are provided to promote professional development?

2. Is faculty professional development connected with the faculty evaluation process? How does the institution ensure the continuing competence and currency of members of the academic and clinical faculty in their subject matter areas? How does the institution support faculty in developing and maintaining their skills as teachers and/or clinicians? What changes, if any, might improve the overall program for faculty development?

E. Faculty Participation in Program Development and Academic Administration

1. Describe and analyze the role of faculty in the development of institutional and program policies, and the structures and mechanisms by which faculty are engaged in governance: Do these structures and mechanisms enable effective communication among the faculty and between the faculty and administration?

2. Describe and analyze the faculty governance organization: How often does it meet? Does it operate according to bylaws or some other policy document? Is it appropriate to the size and complexity of the institution and broadly representative of the faculty? What changes, if any, might increase the effectiveness of faculty governance?

3. Describe and analyze the ways in which the faculty members are

involved in the development and of the program's curriculum and academic policies, including student selection, evaluation, discipline, academic standing and graduation. Are faculty members involved in the review and recommendation of teaching methods, and the identification of needs related to the program's academic facilities and equipment?

F. Conditions of Faculty Employment

1. Describe and analyze the institution's/program's faculty handbook(s) or comparable publication(s): Do they clearly set forth policies regarding hiring and termination, faculty rank and promotion, salary and benefits, performance evaluation, tenure (if applicable), teaching loads, instructional responsibilities, non-instructional responsibilities, conflict of interest, the resolution of grievances, intellectual property, and academic freedom policy? Do policies reflect a commitment to equal employment opportunity and non-discrimination? Are handbooks and policies sufficiently comprehensive and up-to-date? Do policies with respect to promotion and tenure include provision for faculty input? What changes, if any, might be needed to improve particular faculty policies or the handbooks?

2. Describe and analyze the salaries and benefits structure: Are salaries and benefits adequate to attract and retain a qualified faculty? Is faculty compensation regularly reviewed for adequacy in light of economic changes?

■ STANDARD V: Student Services

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. Student handbook (or comparable publication).
2. Institution and program catalogs/calendars.

REQUIRED TEAM WORKROOM MATERIALS

1. Student council meeting minutes, if any, for the last three years.
2. Statistics on students and graduates for the last five years, including number of applicants, admitted students, and graduated students, as well as available demographic information on the student body (e.g., breakdown by gender, age, race, ethnic origin).
3. Statistics on cohorts unable to meet tuition requirement (drops due to financial burden of tuition) rates for the last three years.
4. A copy of the most recent annual report to the ICAA.

5. Brochures, etc., describing student services.

6. Examples of print advertisements, brochures and other marketing materials, particularly those related to student admissions.

7. Financial aid policies and information on financial aid that is available to students.

QUESTIONS FOR REFLECTION

A. General Provisions

1. Describe and analyze the degree to which the program's student services and activities reflect the program's mission and objectives, support good student morale, and assist students in the achievement of personal and professional growth as they progress through the program. Do the student services include, at a minimum, well-developed programs in the following areas: (i) admissions, (ii) orientation, (iii) advisement and counseling, (iv) tutorial services, and (v) career development services? What are the perceived weaknesses, if any, of student services and activities?

2. Describe and analyze the student handbook (or comparable publication): Does it contain policies that clearly define the rights, privileges and responsibilities of students, and that specify the procedures for conducting disciplinary and academic standing proceedings for violations of those responsibilities? Whenever the faculty or administration takes a formal action that adversely affects the academic, clinical or enrollment status of a student, is there in place a fair, clearly defined and documented process that includes timely notice of the impending action, disclosure of the grounds on which the action would be based, an opportunity for the student to respond, and an appeals process in the event of an adverse action? Are there any perceived weaknesses in student policies in terms of comprehensiveness, clarity or content?

3. Describe and analyze the mechanisms by which the program can systematically obtain student views and input into institutional and programmatic planning and decision-making. Are these mechanisms perceived as adequate?

4. Does the program publish in the student handbook (or in a comparable publication) fair and efficient policies and procedures for reviewing and responding to formal complaints and grievances made by students? Does the program maintain a record of their disposition during the preceding three-year period—or, if more than three years ago, from the date of the Council's last comprehensive on-site visit—demonstrating that these complaints and grievances were handled in an equitable manner according to the published policies and procedures?

5. Describe and analyze the ways in which the institution provides for the safety and security of students and their property. Is information concerning campus safety distributed as required by federal and state/provincial laws and regulations? Are there any perceived deficiencies in regard to student safety and the security of student property?

B. Admissions

1. Describe and analyze the program's published student admission policy: Does it clearly specify the educational prerequisites, personal characteristics and minimum qualifications of applicants that the program considers necessary for academic and professional success? Does it reflect the program's mission and objectives?

2. Describe and analyze the actual student selection process: Who is involved? What steps does the program take to identify applicants who possess the intellectual capacity, integrity and personal characteristics necessary to become effective ayurvedic physicians/doctors? Does the admissions process include an in-person interview with applicants? If not, why not?

3. Describe how the institution ensures that its admission policies comply with applicable federal and state/provincial laws and regulations regarding non-discrimination and physical challenges that do not preclude the ability to meet the intellectual and technical standards of the program?

4. Describe and analyze the role of faculty in the creation of the admissions policies and their involvement in the student selection process. Does the program have final responsibility for recommending student selection, or does a separate department of the institution, such as the admissions department, make selection decisions? If the program does not have final say on student selection, how does it ensure that only qualified applicants are admitted? Are there any weaknesses in the student selection process?

5. Are specific admissions policies (e.g., policies pertaining to transfer credit, advanced standing, re- admittance into the program, non-discrimination, etc.) clearly stated in institutional publications? Do enrollment, cancellation and refund policies comply with applicable federal and state/provincial laws and regulations?

6. Does the program adhere consistently to its published admissions policies? Are any exceptions to these policies based on well-founded and documented reasons? Are admissions files for students complete in terms of the documents the institution requires?

7. How does the institution ensure that recruitment and admissions

activities are conducted legally and with honesty and integrity? How does the institution ensure that marketing materials and representations made to prospective students are clear and accurate?

8. Describe the program's transfer credit and advanced standing policies: How does the program determine that the content of courses accepted for transfer credit is equivalent to its requirements for graduation?

9. In considering education and training obtained in foreign countries, does the program obtain advisory assistance from a reputable educational credentials evaluation service for the interpretation of foreign educational credentials whenever the program lacks sufficient information or expertise to make an interpretation?

10. Does the admissions policy involve planning and periodic assessment to determine whether the policy is adequately serving the needs and interests of the students, program and profession? Are there ways in which the admissions policy and process could be improved in these regards?

C. Student Records

1. Describe the institution's/program's record keeping system, including the system for maintaining permanent academic records. How are the accuracy, completeness and safety of records assured? Describe policies and procedure governing students' access to their academic, attendance, financial and other records.

2. Describe the institution's policies and procedures regarding the information/data maintained in students' permanent records, as well as the retention, safety, security and disposal of records. Do policies and procedures pertaining to keeping records, allowing access to records, and release of information protect individual privacy rights and confidentiality? Are they perceived to be in the best interests of the student and the program? Do the institution's policies and procedures regarding record keeping, access to records and release of information comply with federal and state/provincial laws and regulations?

3. Does the program maintain data that allows for the compilation of the following records and statistics: student profiles showing the number of students enrolled, graduated and readmitted; admissions data showing the number of applications received and accepted; pass rates on the ALEX examination; student tuition default rates; and ages, gender, educational backgrounds, and racial/ethnic origins (optional) of the student body?

D. Counseling

1. Describe and assess the academic and career counseling services for students. How well do they integrate with and reinforce the efforts of faculty members, program administration and student affairs officers to support student success in the program? Do students have ready access to these services? Do students have access to personal counseling, if needed? In what ways, if any, could student counseling services be improved?

2. Describe the mechanisms in place that enables the program to identify at-risk students and address their needs in a timely manner. How does the program determine whether a student lacks the abilities necessary to successfully complete the program? How does the program ensure that a student who lacks the abilities to successfully complete the program is counseled out of the program in a timely manner? Are the mechanisms for identifying and dealing with at-risk students satisfactory? If not, what plans are there for improving them?

DI. Official Publications and Online Resources

1. Describe the publications (e.g., catalog/calendar, student handbook or a comparable official publication) the program provides to students and to the general public that describe the program. Do these publications include the information required under Section F, Paragraph 1, of Standard V?

2. Are program publications accurate, clear and complete? Do they specify courses and faculty not available during a given academic year? Do they accurately represent employment, career and licensure opportunities? What improvements, if any, are needed in program publications?

3. Do advertisements and other communications concerning the institution's programs, services, activities and personnel provide accurate information regarding the ayurvedic medical program?

4. Does the program publish its accreditation status and relationship with the Council—and provide the Council's address and phone number—in accordance with ICAA policy?

■ STANDARD VI: Program of Study

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. An outline of the program curriculum, if different from that appearing in the catalog.

2. Any diagrams or charts that illustrate the integration or flow of the curriculum.

3. A copy of a typical course syllabus.

4. A copy of the clinic manual (or similar publication, if applicable).

REQUIRED TEAM WORKROOM MATERIALS

1. An outline of the program's core competencies and education objectives.

2. A file and/or CD containing all course syllabuses.

3. Policies and documentation related to preceptorships, field observation and other off-site clinical experiences, if applicable.

4. Copies of affiliation agreements with any off-site clinical training facilities, if applicable.

QUESTIONS FOR REFLECTION

A. Program Development, Delivery and Integration

1. Describe and analyze the program of study, including the academic and clinical components, from the standpoint of being "competency based:" Does the program clearly articulate—both for individual courses and for the program in its entirety—a set of core competencies and educational objectives? Are they consistent with the program mission?

2. Describe and analyze the overall length and scheduling format of the program: Does it consist of the minimum required academic years/clinical hours (for each program)? Does it use a quarter, trimester or semester format—or some other format? Is the assignment of credits to individual courses consistent with accepted practices in higher education?

3. Do published materials clearly and accurately describe the program? Is a syllabus prepared for each course or major unit of instruction? Is a copy distributed to each student in the course and maintained in the program's curriculum files? Does each course syllabus contain, at a minimum, the following information?

   a. The purpose of the course

   b. The objectives of the course in specific terms, and the educational competencies to be attained

   c. An outline of the content of the course and laboratory instruction in enough detail to permit the student to see its full scope

   d. The method(s) of instruction and assessment

   e. The requirements of the course with important dates (e.g., papers, projects, examinations)

f. The type of grading system used

g. The required and recommended reading.

Are there currently any needs for improvement of course syllabuses?

4. Describe and analyze the instructional methods used in the delivery of the program. Do they reflect the program's mission and objectives, as well as the specific objectives of individual courses? Are any changes needed in instructional methods to improve the quality of the program?

5. Describe and analyze the degree to which academic and clinical education components are coordinated, integrated, and mutually reinforcing. Are there ways in which the program could be better coordinated and integrated?

6. Describe and analyze the ways in which the program facilitates a graduated progression in the student's development of knowledge, skills, attitudes and behaviors, and fosters the student's consequent ability to manage increasingly complex clinical knowledge and client cases? In what ways, if any, could the program be more successful in these aspects of the training?

7. Describe and analyze the degree to which ayurvedic principles, philosophy, and clinical theory and practice are integrated throughout the academic and clinical education components of the program. In what ways, if any, could the degree integration be improved?

8. Has the program established and published course prerequisites for each course? How does the program ensure that prerequisites are followed?

9. Describe the curriculum review process: Is there a curriculum review committee (or similarly named body) that regularly reviews, evaluates and revises, as needed, the content and instructional methodology of the program to ensure that required competencies and expected outcomes are achieved? Does the review process take into account findings identified by the program's and/or institution's outcomes assessment processes and advances in medical sciences? Analyze the effectiveness of the curriculum review process.

B. Academic Component

1. Describe and assess the degree to which the academic component of the program is competency based, and fosters the development of required knowledge, skills, attitudes and behaviors in ayurvedic medicine. Describe and assess the degree to which courses that prepare students to assess and diagnose the causes of disease incorporate an awareness and understanding of ayurvedic principles, philosophy and clinical practice.

2. Describe and analyze the academic components of the program that teach students: (i) how to advise clients on prevention and wellness, (ii) how to effectively treat clients who have identified health concerns, diseases or conditions using ayurvedic therapeutics and principles, (iii) how to make a diagnosis and prognosis, and (iv) how to evaluate and manage client outcomes. Are there any perceived weaknesses in the program in any of these areas?

3. Describe and analyze how clinical instruction are utilized in the learning process. Describe the aspects of the program that teach students the skills necessary to access and evaluate information from diverse media.

4. Describe and assess the following aspects of the program's academic component, including an analysis of how effectively the program:

   a. Covers ayurvedic medical history, principles, philosophy and clinical theory, and integrates this subject matter throughout the program

   b. Supports development of the student's skills in client lifestyle counseling in preventive approaches, including health education/promotion, disease prevention and mind-body medicine.

   c. Supports development of the student's ability to competently take and record a client's health history, effectively evaluate the causes and evolution of the chief complaints and present health status, appropriately utilize ayurvedic assessments (including physical examination) and develop a differential diagnosis, create a treatment plan consistent with ayurvedic principles, philosophy, clinical theory and practice, make a prognosis, and evaluate clinical outcomes.

   d. Supports students in becoming clinically competent, caring and ethical ayurvedic doctors, with a well-developed sense of personal wellness, knowledge of their unique skills as healers, and full understanding of their scope of practice and its strengths and limitations.

   e. Supports development of the student's ability to evaluate and apply knowledge and information obtained from a variety of sources, including scientific and professional literature, clinical experience, and traditional ayurvedic practices.

   f. Supports development of an understanding of principles of financial recordkeeping, marketing and ayurvedic practice management.

   g. Supports students in developing the verbal and written communication skills necessary to work effectively with clients, the

general public and other healthcare practitioners, and the ability to make appropriate referrals.

    h. Supports development of the student's ability to participate in research and scholarly activity, including the ability to document the outcomes of ayurvedic medicine (*only for doctoral program*).

    i. Emphasizes the importance of lifelong learning.

5. Are there deficiencies in any of the areas listed above? If so, what are the program's plans to address them?

6. Describe and assess the following aspects of the program's academic component, including an analysis of how effectively the program covers the following basic concepts in the context of ayurvedic medical training (if applicable):

    a. Sankyha philiosophy

    b. Dosha, mala, dhatu

    c. Therapeutic uses for food/dietary toxins/food & nutrition

    d. Lifestyle modalities/Dinacharya

    e. Application of yoga

    f. Student interaction with clients

    g. Prakruti/Vikruti

    h. Ayurvedic Pathology

    i. Application of Chikitsa/disease management

    j. Ayurvedic pharmacology

Clinical Education Component

1. Describe and analyze the program's overall approach to clinical education: Is the clinical education component of the program competency based? How effectively is it coordinated and integrated with the academic component? How effective is it in developing students' ability to integrate ayurvedic principles, philosophy into clinical practice? Does it effectively reinforce and further the development and application of the knowledge, attitudes, behaviors and values introduced in the academic component?

2. Describe and analyze the ways in which the clinical educational component enables students to develop the clinical competence, skills, professionalism and confidence necessary for successful clinical practice.

3. Describe how the program's clinical education component is

organized: Does it provide at least the minimum required clock hours per program?

■ STANDARD VII: Evaluation and Assessment

REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. A copy of the program's assessment policy or plan

REQUIRED TEAM WORKROOM MATERIALS

1. Examples of assessment tools, including clinical performance evaluation forms.
2. Examples from up to the last three years of data/information gathered in accordance with the assessment policy or plan.
3. Program completion rates for the last five years, if applicable.
4. ALEX pass rates for the last five years, if applicable.
5. Formal reports on file, if any, on measures taken to improve completion rates and ALEX pass rates.

QUESTIONS FOR REFLECTION

Describe and analyze the program's processes for (i) evaluating each student's academic and clinical performance and achievement in relation to the program's mission and educational requirements, (ii) evaluating the professional success of its graduates, and (iii) assessing overall program outcomes and effectiveness in relation to the program's mission and programmatic objectives. Describe and analyze the ways in which the program uses the information generated through its evaluation and assessment processes to make related changes and improvements in its program of study, allocation of resources, and academic and institutional policies and procedures. Overall, are the assessment processes reasonably comprehensive and effective? Do they generate useful information that can serve as a basis for improving the program?

A. Describe the program's written policy or plan that outlines the processes it uses to assess the educational performance of individual students and the attainment of program objectives. Who is responsible for implementing the policy or plan? Are the assessment processes outlined in the plan clear? Do they encompass all of the programmatic offerings and are they conducted regularly? To what extent are findings from assessment processes integrated into the institutional planning process?

B. Describe the data the program routinely gathers and maintains on students and graduates, including various outcomes measures. How

well do these data and measures enable the program to (i) document student achievement of individual clinical competencies and comprehension of subject matter, and (ii) evaluate and document the overall effectiveness of its training and the accomplishment of the program's stated mission and programmatic objectives? Is this data integrated into the institutional planning process?

C. Describe and analyze the degree to which the program utilizes both formative and summative processes for evaluating student learning. What evidence is there that the evaluation processes are fair, emphasize objective techniques and approaches, and are applied consistently? In what ways do evaluation processes enable faculty to support and assist student learning and to verify each student's achievement of required academic and clinical competencies?Describe how students who do not perform at the required level are provided timely notification of the remedial options available to them.

D. Describe how the program evaluates student clinical performance: Is evaluation referenced to specific criteria? Is it performed regularly and does it incorporate a variety of measures of knowledge and competence? Are clinical faculty members given an orientation session that includes information on the program's evaluation processes pertaining to clinical performance? Do they receive periodic in-service training to ensure consistency in evaluation? Is their individual performance as evaluators reviewed periodically? What deficiencies, if any, are there in the evaluation of students' clinical performance?

E. During the last five years, has the program consistently graduated 75 percent of the students who entered the program within the timeframe set by the program? If not, has the program conducted a formal analysis as required by ICAA, and has a report containing information on measures being taken to improve completion rates been compiled and placed on file?

F. During the past five years, has the overall first-time pass rate of students and graduates on ALEX examinations been consistently 70 percent or higher? If not, has the program conducted a formal analysis as required by the ICAA, and has a report containing information on measures being taken to improve pass rates been compiled and placed on file?

■ STANDARD VIII: Library and

Learning Resources REQUIRED

APPENDICES FOR SELF-STUDY REPORT

1. CV or résumé of the library director and/or library resource manager

REQUIRED TEAM WORKROOM MATERIALS

1. Lists of the library's books, journals, databases, DVDs and other resources relevant to the needs of students in the ayurvedic program.
2. A list of the electronic and other equipment (e.g., models) available to students.
3. Materials for students and other users that outline the library's policies and resources.
4. A copy of any long-range plans that include a section on library development.
5. Data on student use of the library and learning resources.

QUESTIONS FOR REFLECTION

A. Organization and Administration

   Describe and assess the overall organization and administration of the library, with attention to the following:

   1. Describe and analyze the library's information technology and technical support needs. Are these needs being adequately met? Is the library is responsive to changing roles and services in an evolving technological environment? What are some examples of this responsiveness?

   2. How are the policies and procedures that govern the use of library services and resources documented and supplied to patrons?

B. Facilities
   Describe and analyze the library's facilities in relation to the needs of the ayurvedic medical program, with attention to the following:

   1. Do the available learning resources accommodate current needs for networked computers and other information technology equipment, collections, staff workspace, and areas for quiet or group study?

2. Is there sufficient electronic equipment to enable access to resources and to meet the academic and instructional needs of students and faculty?

3. Is secure and reliable remote access available?

STANDARD IX: Physical Resources

REQUIRED APPENDICES FOR SELF-STUDY REPORT: N/A

REQUIRED TEAM WORKROOM MATERIALS

1. Facilities plan(s), including plans and timelines for capital improvements and maintenance schedules.

QUESTIONS FOR REFLECTION

A. Describe and analyze the physical resources available to the program, including instructional, library, clinical, equipment and supplies. Are the physical resources sufficient to achieve the program's mission and objectives? Are they sufficient to house and provide for the effective functioning of the program, and to accommodate the needs of the faculty, staff and student body? Are faculty and staff offices, conference areas and other resources sufficient for carrying out teaching, administrative and other assigned responsibilities?

B. Does the institution own and/or lease its physical facilities? If any portion of the facilities is leased, does the lease provide for an adequate notice period should the owner wish to terminate the lease or contract?

C. Are the physical resources for the program allocated in accordance with a comprehensive plan that is consistent with the program's mission and objectives? Are appropriate program faculty and staff involved in the planning process to ensure that the program's needs are addressed?

D. Describe and analyze the way in which the institution ensures that facilities are safe, accessible and appropriately maintained. Is a schedule for routine and preventive maintenance and necessary capital improvements of the facilities, as well as for maintenance of the grounds, developed and implemented?

E. Are there sufficient instructional, office, computer/IT and other systems, equipment and supplies to meet the needs of the faculty, staff and student body? Is there a schedule for routine maintenance of equipment, and are adequate funds budgeted to allow for maintenance and replacement as needed? What deficiencies, if any,

are there regarding allocation, maintenance and replacement of equipment and supplies?

F. Describe how the institution ensures that the facilities and records comply with federal, state/provincial and local fire, safety, health and accessibility laws and regulations. Does the institution have a comprehensive emergency preparedness plan in place that includes appropriate training of students, faculty and staff?

G. Describe and assess the effectiveness of the record storage, back-up and recovery procedures for essential records, including student records.

PART SIX: Policies of the Council

This section of the Handbook of Accreditation contains formal policies and procedures of the Council that pertain to either ICAA-affiliated ayurvedic medical programs or to the Council itself. Additional policies and procedures binding on the Council and affiliated programs are found in other sections of the Handbook.

■ Policy 1: Council Membership

The volunteer members of the Council's Board of Directors are elected by the Board from among the Council's three major stakeholders: ICAA-affiliated educational institutions, the professionals of ayurvedic medicine, and the general public. An accurate, current résumé of a nominee for membership on the Council's Board of Directors shall be on file with the Council's executive director before the Council may elect the nominee.

■ Institutional member representatives are academic administrators or faculty members from the accredited programs. Institutional member representatives do not represent the interests of their individual institutions; they serve in the same capacity as the Council's profession and public members, supporting the Council's mission and objectives, and remaining mindful of all the constituencies the Council serves. The Council has at least three and no more than 10 positions allotted for institutional member representatives. The accredited ayurvedic programs take turns on a rotational basis nominating institutional member representatives, in accordance with Council Policy 13 below. The members serve three-year, non- renewable terms. Nominees are elected by majority vote of the Council's members at its annual meeting.

■ Profession members of the Council practice ayurvedic medicine in a United States or Canada. They are active members of the ayurvedic community, and they either currently serve as faculty members in a ICAA-accredited or candidate program or have experience as educators, or are knowledgeable about accreditation. The Council shall have a minimum of four and a maximum of six profession members. A committee appointed by the president from among the Council's members nominates individuals as profession members. They serve three year terms, with a limit of two consecutive full terms. Nominees are elected by majority vote of the Council's members at an annual or semiannual meeting.

■ Public members are not ayurvedic physicians; are not students in a ayurvedic program; are not affiliated with a ayurvedic program ("affiliated" is defined in the Policy on Potential Conflicts of Interest, see below); are not members of and

do not have any other role with an association of 1 1 2 ayurvedic physicians; and do not have any role in a state's or province's licensing activities for ayurvedic physicians. Public members bring expertise in educational administration, academics or accreditation to the Council. The Council shall have a minimum of two and a maximum of three public members.

A committee appointed by the president from among the Council's members nominates individuals as public members. They serve three-year terms, with a limit of two consecutive full terms. Nominees are elected by majority vote of the Council's members at an annual or semiannual meeting.

The Council must ensure that the Board of Directors includes significant representation of individuals whose major professional activities include teaching, including one individual whose primary activity is teaching.

The Council must ensure that the Board of Directors includes at least two individuals whose primary professional activity is the practice of ayurvedic medicine. A member's term begins at the conclusion of the annual or semiannual meeting at which the member is elected and ends at the conclusion of the annual or semiannual meeting three years later. Before attending their first Council meeting as members, new members participate in a period of training and orientation overseen by the Council's executive director.

Members of the Council agree to:
1. Support the mission and objectives of the Council;
2. Be well informed on the Council's articles of incorporation, bylaws, eligibility requirements, accreditation standards, policies and procedures;
3. Ensure that the Council's activities remain in accord with its governing documents and the Handbook of Accreditation;
4. Remain mindful of the constituencies the Council serves: the public, ayurvedic programs and their students, and the ayurvedic medical profession; and
5. Attend the meetings of the Council.

■ Policy 2: Potential Conflicts of Interest

The decisions of the Council are to be made solely on the basis of promoting the best interests of the public and ayurvedic education in the United States and Canada. It is therefore the policy of the Council to have effective controls against conflicts of interest and the appearance of conflicts of interest by Council members, evaluation team members, consultants, staff and other Council representatives by strictly adhering to these guidelines:

▪ Whenever the Council enters into a hearing concerning an eligibility application or a recognition action related to a ayurvedic program, and

a Council member is affiliated with the program, then that member:

- Shall disclose prior to the Council's discussion of the program's application or recognition action the nature of his or her affiliation with the program;

- Shall not be present during discussion of and voting on the program's application or recognition action.

- No member of an evaluation team or of a visiting committee, or any Council representative accompanying a visiting team or committee, may be affiliated with the program being visited. The Council Members affiliated with the program being visited may attend the visit (for training purposes); however, may not be a part of the decision-making team.

- If for any other reason a Council member believes he or she has a conflict of interest or the appearance of one with regard to any program's application or recognition action before the Council, or otherwise believes that he or she cannot make an impartial decision in regard to these matters, the member shall declare the conflict or the appearance of one.

- If a representative of a ayurvedic program that has an application or recognition action before the Council has reason to believe a member may have a conflict of interest or the appearance of one, or if any other members or the Council's executive director may so believe, and if that member does not declare the conflict or the appearance of one, a request may be made that the Council consider the matter. The program must contact the Council in writing stating the nature of the conflict. The Council will respond in writing with their decision.

■ Policy 3: Appeals

The Council of Ayurveda Credentialing (ICAA) affords due process to ayurvedic programs by allowing programs affected by certain adverse actions (see below) to appeal the Council's action to an independent Appeal Board. Within 10 business days of such action, the Council sends a notice by certified mail to the chief administrative officer of the affected program. The notice states the adverse action and describes with particularity the basis of the action; included with the notice is a copy of this Policy on Appeals. A program that wishes to file a letter of appeal to an adverse action must do so within 30 days of having received notice of the action from the Council.

An appellant program may be represented by legal counsel (at the program's expense) throughout the appeal process; however, this is not a formal judicial process and the attendant procedures and rules of a formal

judicial process do not apply.

The accreditation or candidacy status of an appellant program automatically remains in effect until the expiration of the period within which the appellant program may file a letter of appeal, or until the completion of the appeals process, whichever shall later occur.

Appealable Adverse Actions

An ayurvedic program may appeal any of the following adverse actions within 30 days of having received notice of the action from the executive director.

1. The denial, withdrawal, revocation, suspension or termination of candidacy; or

2. The denial, withdrawal, revocation, suspension or termination of accreditation.

Basis for an Appeal

It is the responsibility of the program to substantiate one or more of the following as the basis for appeal:

1. There were errors or omissions in carrying out prescribed procedures on the part of the evaluation team or the Council;

2. There was demonstrable bias or prejudice on the part of one or more members of the evaluation team or the Council's Board of Directors that significantly affected the decision;

3. The evidence before the Council at the time of the decision was materially in error; or

4. The decision of the Council was not adequately supported by the facts before it at the time, or it was contrary to the substantial weight of evidence before the Council.

In its letter of appeal, the ayurvedic program must set forth in detail the grounds for the appeal, stating with specificity the reasons why the program believes those grounds exist. The program must provide documentary evidence to support its position at this time. Upon receipt of an appeal letter, the Executive Director, with all documentary evidence makes the final decision and notifies the program, in writing, within 30 days.

■ Policy 4: Formal Complaints against ICAA-Recognized Programs or the Council

As an accrediting body, the Council of Ayurveda Credentialing (ICAA) is concerned primarily with the performance, improvement, and sustained

effectiveness of ayurvedic programs. The Council does not generally intervene in the internal procedures of programs or their institutions, nor is the Council an adjudicatory or grievance-resolving body. The Council does, however, review formal complaints against ICAA-accredited and candidate programs, provided that (i) the complaints are adequately documented, and (ii) indicate lack of compliance with the Council's eligibility requirements, accreditation standards or policies. Accredited and candidate programs are required to make available to students the Council's mailing address and telephone number, and to provide access to the Council's *Handbook of Accreditation* through an administrative office or the library.

If litigation is initiated over the same issue brought to the Council by a complainant, the Council will review the matter but will defer action pending the outcome of litigation unless it finds evidence to indicate serious non-compliance with an eligibility requirement, accreditation standard, or policy. In such a case, the Council's procedures for handling complaints against institutional members are implemented.

A Complaint against a ICAA-Recognized Program

The following are the procedures the Council follows in addressing a complaint against a ICAA-recognized program:

1. When an oral complaint against an accredited or candidate program is received, the complainant is provided a copy of this policy statement and advised that complaints must be submitted to the Council's Executive Director in writing with sufficient documentation to substantiate the complaint.

2. When a written complaint against an accredited or candidate program is received, the executive director acknowledges receipt of the complaint in writing within ten business days.

3. The executive director analyzes the complaint to determine whether the complaint: (i) is adequately documented, (ii) indicates non-compliance with any of the Council's eligibility requirements, accreditation standards, or policies and (iii), if applicable to the specific complaint, has been previously submitted to the program (or institution) and has been reviewed by the program (or institution) in accordance with its grievance and/or appeals process.

4. The executive director notifies the complainant in writing within 30 days if documentation is inadequate or the complaint does not indicate non-compliance with the Council's eligibility requirements, standards, or policies. Depending on the nature of the complaint, if the program's or institution's grievance and appeals procedures have not been utilized, the executive director advises the complainant to seek resolution through this

process first.

5. When a complaint indicating non-compliance with the Council's eligibility requirements, standards, or policies is adequately documented—or a pattern or practice of non-compliance appears to be present when considering past complaints received against the program—the Council's executive director sends written notification that a complaint has been filed to the chief administrative officer of the program; the written notification either provides a report on the substance of the complaint or a copy of the actual complaint, and requests a written response to the complaint within 30 days.

6. When the response from the chief administrative officer is received, the executive director compares the documentation provided by the complainant and by the program and, where appropriate, suggests a resolution to the complainant and the program.

7. When a resolution suggested by the executive director is not accepted by one or both parties, or if the executive director considers the response by the program to be inadequate, the matter is referred to the Council for review. Both the complainant and the program are notified of the referral.

8. The Council may take one or more of the following actions:
    a. Dismiss the complaint for lack of grounds;
    b. Make recommendations based on the written record and/or information received by the complainant to support the complaint, to ensure compliance with the Council's eligibility requirements, standards, and policies; and/or
    c. Require a focused visit (paid for by the program in question) to the program to review the matter cited in the complaint and adopt recommendations, if warranted based on the findings of the committee, for correcting the situation.

9. The executive director sends a written report of the Council's action on the complaint to the complainant and the program within 15 business days of the Council meeting at which the action was taken. This report constitutes the Council's final action with regard to the complaint and may not be appealed.

A Complaint against the Council

A complaint made against the Council itself must be submitted in writing with supporting documentation to the Council's executive director. The complaint must be related to the Council's standards or other evaluative criteria, or its policies and procedures. Within 15 days of submission, the executive director acknowledges receipt of the complaint and refers it to the Council's officers

for review. Within 30 days from receipt of the complaint by the executive director, the Council's executive committee reviews the complaint. Within an additional 15 days, the president of the Council, on behalf of the committee, issues a written response to the complainant. The action of the Council is a final decision. Both the complainant and the Council bear their own expenses.

If, at any time, a complainant initiates legal action against the Council, the above procedures are no longer in effect and the Council takes no action to review the compliant pending legal resolution.

■ Policy 5: The Representation of a Program's Relationship with the Council

The Council requires ICAA-accredited and candidate ayurvedic programs, as well as programs seeking candidacy, to honestly and responsibly represent their association with the Council orally and in writing. To this end, the Council requires programs to adhere carefully to the following practices:

1. No statement will be made by a program about its possible future status with the Council if that status has not yet been confirmed by action of the Council. For example, no statement of the following nature may be made: "(Name of program) has applied for candidacy status (or accreditation) by the International Council for Ayurveda Accreditation (ICAA) and is currently being evaluated. It is expected that candidacy (or accreditation) will be granted in the near future."

2. The program may refer to itself as being a "candidate" program or "accredited" only after either status has been conferred by the Council.

3. If a program's eligibility application has been accepted by the Council, the program may describe its status with the Council as being an "applicant for candidacy." Since a program has no official recognition by the Council during the time period that it is an applicant for candidacy, the program must make sure that its representations do not imply that the program is currently recognized by the Council or will achieve recognition (see #6 below).

4. Any reference to state approval, by whatever name, must be limited to a brief, explicit statement of the exact charter, incorporation, license, or registration held by the program or its institution.

5. An accredited program may not describe itself as "fully accredited," since the Council does not grant partial accreditation; the correct terminology is "accredited."

6. In representing its association with the Council in publications, the program will use a brief and accurate statement that includes the Council's address and telephone number, as follows:

- In the case of the Council's acceptance of a program's eligibility application: "(Name of program) had its eligibility application accepted by the International Council for Ayurveda Accreditation (ICAA), a professional accrediting agency for ayurvedic programs, on (date). The Council's acceptance of the application means that the program is authorized to proceed with its candidacy self-study process and to schedule an on-site evaluation. However, the acceptance of the application does not assure eventual candidacy or mean that the program is formally recognized by the Council. For information, contact: ICAA, 1041 Canyon Creek Road, Normal, Illinois 61761 (309) 826.8799."
  - In the case of the Council granting candidacy status to a program: "(Name of program) was granted candidacy status by the International Council for Ayurveda Accreditation (ICAA), a professional accrediting agency for ayurvedic programs, on (date). Candidacy is not equivalent to accreditation and does not ensure eventual accreditation; however, it signifies that the ayurvedic program is recognized by the Council and is progressing toward accreditation. For information contact: ICAA, 1041 Canyon Creek Road, Normal, Illinois 61761 (309) 826.8799."
  - In the case of the Council granting accreditation to a program: "(Name of program) is accredited by the International Council for Ayurveda Accreditation (ICAA), a professional accrediting agency for ayurvedic programs. For information, contact: ICAA, 1041 Canyon Creek Road, Normal, Illinois 61761 (309) 826.8799."

7. Accreditation is granted to a ayurvedic program as a whole and not to individual units, courses, or degrees. Therefore statements such as "this course is accredited" or "this degree is accredited" are incorrect and must be avoided.

8. A program avoids any published notice or statements that would indicate or might imply that a substantive change planned by the program but not yet formally approved by the Council is already recognized by the Council. Published notices or statements made after the program's decision to implement a substantive change and before its formal approval explicitly indicate that the change is not included in the program's accreditation or candidacy. Additionally, the program clearly indicates to prospective students that a planned substantive change is not included in the program's accreditation or candidacy. Published information may have an accompanying statement, if such is the case, that the program "has applied to the Council to implement the substantive change" and that the Council "has not yet approved the application." The Council's name, address and telephone number are printed with the statement.

A program's ability to abide by these principles of good practice in its public representations is considered by the Council as an indication of the program's integrity as an educational entity.

If a program, as determined by the Council or its president, releases incorrect or misleading information about its accreditation, candidacy, or applicant status with the Council, or about any recognition action, the Council notifies the program to immediately provide for the public correction of the information, or the Council so provides.

■ Policy 6: Maintaining a Record of Student Complaints

In accordance with the Council's Accreditation Standard V (Student Services), accredited and candidate programs are required to publish policies and procedures for addressing student complaints and grievances, and to review and respond in a timely manner to student complaints submitted in accordance with the published policies and procedures.

In accordance with the Council's Accreditation Standard V (Student Services), accredited and candidate programs are required to maintain a complete record of formal student complaints and grievances, dating back at least three years or to the time of the Council's last comprehensive evaluation visit, whichever is longer, and to make the record available to the Council's evaluators during any on-site evaluation visit or at such other times as the Council may request. The record includes the complaints filed and a description of the actions taken to resolve them.

During a comprehensive visit, an on-site team shall review student grievances and complaints contained in the program's complaint record to determine the adequacy and appropriateness of the program's response in light of the program's written procedures. The Council may also conduct such a review at any other times as it may deem necessary.

■ Policy 7: Teach-out Agreements

Introduction

If a ICAA-accredited or candidate program is closed—or the entire institution has ceased or will cease operation—the institution offering the program must consider the following options:

- The institution no longer admits new students to the ayurveda program, teaches out currently enrolled ayurvedic medical students, and terminates the program after the remaining students have completed the program. Such a teach-out plan requires Council approval pursuant to this policy.

- The institution enters into an agreement with another higher education institution to teach out the ayurveda program. Such a teach-out plan and agreement require Council approval pursuant to this policy.

Circumstances under Which a Teach-out Plan Must Be Submitted

A ICAA-accredited or candidate ayurveda program is required to submit a teach-out plan to the Council no later than 30 days following the occurrence of any of the following events:

- The Council withdraws, terminates or suspends the candidacy or accreditation of the program; or
- The institution, program or some other entity notifies the Council that the institution has ceased or intends to cease operations of the program or the entire institution.

Procedures for Reviewing a Teach-out Plan

At least 30 days prior to the Council meeting at which the program's teach-out plan and any associated teach- out agreement is to reviewed, the institution submits to the Council's executive director a copy of the teach- out plan and any supporting documentation. These materials must demonstrate that the proposed teach-out plan:

1. Is consistent with governmental laws and regulations, the Council's accreditation standards and policies, and the definitions and provisions contained in this policy.
2. Provides for the equitable treatment of students by ensuring:
   a. That students receive instruction comparable to the instruction originally promised by the closing program at the same cost that students at the teach-out institution pay;
   b. That the teach-out program has a structure and schedule reasonably compatible to that of the closed program.

Definitions

For the purposes of this policy, the following definitions apply:

- "Teach-out plan" means a written plan developed by an institution that provides for the equitable treatment of students if an institution ceases to operate before all students have completed their program of study.

■ Policy 8: Confidentiality and Retention of Council Records

The Council treats as confidential the following materials:

- Eligibility applications;

- Self-study reports for candidacy and accreditation, interim reports, and progress reports;
- Evaluation team reports and other reports of visiting representatives of the Council;
- Program responses to evaluation team reports and other reports;
- Correspondence to and from the program related to the program's candidacy and accreditation;
- Annual reports; and
- Substantive change reports.

The Council makes confidential records for each accredited and candidate program available for review by members of the Council's Board of Directors and retains all program materials for the last seven years, including, but not limited to those listed above.

■ Policy 9: Branch Campuses

A. For purposes of this policy, a branch campus is an operationally separate unit from the parent institution that typically: (a) is under the general control of the governing board and central administration of a parent institution; (b) has a separate physical location.

B. A ICAA-accredited ayurveda program that intends to offer an ayurveda program at a branch campus location is required to submit a detailed and thorough substantive change application to the Council at least six (6) months prior to the anticipated start date of the program (see the Substantive Change section under Part Three of the *Handbook* and section G below for an outline of the information and materials to include in a substantive change application). The application will be initially reviewed within two months of receipt by a substantive change committee with authority to either (i) request additional information, or (ii) refer the application to the Council for review and approval. The program may not market or start the ayurveda program at the branch campus unless and until the Council approves the substantive change application. An ayurveda program with ICAA candidacy status may not offer an ayurveda program at a branch campus location.

C. The Council may (i) approve the substantive change application to offer the ayurveda program at a branch campus (with or without specified conditions), (ii) require additional information and/or a visit to the proposed branch campus, or (iii) deny the application. If the substantive change application is approved by the Council, then the accreditation status of the ayurveda program offered at the parent campus will be extended to the branch campus ayurveda program. If

the substantive change application is denied by the Council, the program must wait 120 days before resubmitting a new application.

D. Within six to twelve months after initiation of the program at the branch campus, a ICAA evaluation team will conduct an onsite review of the program and submit a report to the Council. At least 45 days prior to the onsite review, the program is required to submit a detailed progress report that contains an update of the information presented in the original substantive change application to include actions proposed or taken to address any conditions for approval cited by the Council. Depending on when the next evaluation visit to the program at the parent campus is scheduled, the Council has the discretion to combine the branch campus review process with the process for reaffirmation of accreditation.

E. An ayurveda program not previously granted accreditation or candidacy status by the Council that merges, affiliates with, or otherwise comes under the control of an accredited ayurveda program has no ICAA status if offered at a branch campus. These programs are expected to seek ICAA candidacy and accreditation through the usual procedures, even if the accredited ayurveda program intends to operate the unaffiliated program as a branch campus. Once the ayurveda program is granted ICAA accreditation, it will subsequently be regulated by the ICAA as a branch campus in accordance with this policy.

F. When the ayurveda program offered at a branch campus is governed by a single governing board with administrative oversight by a central system administration, the ayurveda program must obtain and provide to the Council from the parent institution, with its applications and reports, the following:

- Evidence of state/provincial legal authorization to offer the program at the branch campus;
- An organizational chart explaining delegation of authority of the parent institution over the ayurveda program at the branch campus;
- Identification of system-wide groups, their organization and function. Such groups might include chief institutional administrators as well as groups representing faculty, students, and alumni;
- A detailed outline of the budget process and resources devoted to the ayurveda program at the branch campus;
- Student enrollment information for the branch campus;
- A complete description of both the curriculum to be offered and the procedures for the development and approval of academic

policy and practice at the branch campus, noting any areas where they may differ from those of the parent institution;

- A comprehensive assessment of the effectiveness of the parent institution's academic program review process, particularly as this applies to ensuring quality education at the branch campus;

- A comprehensive assessment of the effectiveness of the ayurveda program at the branch campus in meeting the mission, goals, objectives and outcomes expected of the ayurveda program offered at the parent institution;

- A faculty roster for the branch campus that includes faculty qualifications, and designates faculty as either full- or part-time.

G. Generally, an ayurveda program offered at a branch campus undergoes reaffirmation of accreditation on the same cycle as the parent campus program. The ayurveda program at the branch campus must include in its self-study interim, annual, and other reports and information that provide both an appraisal of its identity as a distinct ayurveda program under the auspices of a parent campus, and the effect of system-wide policies in achieving institutional and programmatic mission, goals, objectives and outcomes. Distinct features of the branch campus must be described and appraised in the self-study report, including the faculty cohort and the student body. The Council reserves the right, however, to place the branch campus program on a different accreditation and onsite visit cycle if circumstances associated with the branch campus or parent campus so warrant. Additionally, the Council reserves the right—in accordance with its policies—to take a separate accreditation action in regard to a program offered at either a parent campus or a branch campus.

■ Policy 10: Donations

The mission of the International Council for Ayurveda Accreditation (ICAA) is to ensure the high quality of ayurvedic education in the United States and Canada through the voluntary accreditation of ayurvedic programs. The Council welcomes donations from organizations and individuals wishing to support this mission. The Council reserves the right, however, to refuse any donation that Council members or the executive director believe could potentially compromise the Council's mission or be construed as presenting a conflict of interest.

■ Policy 11: Distribution of Program Reports

Self-Study, Interim, Focused and Progress Reports
- The program is required to send to the ICAA office one complete hardcopy and one electronic version (e.g., a CD) of the required report, including all of the appendices.
- Evaluation team members and Council members assigned to review reports will receive a hardcopy and an electronic version of the report, or both.
- All other board members receive a hardcopy and an electronic version of any report.

Annual Reports
- The program is required to send to the ICAA office two complete hardcopies and one electronic version (i.e., a CD) of the annual report.
- Council members assigned as primary reviewers of an annual report will receive a hardcopy and an electronic version
- All other board members receive both a hardcopy and electronic version.

The program is responsible for mailing/emailing reports to individuals in whatever format is required when necessary, as directed by the Council; the Council will provide the names and contact information of recipients.

PART SEVEN: Appendices

Appendix 1: Corporate Bylaws

CORPORATE BYLAWS

ARTICLE I
NAME

Name
The name of this corporation shall be The Council for Ayurveda Credentialing. The business of the corporation will be conducted as The Council for Ayurveda Credentialing.

ARTICLE II
PURPOSES AND POWERS

The Council for Ayurveda Credentialing is a non-profit corporation and shall be operated exclusively for educational and charitable purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code of 1986, or the corresponding section of any future Federal tax code.

Vision
To advance excellent quality Ayurvedic education.

Mission
To promote high quality Ayurvedic education by developing and implementing educational standards and accrediting Ayurvedic medical education programs.

At times, per the discretion of the board of directors, we may provide internships or volunteer opportunities which shall provide opportunities for involvement in said activities and programs in order to have a greater impact for change.

Powers
The corporation shall have the power, directly or indirectly, alone or in conjunction or cooperation with others, to do any and all lawful acts which may be necessary or convenient to affect the charitable purposes, for which the corporation is organized, and to aid or assist other organizations or persons whose activities further accomplish, foster, or attain such purposes. The powers of the corporation may include, but not be limited to, the acceptance of contributions from the public and private sectors, whether financial or in-kind

contributions.

Nonprofit Status and Exempt Activities Limitation.
(a) <u>Nonprofit Legal Status</u>. The Council for Ayurveda Credentialing is an Illinois non-profit public benefit corporation, recognized as tax exempt under Section 501(c)(3) of the United States Internal Revenue Code.
(b) <u>Exempt Activities Limitation</u>. Not withstanding any other provision of these Bylaws, no director, officer, employee, member, volunteer or representative of this corporation shall take any action or carry on any activity by or on behalf of the corporation not permitted to be taken or carried on by an organization exempt under Section 501(c)(3) of the Internal Revenue Code as it now exists or may be amended, or by any organization contributions to which are deductible under Section 170(c)(2) of such Code and Regulations as it now exists or may be amended. No part of the net earnings of the corporation shall inure to the benefit or be distributable to any director, officer, member, or other private person, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the Articles of Incorporation and these Bylaws.

(c) <u>Distribution Upon Dissolution</u>. Upon termination or dissolution of the Council for Ayurveda Credentialing, any assets lawfully available for distribution shall be distributed to one (1) or more qualifying organizations described in Section 501(c)(3) of the 1986 Internal Revenue Code (or described in any corresponding provision of any successor statute) which organization or organizations have a charitable purpose which, at least generally, includes a purpose similar to the terminating or dissolving corporation.

<div align="center">

ARTICLE III
MEMBERSHIP

</div>

No Membership Classes
The corporation shall have no members who have any right to vote or title or interest in or to the corporation, its properties and franchises.

Non-Voting Affiliates
The board of directors may approve classes of non-voting affiliates with rights, privileges, and obligations established by the board. Affiliates may be individuals, businesses, and other organizations that seek to support the mission of the corporation. The board, a designated committee of the board, or any duly elected officer in accordance with board policy, shall have authority to admit any individual or organization as an affiliate, to recognize representatives of affiliates, and to make determinations as to affiliates' rights, privileges, and

obligations. At no time shall affiliate information be shared with or sold to other organizations or groups without the affiliate's consent. At the discretion of the board of directors, affiliates may be given endorsement, recognition and media coverage at fundraising activities, clinics, other events or at the corporation website. Affiliates have no voting rights, and are not members of the corporation.

Dues

There are no dues or fees required upon the enactment of these by-laws. All activity is volunteer in nature. Any future dues for affiliates shall be determined by the board of directors.

ARTICLE IV
BOARD OF DIRECTORS

Number of Directors

The Council for Ayurveda Credentialing shall have a board of directors consisting of at least 3 and no more than 10 directors. Within these limits, the board may increase or decrease the number of directors serving on the board, including for the purpose of staggering the terms of directors.

Powers

All corporate powers shall be exercised by or under the authority of the board and the affairs of The Council for Ayurveda Credentialing shall be managed under the direction of the board, except as otherwise provided by law.

Terms

(a) All directors shall serve a one-year term, however the term may be extended until a successor has been elected.
(b) Directors may serve terms in succession.

Qualifications and Election of Directors

In order to be eligible to serve as a director on the board of directors, the individual must be 18 years of age and an affiliate within affiliate classifications created by the board of directors. Directors may be elected at any board meeting by the majority vote of the existing board of directors. The election of directors to replace those who have fulfilled their term of office shall take place in January of each year.

Vacancies

The board of directors may fill vacancies due to the expiration of a director's term of office, resignation, death, or removal of a director or may appoint new directors to fill a previously unfilled board position, subject to the maximum number of directors under these Bylaws.

Unexpected Vacancies. Vacancies in the board of directors due to resignation, death, or removal shall be filled by the board for the balance of the term of the director being replaced.

Removal of Directors
A director may be removed by two-thirds vote of the board of directors then in office, if:

(a) the director is absent and unexcused from two or more meetings of the board of directors in a twelve month period. The board president is empowered to excuse directors from attendance for a reason deemed adequate by the board president. The president shall not have the power to excuse him/herself from the board meeting attendance and in that case, the board vice president shall excuse the president. Or:
(b) for cause or no cause, if before any meeting of the board at which a vote on removal will be made the director in question is given electronic or written notification of the board's intention to discuss her/his case and is given the opportunity to be heard at a meeting of the board.

Board of Directors Meetings
(a) Regular Meetings. The board of directors shall have a minimum of three (3) regular meetings each calendar year at times and places fixed by the board. Board meetings shall be held upon four (4) days notice by first-class mail, electronic mail, or facsimile transmission or forty-eight (48) hours notice delivered personally or by telephone. If sent by mail, facsimile transmission, or electronic mail, the notice shall be deemed to be delivered upon its deposit in the mail or transmission system. Notice of meetings shall specify the place, day, and hour of meeting. The purpose of the meeting need not be specified.
(b) Special Meetings. Special meetings of the board may be called by the president, vice president, secretary, treasurer, or any two (2) other directors of the board of directors. A special meeting must be preceded by at least 2 days notice to each director of the date, time, and place, but not the purpose, of the meeting.
(c) Waiver of Notice. Any director may waive notice of any meeting, in accordance with Illinois law.

Manner of Acting
(a) Quorum. A majority of the directors in office immediately before a meeting shall constitute a quorum for the transaction of business at that meeting of the board. No business shall be considered by the board at any meeting at which a quorum is not present.
(b) Majority Vote. Except as otherwise required by law or by the articles of incorporation, the act of the majority of the directors present at a meeting at

which a quorum is present shall be the act of the board.

(C) <u>Hung Board Decisions</u>. On the occasion that directors of the board are unable to make a decision based on a tied number of votes, the president or treasurer in the order of presence shall have the power to swing the vote based on his/her discretion.

(d) <u>Participation.</u> Except as required otherwise by law, the Articles of Incorporation, or these Bylaws, directors may participate in a regular or special meeting through the use of any means of communication by which all directors participating may simultaneously hear each other during the meeting, including in person, internet video meeting or by telephonic conference call.

Compensation for Board Service
Directors shall receive no compensation for carrying out their duties as directors. The board may adopt policies providing for reasonable reimbursement of directors for expenses incurred in conjunction with carrying out board responsibilities, such as travel expenses to attend board meetings.

Compensation for Professional Services by Directors
Directors are not restricted from being remunerated for professional services provided to the corporation. Such remuneration shall be reasonable and fair to the corporation and must be reviewed and approved in accordance with the board Conflict of Interest policy and state law.

ARTICLE V
<u>COMMITTEES</u>

Committees
The board of directors may, by the resolution adopted by a majority of the directors then in office, designate one or more committees, each consisting of at least one Committee Head. Any committee, to the extent provided in the resolution of the board, shall have all the authority of the board, except that no committee, regardless of board resolution, may:

(a)   take any final action on matters which also requires board members' approval or approval of a majority of all members;

(b)   fill vacancies on the board of directors of in any committee which has the authority of the board;

(c)   amend or repeal Bylaws or adopt new Bylaws *(with exception of Legal Committee)*

(d)   amend or repeal any resolution of the board of directors which by its express terms is not so amendable or repealable;

(e)   appoint any other committees of the board of directors or the members of these committees;

(f) expend corporate funds to support a nominee for director; or

(g) approve any transaction;

(i) to which the corporation is a party and one or more directors have a material financial interest; or

(ii) between the corporation and one or more of its directors or between the corporation or any person in which one or more of its directors have a material financial interest.

Meetings and Action of Committees

Meetings and action of the committees shall be governed by and held and taken in accordance with, the provisions of Article IV of these Bylaws concerning meetings of the directors, with such changes in the context of those Bylaws as are necessary to substitute the committee and its members for the board of directors and its members, except that the time for regular meetings of committees may be determined either by resolution of the board of directors or by resolution of the committee. Special meetings of the committee may also be called by resolution of the board of directors. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the committee. Minutes shall be kept of each meeting of any committee and shall be filed with the corporate records. The board of directors may adopt rules for the governing of the committee not inconsistent with the provision of these Bylaws.

Informal Action By The Board of Directors

Any action required or permitted to be taken by the board of directors at a meeting may be taken without a meeting if consent in writing, setting forth the action so taken, shall be agreed by the consensus of a quorum. For purposes of this section an e-mail transmission from an e-mail address on record constitutes a valid writing. The intent of this provision is to allow the board of directors to use email to approve actions, as long as a quorum of board members gives consent.

ARTICLE VI
OFFICERS

Board Officers

The officers of the corporation shall be a board president, secretary, and treasurer, all of whom shall be chosen by, and serve at the pleasure of, the board of directors. Each board officer shall have the authority and shall perform the duties set forth in these Bylaws or by resolution of the board or by direction of an officer authorized by the board to prescribe the duties and authority of other

officers. The board may also appoint vice-presidents and additional such other officers as it deems expedient for the proper conduct of the business of the corporation, each of whom shall have such authority and shall perform such duties as the board of directors may determine. One person may hold two or more board offices, but no board officer may act in more than one capacity where action of two or more officers is required.

Term of Office
Each officer shall serve a two-year term of office and may not serve more than three (3) consecutive terms of office. Unless unanimously elected by the board at the end of his/her three (3) year terms or to fill a vacancy in an officer position, each board officer's term of office shall begin upon the adjournment of the board meeting at which elected and shall end upon the adjournment of the board meeting during which a successor is elected.

Removal and Resignation

The board of directors may remove an officer at any time, with or without cause. Any officer may resign at any time by giving written notice to the corporation without prejudice to the rights, if any, of the corporation under any contract to which the officer is a party. Any resignation shall take effect at the date of the receipt of the notice or at any later time specified in the notice, unless otherwise specified in the notice. The acceptance of the resignation shall not be necessary to make it effective.

Board President
The board president shall be the chief volunteer officer of the corporation. The board president shall lead the board of directors in performing its duties and responsibilities, including, if present, presiding at all meetings of the board of directors, and shall perform all other duties incident to the office or properly required by the board of directors.

Secretary
The secretary shall keep or cause to be kept a book of minutes of all meetings and actions of directors and committees of directors. The minutes of each meeting shall state the time and place that it was held and such other information as shall be necessary to determine the actions taken and whether the meeting was held in accordance with the law and these Bylaws. The secretary shall cause notice to be given of all meetings of directors and committees as required by the Bylaws. The secretary shall have such other powers and perform such other duties as may be prescribed by the board of directors or the board president. The secretary may appoint, with approval of

the board, a director to assist in performance of all or part of the duties of the secretary.

Treasurer
The treasurer shall be the lead director for oversight of the financial condition and affairs of the corporation. The treasurer shall oversee and keep the board informed of the financial condition of the corporation and of audit or financial review results. In conjunction with other directors or officers, the treasurer shall oversee budget preparation and shall ensure that appropriate financial reports, including an account of major transactions and the financial condition of the corporation, are made available to the board of directors on a timely basis or as may be required by the board of directors. The treasurer shall perform all duties properly required by the board of directors or the board president. The treasurer may appoint, with approval of the board a qualified fiscal agent or member of the staff to assist in performance of all or part of the duties of the treasurer.

Non-Director Officers
The board of directors may designate additional officer positions of the corporation and may appoint and assign duties to other non-director officers of the corporation.

ARTICLE VII
CONTRACTS, CHECKS, LOANS, INDEMNIFICATION AND RELATED MATTERS

Contracts and other Writings
Except as otherwise provided by resolution of the board or board policy, all contracts, deeds, leases, mortgages, grants, and other agreements of the corporation shall be executed on its behalf by the treasurer or other persons to whom the corporation has delegated authority to execute such documents in accordance with policies approved by the board.

Checks, Drafts
All checks, drafts, or other orders for payment of money, notes, or other evidence of indebtedness issued in the name of the corporation, shall be signed by such officer or officers, agent or agents, of the corporation and in such manner as shall from time to time be determined by resolution of the board.

Deposits
All funds of the corporation not otherwise employed shall be deposited from time to time to the credit of the corporation in such banks, trust companies, or other depository as the board or a designated committee of the board may

select.

Loans

No loans shall be contracted on behalf of the corporation and no evidence of indebtedness shall be issued in its name unless authorized by resolution of the board. Such authority may be general or confined to specific instances.

Indemnification

(a) <u>Mandatory Indemnification</u>. The corporation shall indemnify a director or former director, who was wholly successful, on the merits or otherwise, in the defense of any proceeding to which he or she was a party because he or she is or was a director of the corporation against reasonable expenses incurred by him or her in connection with the proceedings.

(b) <u>Permissible Indemnification</u>. The corporation shall indemnify a director or former director made a party to a proceeding because he or she is or was a director of the corporation, against liability incurred in the proceeding, if the determination to indemnify him or her has been made in the manner prescribed by the law and payment has been authorized in the manner prescribed by law.

(c) <u>Advance for Expenses</u>. Expenses incurred in defending a civil or criminal action, suit or proceeding may be paid by the corporation in advance of the final disposition of such action, suit or proceeding, as authorized by the board of directors in the specific case, upon receipt of (I) a written affirmation from the director, officer, employee or agent of his or her good faith belief that he or she is entitled to indemnification as authorized in this article, and (II) an undertaking by or on behalf of the director, officer, employee or agent to repay such amount, unless it shall ultimately be determined that he or she is entitled to be indemnified by the corporation in these Bylaws.

(d) <u>Indemnification of Officers, Agents and Employees</u>. An officer of the corporation who is not a director is entitled to mandatory indemnification under this article to the same extent as a director. The corporation may also indemnify and advance expenses to an employee or agent of the corporation who is not a director, consistent with Illinois Law and public policy, provided that such indemnification, and the scope of such indemnification, is set forth by the general or specific action of the board or by contract.

<div align="center">

ARTICLE VIII
<u>MISCELLANEOUS</u>

</div>

Books and Records

The corporation shall keep correct and complete books and records of account and shall keep minutes of the proceedings of all meetings of its board of

directors, a record of all actions taken by board of directors without a meeting, and a record of all actions taken by committees of the board. In addition, the corporation shall keep a copy of the corporation's Articles of Incorporation and Bylaws as amended to date.

Fiscal Year

The fiscal year of the corporation shall be from January 1 to December 31 of each year.

Conflict of Interest

The board shall adopt and periodically review a conflict of interest policy to protect the corporation's interest when it is contemplating any transaction or arrangement which may benefit any director, officer, employee, affiliate, or member of a committee with board-delegated powers.

Nondiscrimination Policy

The officers, directors, committee members, employees, and persons served by this corporation shall be selected entirely on a nondiscriminatory basis with respect to age, sex, race, religion, national origin, and sexual orientation. It is the policy of The Council for Ayurveda Credentialing not to discriminate on the basis of race, creed, ancestry, marital status, gender, sexual orientation, age, physical disability, veteran's status, political service or affiliation, color, religion, or national origin.

Bylaw Amendment

These Bylaws may be amended, altered, repealed, or restated by a vote of the majority of the board of directors then in office at a meeting of the Board, provided, however,

(a)   that no amendment shall be made to these Bylaws which would cause the corporation to cease to qualify as an exempt corporation under Section 501 (c)(3) of the Internal Revenue Code of 1986, or the corresponding section of any future Federal tax code; and,

(b) that an amendment does not affect the voting rights of directors. An amendment that does affect the voting rights of directors further requires ratification by a two-thirds vote of a quorum of directors at a Board meeting.

(c)   that all amendments be consistent with the Articles of Incorporation.

ARTICLE IX
<u>COUNTERTERRORISM AND DUE DILIGENCE POLICY</u>

In furtherance of its exemption by contributions to other organizations, domestic or foreign, The Council for Ayurveda Credentialing shall stipulate how the funds will be used and shall require the recipient to provide the corporation with detailed records and financial proof of how the funds were utilized.

Although adherence and compliance with the US Department of the Treasury's publication the "Voluntary Best Practice for US. Based Charities" is not mandatory, The Council for Ayurveda Credentialing willfully and voluntarily recognizes and puts to practice these guidelines and suggestions to reduce, develop, re-evaluate and strengthen a risk-based approach to guard against the threat of diversion of charitable funds or exploitation of charitable activity by terrorist organizations and their support networks.

The Council for Ayurveda Credentialing shall also comply and put into practice the federal guidelines, suggestion, laws and limitation set forth by pre-existing U.S. legal requirements related to combating terrorist financing, which include, but are not limited to, various sanctions programs administered by the Office of Foreign Assets Control (OFAC) in regard to its foreign activities.

ARTICLE X
<u>DOCUMENT RETENTION POLICY</u>

Purpose
The purpose of this document retention policy is establishing standards for document integrity, retention, and destruction and to promote the proper treatment of The Council for Ayurveda Credentialing records.

Policy
<u>Section 1. General Guidelines</u>. Records should not be kept if they are no longer needed for the operation of the business or required by law. Unnecessary records should be eliminated from the files. The cost of maintaining records is an expense which can grow unreasonably if good housekeeping is not performed. A mass of records also makes it more difficult to find pertinent records.
From time to time, The Council for Ayurveda Credentialing may establish retention or destruction policies or schedules for specific categories of records in order to ensure legal compliance, and also to accomplish other objectives, such as preserving intellectual property and cost management. Several categories of documents that warrant special consideration are identified below. While minimum retention periods are established, the retention of the documents identified below and of documents not included in the identified categories should be determined primarily by the application of the general

guidelines affecting document retention, as well as the exception for litigation relevant documents and any other pertinent factors.

Section 2. Exception for Litigation Relevant Documents. The Council for Ayurveda Credentialing expects all officers, directors, and employees to comply fully with any published records retention or destruction policies and schedules, provided that all officers, directors, and employees should note the following general exception to any stated destruction schedule: If you believe, or the Council for Ayurveda Credentialing. informs you, that corporate records are relevant to litigation, or potential litigation (i.e. a dispute that could result in litigation), then you must preserve those records until it is determined that the records are no longer needed. That exception supersedes any previously or subsequently established destruction schedule for those records.

Section 3. Minimum Retention Periods for Specific Categories

(a) Corporate Documents. Corporate records include the corporation's Articles of Incorporation, By-Laws and IRS Form 1023 and Application for Exemption. Corporate records should be retained permanently. IRS regulations require that the Form 1023 be available for public inspection upon request.

(b) Tax Records. Tax records include, but may not be limited to, documents concerning payroll, expenses, proof of contributions made by donors, accounting procedures, and other documents concerning the corporation's revenues. Tax records should be retained for at least seven years from the date of filing the applicable return.

(c) Employment Records/Personnel Records. State and federal statutes require the corporation to keep certain recruitment, employment and personnel information. The corporation should also keep personnel files that reflect performance reviews and any complaints brought against the corporation or individual employees under applicable state and federal statutes. The corporation should also keep in the employee's personnel file all final memoranda and correspondence reflecting performance reviews and actions taken by or against personnel. Employment applications should be retained for three years. Retirement and pension records should be kept permanently. Other employment and personnel records should be retained for seven years.

(d) Board and Board Committee Materials. Meeting minutes should be retained in perpetuity in the corporation's minute book. A clean copy of all other Board and Board Committee materials should be kept for no less than three years by the corporation.

(e) Press Releases/Public Filings. The corporation should retain permanent copies of all press releases and publicly filed documents under the theory that the corporation should have its own copy to test the accuracy of any document a member of the public can theoretically produce against the corporation.

(f) <u>Legal Files.</u> Legal counsel should be consulted to determine the retention period of particular documents, but legal documents should generally be maintained for a period of ten years.

(g) <u>Marketing and Sales Documents.</u> The corporation should keep final copies of marketing and sales documents for the same period of time it keeps other corporate files, generally three years. An exception to the three-year policy may be sales invoices, contracts, leases, licenses, and other legal documentation. These documents should be kept for at least three years beyond the life of the agreement.

(h) <u>Development/Intellectual Property and Trade Secrets.</u> Development documents are often subject to intellectual property protection in their final form (e.g., patents and copyrights). The documents detailing the development process are often also of value to the corporation and are protected as a trade secret where the corporation:

(i) derives independent economic value from the secrecy of the information; and

(ii) has taken affirmative steps to keep the information confidential.

The corporation should keep all documents designated as containing trade secret information for at least the life of the trade secret.

(i) <u>Contracts.</u> Final, execution copies of all contracts entered into by the corporation should be retained. The corporation should retain copies of the final contracts for at least three years beyond the life of the agreement, and longer in the case of publicly filed contracts.

(j) <u>Correspondence.</u> Unless correspondence falls under another category listed elsewhere in this policy, correspondence should generally be saved for two years.

(k) <u>Banking and Accounting.</u> Accounts payable ledgers and schedules should be kept for seven years. Bank reconciliations, bank statements, deposit slips and checks (unless for important payments and purchases) should be kept for three years. Any inventories of products, materials, and supplies and any invoices should be kept for seven years.

(l) <u>Insurance.</u> Expired insurance policies, insurance records, accident reports, claims, etc. should be kept permanently.

(m) <u>Audit Records.</u> External audit reports should be kept permanently. Internal audit reports should be kept for three years.

<u>Section 4. Electronic Mail. E-mail that needs to be saved should be either:</u>

(i) printed in hard copy and kept in the appropriate file; or
(ii) downloaded to a computer file and kept electronically or on disk as a separate file. The retention period depends upon the subject matter of the e-mail, as covered elsewhere in this policy.

ARTICLE XI
<u>Transparency and Accountability</u>
<u>Disclosure of Financial Information With The General Public</u>

Purpose
By making full and accurate information about its mission, activities, finances, and governance publicly available, The Council for Ayurveda Credentialing practices and encourages transparency and accountability to the general public. This policy will:

(a)   indicate which documents and materials produced by the corporation are presumptively open to staff and/or the public

(b)   indicate which documents and materials produced by the corporation are presumptively closed to staff and/or the public

(c)   specify the procedures whereby the open/closed status of documents and materials can be altered.

The details of this policy are as follow:

Financial and IRS documents (The form 1023 and the form 990)
The Council for Ayurveda Credentialing shall provide its Internal Revenue forms 990, 990-T, 1023 and 5227, bylaws, conflict of interest policy, and financial statements to the general public for inspection free of charge.

Means and Conditions of Disclosure
The Council for Ayurveda Credentialing shall make "Widely Available" the aforementioned documents on its internet website: www.cayurvedac.com to be viewed and inspected by the general public.
(a)   The documents shall be posted in a format that allows an individual using the Internet to access, download, view and print them in a manner that exactly reproduces the image of the original document filed with the IRS (except information exempt from public disclosure requirements, such as contributor lists).

(b)   The website shall clearly inform readers that the document is available and provide instructions for downloading it.

(c)   The Council for Ayurveda Credentialing shall not charge a fee for downloading the information. Documents shall not be posted in a format that

would require special computer hardware or software (other than software readily available to the public free of charge).

(d)   The Council for Ayurveda Credentialing shall inform anyone requesting the information where this information can be found, including the web address. This information must be provided immediately for in-person requests and within 7 days for mailed requests.

IRS Annual Information Returns (Form 990)
The Council for Ayurveda Credentialing shall submit the Form 990 to its board of directors prior to the filing of the Form 990. While neither the approval of the Form 990 or a review of the 990 is required under Federal law, the corporation's Form 990 shall be submitted to each member of the board of director's via (hard copy or email) at least 10 days before the Form 990 is filed with the IRS.

Board
(a)   All board deliberations shall be open to the public except where the board passes a motion to make any specific portion confidential.

(b)   All board minutes shall be open to the public once accepted by the board, except where the board passes a motion to make any specific portion confidential.

(c)   All papers and materials considered by the board shall be open to the public following the meeting at which they are considered, except where the board passes a motion to make any specific paper or material confidential.

Staff Records
(a)   All staff records shall be available for consultation by the staff member concerned or by their legal representatives.

(b)   No staff records shall be made available to any person outside the corporation except the authorized governmental agencies.

(c)   Within the corporation, staff records shall be made available only to those persons with managerial or personnel responsibilities for that staff member, except that

(d)   Staff records shall be made available to the board when requested.

Donor Records
(a)   All donor records shall be available for consultation by the members and donors concerned or by their legal representatives.

(b)   No donor records shall be made available to any other person outside the

corporation except the authorized governmental agencies.

(c)   Within the corporation, donor records shall be made available only to those persons with managerial or personnel responsibilities for dealing with those donors, except that ;

(d)   donor records shall be made available to the board when requested.

ARTICLE XII
CODES OF ETHICS AND WHISTLEBLOWER POLICY

Purpose
The Council for Ayurveda Credentialing requires and encourages directors, officers and employees to observe and practice high standards of business and personal ethics in the conduct of their duties and responsibilities. The employees and representatives of the corporation must practice honesty and integrity in fulfilling their responsibilities and comply with all applicable laws and regulations. It is the intent of The Council for Ayurveda Credentialing to adhere to all laws and regulations that apply to the corporation and the underlying purpose of this policy is to support the corporation's goal of legal compliance. The support of all corporate staff is necessary to achieving compliance with various laws and regulations.

Reporting Violations
If any director, officer, staff or employee reasonably believes that some policy, practice, or activity of The Council for Ayurveda Credentialing is in violation of law, a written complaint must be filed by that person with the board president.

Acting in Good Faith
Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false shall be viewed as a serious disciplinary offense.

Retaliation
Said person is protected from retaliation only if she/he brings the alleged unlawful activity, policy, or practice to the attention of The Council for Ayurveda Credentialing and provides The Council for Ayurveda Credentialing with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to individuals that comply with this requirement.

The Council for Ayurveda Credentialing shall not retaliate against any director, officer, staff or employee who in good faith, has made a protest or raised a complaint against some practice of The Council for Ayurveda Credentialing or of another individual or entity with whom The Council for Ayurveda Credentialing has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.

The Council for Ayurveda Credentialing shall not retaliate against any director, officer, staff or employee who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of The Council for Ayurveda Credentialing that the individual reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate of public policy concerning the health, safety, welfare, or protection of the environment.

Confidentiality
Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations shall be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations
The board president or vice president shall notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports shall be promptly investigated by the board and its appointed committee and appropriate corrective action shall be taken if warranted by the investigation.

This policy shall be made available to all directors, officers, staffs or employees and they shall have the opportunity to ask questions about the policy.

ARTICLE XIII
AMENDMENT OF Articles of Incorporation

13.01 Amendment
Any amendment to the Articles of Incorporation may be adopted by approval of two-thirds (2/3) of the board of directors.

Appendix 3: Council Administration and Communications

The International Council for Ayurveda Accreditation (ICAA) is governed by its Board of Directors and is administered by its executive director. The executive director

reports to the Council's Board of Directors (see below for a listing of the officers and members of the Board, and their professional affiliations). Correspondence on any matter related to the Council may be addressed to:

Executive Director
International Council for
Ayurveda Accreditation(ICAA)
1041 Canyon Creek Road
Normal, Illinois 61761
Phone (309) 826.8799
www.icaa-us.org

Appendix 2: Council for Ayurveda Credentialing Members

Board officers:
President: Ashlesha Raut
Secretary: Patricia Layton
Treasurer: Dhanada Kulkarni

Core council members Committee:
Ashlesha Raut, Patricia Layton, Dhanada Kulkarni, Anupama Kizhakkeveettil, Jayagopal Parla, Frances Yahia

Public Relations Committee:
Karla Cain, Dhanada Kulkarni, Jasmin Rodriguez

Academic Committee:
Ashlesha Raut, Patricia Layton, Dhanada Kulkarni, Anupama Kizhakkeveettil, Jayagopal Parla

Legal Committee:
Ashlesha Raut, Patricia Layton, Karla Cain, William Courson

Accreditation Committee:
Frances Yahia , Ashlesha Raut, Patricia Layton, Monique Blake

Website Development Committee:
Jayagopal Parla, Monique Blake, Jasmin Rodriguez, Fasiya Memon

Finance Committee:
 Dhanada Kulkarni, Ashlesha Raut, Patricia Layton

Volunteer Committee: Ashlesha Raut , Anupama Kizhakkeveettil