

# **POLICY AND PROCEDURE MANUAL**



## **Accreditation Commission for Programs in Hospitality Administration**

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## **I. INTRODUCTION**

### **The Role and Value of Accreditation**

Accreditation is an activity long accepted in the United States but generally unknown in most other countries, which rely on governmental supervision and control of educational institutions. The record of accomplishment and outstanding success in the education of Americans can be traced in large part to the reluctance of the United States to impose governmental restrictions on institutions of postsecondary education and to the success of the voluntary American system of accreditation in promoting quality without inhibiting innovation. The high proportion of Americans benefiting from higher education, the reputation of universities in the United States for both fundamental and applied research, and the widespread availability of professional services in the United States all testify to postsecondary education of high quality and to the success of the accreditation system that the institutions and professions of the United States have devised to promote that quality.

Accreditation is a status granted to an educational institution or a program that has been found to meet or exceed stated standards of educational quality. In the United States, accreditation is voluntarily sought by institutions and programs and is conferred by non-governmental bodies.

Accreditation has two fundamental purposes: to assure the quality of the institution or program and to assist in the improvement of the institution or program. Accreditation, which applies to institutions or programs, is to be distinguished from certification and licensure, which apply to individuals.

Bodies conducting institutional accreditation are national or regional in scope and comprise the institutions that have achieved and maintain accreditation. These bodies consider the characteristics of whole institutions. For this reason, an institutional accrediting body gives attention not only to the educational offerings of the institutions it accredits but also to such other institutional characteristics as student personnel services, financial conditions, and administrative strength.

Bodies conducting programmatic or specialized accreditation, such as the Accreditation Commission for Programs in Hospitality Administration (ACPHA), conduct accreditation of a program preparing students for a profession or occupation. Such bodies are often closely associated with professional associations in the field. A specialized accrediting body focuses its attention on a particular program within an institution of higher education and provides a basic assurance of the scope and quality of professional or occupational preparation.

### **Accreditation Commission for Programs in Hospitality Administration**

In fulfillment of one of its primary objectives, i.e., to encourage the assessment and enhancement of quality hospitality administration/management programs, a group of respected faculty members and industry representatives established ACPHA. The agency's specific duties, responsibilities, and functions are to insure a continual and effective system for the accreditation of hospitality education programs at the associate and baccalaureate level. The Commission's membership includes voting representatives from accredited two and four year U.S. hospitality programs, international hospitality programs, hospitality industry professionals, and the public at large.

The Accreditation Commission has the following powers and responsibilities.

1. To develop and enhance standards and guidelines for evaluating program effectiveness in the field of hospitality administration/management; to foster excellence in the same; and to publish those standards and guidelines for evaluating program effectiveness.
2. To ensure the effectiveness of, and objectivity in, the accreditation process.
3. To provide counsel and assistance to established and developing hospitality administration/management programs and to disseminate information to all programs that might stimulate improvement in hospitality administration education.
4. To ensure that the accreditation process recognizes the diversity of hospitality administration/management and provides assurance that programs are of acceptable quality.
5. To develop and maintain a policy manual and other manuals for programmatic self-study made available upon request.
6. To develop and maintain site team visitor's manuals, implement the appropriate training of all team members, and assemble the site teams.
7. To set and collect fees for the accreditation process, maintain appropriate records, and disburse appropriate payments for expenses incurred through the accreditation process.
8. To schedule the process for accreditation for hospitality administration/management programs and to coordinate the entire review process.
9. To be solely responsible for the final decision on accreditation of hospitality administration/management programs.
10. To receive, review, and arbitrate written appeals from any program claiming to be aggrieved by a negative action of the Commission.
11. To function as the policy-making body in all matters of accreditation within hospitality administration/management programs.

In fulfilling these charges, the Commission has developed the following.

1. Eligibility requirements for programs seeking accreditation.
  - a. Program must submit an application and fee.
  - b. Program must submit a completed Self-Study Report and schedule a site visit within one year of acceptance of the application and fee. The ACPHA Commission will consider extenuating circumstances if a Program petitions for an extension of the one year application period.
2. Objectives of the accreditation process, including
  - c. Overall objectives of the accreditation of programs in hospitality administration/management.
  - d. Specific objectives of hospitality administration/management accreditation.
  - e. Specific objectives of the accrediting process in evaluating a program in hospitality/management administration.
3. The accreditation process, which includes a programmatic self-study, a visiting team report, the program response, and final Commission action.

## **II. ELIGIBILITY REQUIREMENTS FOR PROGRAMS SEEKING ACCREDITED STATUS**

Each program applying for accreditation from ACPHA must demonstrate that it satisfies each of the requirements listed below. Taken together, these requirements are considered a part of its educational universe and are within the scope of the accrediting activities for which ACPHA assumes responsibility.

### **A. United States Based**

The program:

1. must be part of an educational institution accredited by a regional or national accrediting body recognized by the U.S. Secretary of Education;
2. has a statement of mission appropriate to a postsecondary program;
3. offers postsecondary educational instruction leading to an associate or baccalaureate degree (or its equivalent) in hospitality administration/management;
4. must have institutional approval for courses and degree(s) offered;
5. has a formally designated director (or the equivalent) of the program;
6. has been in continuous operation for at least four years and has had at least three years of graduating classes by the time of review;
7. has a teaching faculty assigned to the program;
8. makes freely available to all interested persons (and especially to its potential and enrolled students) an accurate, fair, and substantially complete description of its program and related activities, policies, and procedures; and
9. admits students under policies and procedures that are appropriate to the program and does not discriminate with respect to age, sex, ethnic background, race, creed, or disability.

### **B. International**

The program:

1. must be part of an educational institution authorized by a Regional/National/Governmental agency in the country of the applicant. A letter from that agency must be provided showing legal permission to operate and grant degrees;
2. has a statement of mission appropriate to a postsecondary program;
3. offers postsecondary educational instruction leading to an associate or baccalaureate degree (or its equivalents) in hospitality administration/management;
4. must have institutional approval for courses and degree(s) offered, i.e., provide a letter from the President that states the program has authorization to proceed with an accreditation application;
5. has a formally designated director (or the equivalent) of the program;
6. makes instructional and all accreditation materials available in English;
7. has been in continuous operation for at least four years and has had at least three years of graduating classes by the time of review;
8. has a teaching faculty assigned to the program;
9. makes freely available to all interested persons (and especially to its potential and enrolled students) an accurate, fair, and substantially complete description of its program and related activities, policies, and procedures; and
10. admits students under policies and procedures that are appropriate to the program and does not discriminate with respect to age, sex, ethnic background, race, creed, or disability.

### **III. OBJECTIVES OF ACCREDITATION PROCESS**

The objectives of the accreditation body derive from the minds and experiences of individuals and groups who are seeking to realize certain educational values and fulfill certain educational purposes. The overall (general) objectives may be derived from the early history of the accrediting body, in articles of incorporation, bylaws, and subsequent amendments to these. Such statements may also include terms like “accreditation,” “quality,” etc., which require clear definition.

Overall objectives are usually stated so broadly as to make it difficult, if not impossible, for evaluators to make a reasoned judgment about whether or not they are being achieved. It is necessary, therefore, to find specific objectives in official documents of the accrediting body or to construct a set of specific objectives that relate back to, and are consistent with, the overall objectives.

The following represents the overall and specific objectives developed by ACPHA.

#### **A. Definitions**

##### ***Accreditation***

Accreditation is a communal self-regulatory process by which voluntary associations (1) recognize educational institutions or programs that have been found to meet or exceed stated standards of educational quality and (2) assist in further improvement of the institutions or programs. The first of these purposes is called quality-assessment; the second, quality-enhancement.

##### ***Standards***

Accrediting standards represent those generalized conditions or characteristics determined to be essential in order for objectives to be achieved. Standards are to be expressed qualitatively, be applicable to a diversity of institutions or programs, and must consider educational outcomes (outputs) as well as resources and processes (inputs). For standards to be valid, they must be capable of being derived from the educational objectives stated and must be appropriate, clear, and explicit.

#### **B. Overall Objectives**

1. To provide public assurance that programs in hospitality administration/management are of acceptable quality.
2. To provide guidance to programs in the continued improvement of their educational offerings and related activities.
3. To promote higher educational and ethical standards of professional education and to enhance the public understanding of the hospitality field.

#### **C. Specific Objectives**

1. To foster excellence in the field of hospitality administration by developing standards and guidelines for evaluating program effectiveness.
2. To ensure that the accrediting process recognizes and respects the diversity of programs in hospitality administration.
3. To ensure that the accrediting process evaluates not only the presence of essential resources and processes but also the achievement of programmatic outcomes.

4. To require, as an integral part of the accrediting process, a programmatic self-study that is analytical, interpretive, and evaluative along with an on-site review by a visiting team of peers.
5. To encourage programs to view their self-study and evaluation as a continuous internal obligation.
6. To provide counsel and assistance to both developing and established programs, including disseminating information between and among programs that will stimulate improvement of educational programs and related activities.
7. To ensure that the evaluation, policy and decision-making processes reflect the community of interests directly affected by the accrediting body, including effective public representation.
8. To publish or otherwise make publicly available the names and affiliations of members of its policy and decision-making bodies and the names of its principal administrative personnel.

#### **D. Organization of Program Components Evaluated for Accreditation**

The components and evaluative criteria are concerned with the following standard areas as shown below.

- I. Mission and Outcomes
- II. Administration and Governance
- III. Planning
- IV. Curriculum
- V. Assurance of Student Learning
- VI. Instructional Resources
- VII. Student Support Services
- VIII. Physical and Learning Resources
- IX. Financial Resources

### **IV. THE ACCREDITATION PROCESS**

The accreditation process requires three major efforts: a programmatic self-study, an evaluation by professional colleagues, and a review and decision by the Accreditation Commission.

#### **A. Programmatic Self-Study**

Through the self-study, the Program mobilizes its various elements to reflect on the purposes and effectiveness of the Program, examine its strengths and weaknesses, and when problems or opportunities are identified, begin to work toward their solution or fulfillment. The following questions are critical.

1. Does the Program have an appropriate mission statement?
2. What are the Program's learning outcomes? Do they flow from the mission statement?  
Are these outcomes measurable?
3. Is the curriculum designed to support achievement of the program learning outcomes?
4. Is there a systematic comprehensive plan for the assurance of student learning?
5. How are the outcomes assessed at varying points in the curriculum?
6. Are the resources available to satisfy the program learning outcomes?

7. Programs are expected to use the Commission's Standards for Accreditation as the primary basis for their Self-Study Report. The format and questions in the Self-Study have been developed to assist programs in describing and appraising their status with respect to each standard.

Once the questions have served the purpose of eliciting essential information, the material is then organized in a concise, readable, but substantial document to be used for internal planning by faculty members, administrators, and students.

## **B. Prior to the Team Visit**

After the [Self-Study Report](#) has been received and reviewed in the Commission office, the Program is visited by a team assembled by the Executive Director.

The following schedule applies.

- For a fall semester team visit (September-December) the Self-Study Report and all supporting documents must be received by July 1.
- For a spring team visit (January-May) the Self-Study Report and all supporting documents must be received by November 1.
- For a summer team visit to international programs (June - August) the Self-Study Report and all supporting documents must be received by April 1.

### **Step 1: The Dates of the Evaluation Visit**

The amount of time necessary for the team to complete its work is three (3) days, typically (but not required) a Monday through Wednesday format. The Program must be in session with students present during a visit.

### **Step 2: Initial Communication with the Program**

When a team has been selected, the Executive Director will communicate with the Program Director indicating the composition of the team and the assignment of the Team Chair. Upon receipt, the Program Director reviews and approves the team composition. If a significant omission, imbalance, or conflict exists with the composition of the team, the Executive Director should be notified.

Arrangements for housing is the responsibility of the host program. Experience has shown that it is preferable to have the team workroom as a secured conference room in an academic building where the program is housed. The workroom should be private, with adequate security for confidential documents, and should be provided with office supplies such as pads, pens, a stapler, paper clips, post it notes etc. for use by the team members. It will also be helpful to have available in the workroom copies of current class schedules, staff directories, campus maps, bulletins, and any institutional or program publications that may be of interest to the team. Provisions should also be made for technical support including laptop computers (if needed), printers, and shredders.

Travel arrangements also need to be discussed with the Team Chair. If possible, the Program should coordinate travel for the visiting team as it is preferable that the team not have to bear these costs upfront for later reimbursement. Some programs may have a travel agency that they work with and can coordinate the travel of the team. In cases where this is not possible, team members must be reimbursed within 30 days of the visit.



Airport transportation and transportation between the hotel and the campus needs to be coordinated. To maintain the objectivity and integrity of the visit, the Program is discouraged from interacting socially with the team.

Teams and Programs should review the *Team Travel Guidelines* and *Program Travel Guidelines* for full details.

### **Step 3: Suggested Itinerary of the Team Visit**

In consultation with the Team Chair, the Program will create an itinerary that will guide the accreditation visit. See sample [Itinerary of the Visit](#) schedule that addresses all components of the visit and the corresponding areas and individuals of the institution that the team needs to consult with during the visit.

### **Step 4: Self-Study Report Supplemental Documents**

Supplemental documents not included in the Self-Study Report should be placed in a cloud-based repository such as Dropbox, One Drive, Google Drive, or sent as PDF files for the team to review. Updated hard copies of all the following documents should be available in the team workroom.

These documents include but are not limited to the list provided below.

1. Strategic Plan
2. Assessment Plan and supporting documents
3. Minutes of meetings of program faculty
4. Minutes of meetings of advisory groups
5. Copies of syllabi and supporting information for each hospitality course that fulfills required content areas in the curriculum
6. Workplace policies for full-time and part-time faculty
7. Curriculum vitae (resumes) including biographical and educational summaries of each member of the faculty (full-time and part-time). These individual vitae/resumes should document the most recent seven-year history.

## **C. The Team Visit**

The first two days of the visit are spent conducting a rigorous review of the program. Team members will be involved in the following activities:

1. Interviewing individuals and groups, such as principal central administrative officers, program administrators, faculty, students, members of advisory committees, and industry representatives knowledgeable about the Program.
2. Performing essential data-gathering functions and analyzing the resulting information.
3. Writing a comprehensive site visit report, including strengths and weaknesses of the Program as well as suggestions made by the team to improve or maintain the quality of instruction and its delivery.
4. The third day of the visit is spent presenting the findings of the team to the Program/Administration during an exit briefing session. This will provide an oral preview of all major points in the Site Visit Report.

#### **D. After the Team Visit**

1. The Team Chairperson will send the draft of final Site Visit Report electronically to team members immediately after the exit briefing for any final minor edits needed (should be mainly grammatical). The team returns any edits to the Chair in red within three days. The Chair keeps the updated copy of the report.
2. Once this is completed, the Team Chairperson will immediately send an electronic copy of the draft Site Visit Report to the ACPHA Office at [info@acphacommission.org](mailto:info@acphacommission.org). This should be completed no later than five business days from the exit briefing.
3. The ACPHA Executive Director will review the report and address any concerns regarding the Site Visit Report directly with the Chair within five business days. If necessary, the Chair will address any of the concerns immediately and make any necessary revisions.
4. The Chair will complete and email a thank you letter to the Program Chair/Coordinator/Director. At this point, the team members have completed their work.
5. The Chair must inform team members that all documents provided by the program (i.e., self-study report, supporting documents, etc.) that have been used by the team during the evaluation process must be shredded. At this point, the Team Chair is officially finished with the site visit.
6. The ACPHA Office will email a letter outlining the next steps along with the final Site Visit Report to the Program. This should be completed no later than 14 days from the exit briefing.
7. The Program will respond to the Site Visit Report as explained in the formal response letter. This information should be sent electronically to the ACPHA office within the timeframe designated in the letter. Any questions should be directed to the Executive Director, not to the team.
8. The Program's Response becomes part of the official record, to be considered along with the Site Visit Report during the Commission review.

#### **E. Use of the Site Visit Report**

The Site Visit Report is written for and used by both the Program and the Commission. Concerns are anchored in the ACPHA Standards. Any recommendations made by the team are tied into stated concerns. The Site Visit Report provides information to both the Program and the Commission regarding the degree to which the visiting team believes the Program complies with accreditation standards.

It follows that a program should be governed by two principles in using the Site Visit Report.

1. The report should be studied thoroughly by faculty members and administrators;
2. The program should note the clear distinction between a) recommendations that have been developed, which result from standards that are not met and (b) suggestions that have been developed that may contribute to the improvement of educational quality but are advisory only.

#### **F. The Role of the ACPHA Commission**

##### **1. Overview:**

- a. Upon receipt of all documents, the Commission will consider each program's file at the next regularly scheduled meeting.
- b. Accreditation, once granted, is viewed as a continuing status. It is reaffirmed yearly through the filing of the Annual Report. The interval between each Grant of Accreditation cannot be longer than seven years.

- c. Programs may be required to submit special reports, based upon information provided in their Annual Report. When a program reports a substantive change, the Commission will take appropriate action. It reserves the right to review a program at any time that circumstances require or that a complaint has been filed. In taking an action, the Commission may impose conditions or request supplementary reporting and/or site visits.

## **2. Accreditation Actions**

The decision on accreditation rests with the ACPHA Commission. The following actions are available to the Commission. Any action other than a Grant of Accreditation cannot exceed one year from the date of the original action.

### **Grant of Accreditation**

This action indicates that the Program has no significant deficiencies. This action is taken only after Commission Review and has a typical duration of seven years before the next comprehensive review.

### **Grant of Accreditation with Stipulation**

The Program has established that it meets all, or practically all, of the Standards at a minimum level and has a strong proposal in place to meet the Standards at a significant level of compliance for accreditation. Accreditation is limited to seven years and is granted only when the Program can validate that it is likely to become totally compliant during a period stipulated by the Commission, either six months or one year at its discretion.

### **Deferral**

The Commission may defer any action on an application for accreditation (initial or renewal) or substantive change if additional information is required for the program to demonstrate compliance with the Standards of Accreditation or other accreditation requirements. Generally, in reaching a decision to defer action, the Commission will consider:

- a. The extent to which the Program can make significant progress toward accreditation within a short period of time;
- b. Whether there is insufficient information about the Program; and
- c. Whether the necessary information for the Commission to render a decision is lacking.

A deferral is not a final decision. It is provisional and designed to provide time for the program to correct identified deficiencies. This action allows ACPHA to specify the need for additional data or documentation in areas of concern before a constructive decision will be agreed upon by the Commission. Deferrals are granted for a maximum of one year.

### **Warning**

In cases where the Commission has reason to believe that the Program does not comply with one or more accreditation standards or other requirements, the Commission may issue a Warning to the Program. A program that receives a Warning will be required to demonstrate corrective action and compliance with accrediting standards. The suspension, withdrawal/revocation, or involuntary termination of a program's

accreditation from another accrediting body or its license or authority to operate from a state agency will immediately cause a Warning to be issued to the program.

A Warning may be initiated by the Commission or by the Executive Committee in accordance with Commission approval. When the Commission issues a Warning, the Warning will be in writing and will:

- a. State fully the concerns why the Commission issued the Warning;
- b. Identify the standard and/or other accreditation requirement with which the Program may not be in compliance;
- c. Explain the reasons and recite the evidence indicating that the Program may not be in compliance with accreditation requirements; and
- d. Advise the Program of its obligations operating under the Warning and the deadline for response.

Upon expiration of the time limits for submission of the Response to the Warning or any progress report or additional requirements placed on a program in relation to the Warning, a decision will be made on the Program's compliance with the accreditation standard or requirement noted in the order. The Commission may:

- a. Remove the Warning if the Program's response gives evidence that such removal is warranted or if the response shows that the Program complies with accreditation standards and requirements;
- b. Continue the Warning;
- c. Take any other action set forth under the Standards of Accreditation; or
- d. In certain limited circumstances, delegate the authority to vacate a Warning to the Executive Director.

**Focused Visit** – Deferral of accreditation reflects the Commission's finding that the Program has failed to show evidence that it meets all or essentially all, of the Standards at the required level. This action indicates that the Program has significant deficiencies. They are such that an on-site visit will be required to evaluate the actions taken by the Program to address the deficiencies. The decision to require such a visit is at the discretion of the Commission, and all expenses are borne by the Program. The on-site visitor(s) will provide a report to the Commission regarding the outcome of the visit. This focused report is written to the Commission in letter format detailing what the visitor learned and any assistance provided.

### **Show Cause Order**

A Show Cause Order is a decision by the Commission to terminate the accreditation of the Program within a maximum period of one year from the date of the Order, unless the Program can show cause as to why such action should not be taken. Such an Order may be issued when a program is found to be in substantial noncompliance with one or more of the Standards or, having been placed on Warning for at least one year or has not been found to have made sufficient progress to come into compliance with the Standards. In response to the Order, the program has the burden of proving why its accreditation should not be terminated. The program must demonstrate that it has responded satisfactorily to Commission concerns, has come into compliance with all Standards, and will likely be able to sustain compliance. A Show Cause Report (letter) from the Program to the Commission documenting their compliance is required within the timeframe set by the Commission.

ACPHA expects the Program to provide a statement in regard to the Show Cause Order to their communities of interest within 60 days of receipt of the action.

### **Show Cause Order Focused Visit**

Based on the issuance of a Show Cause Order, the deficiencies are such that an on-site visit is required to evaluate the remedial actions taken by the Program. The decision to require such a visit is at the discretion of the Commission, and all expenses are borne by the Program. This action cannot follow a previous Show Cause Order or Show Cause Order Focused Visit action for the same deficiencies.

The on-site visitor(s) will provide a Show Cause Focused Visit Report (letter) to the Commission regarding the outcome of the visit.

### **Vacate the Show Cause Order**

This action indicates that satisfactory remedial action has been taken by the Program with respect to all deficiencies identified in the prior Show Cause action. This action is taken only after either a Show Cause Order Report or Show Cause Order Focused Visit Report provides sufficient assurance to the Commission that the Program is currently and in all likelihood will remain in compliance.

### **Fail-to-Accredit**

For those seeking initial accreditation, this action indicates that the Program does not meet ACPHA standards. Programs can reapply when they can demonstrate their ability to meet ACPHA standards.

For accredited programs, this action indicates that the Program has one or more significant deficiencies that have not been corrected and is considered out of compliance even after a Show Cause Order or Show Cause Order Focused Visit. Accreditation is not extended as a result of this action. This action can be appealed as specified in the Appeals Section 4. I. of this document.

A “Fail-to-Accredit” action, as a result of a “Show Cause” focused report/visit, is effective 10 days from the date of the “fail to accredit” decision, pending final action on any request from the Program for appeal.

ACPHA will require the Program to formally notify students and faculty affected by the revocation of the Program’s accredited status, not later than 10 days from official notice of the “fail-to-accredit” action and to remove the accreditation designation from all program media including catalogs, websites, or other social media including electronic and print materials.

### **Voluntary Withdrawal**

This action is generally taken in response to a request that accreditation be relinquished or for a program that is being phased out. This action may not follow a Show Cause action. Upon cessation of the accreditation, the Program shall remove the accreditation designation from all program media including catalogs, websites or other social media, and print materials within 10 days.

### **3. Accreditation Standards Review**

Every three years, the Commission sends a call for comment on all standards areas to all accredited Programs. The Commission asks that each program solicit input from their Industry Advisory Board members to be included in their response. Information received is reviewed by the Standards Committee, and recommendation for changes are presented to the full Commission for consideration. Once changes are final, documents are updated as appropriate. This information is communicated to all accredited Programs. Any Program already in the accreditation process is evaluated by the Standard areas in which they started. Any Programs beginning the accreditation process after the revisions will be evaluated on the new Standard areas.

## **V. PROGRAM RIGHTS AND RESPONSIBILITIES**

### **A. Communicating Accreditation Information and Use of the ACPHA name**

ACPHA supports the principles of transparency and accountability in accreditation and, therefore, makes key decisions relating to accreditation available to the public. The Commission will post the Notice of Formal Commission Action, which includes the current accredited status for each program on the ACPHA website.

The Commission also places responsibility on its accredited programs and their sponsoring institution for disclosing accurate and complete information to the public. In the event that a program is found to be publishing, or to have published, inaccurate, incorrect or misleading information over which ACPHA has jurisdiction within its accrediting standards, notice will be provided to the program to update, change or remove the information in question. The Commission will notify the program of this finding and provide 30-days' notice to affect the change. If the change is not timely made, the Commission may take further appropriate action as permitted under Accrediting Standards and as the specific circumstances warrant.

The use of the ACPHA name or standards by others for any purpose is not authorized without express written consent by ACPHA. Request for authorization must be presented to the ACPHA office for consideration and approval. For programs or institutions that erroneously or incorrectly list ACPHA Accreditation, and are not so recognized by the Commission, the Commission will issue a cease-and-desist letter providing 30-days' notice to remove the erroneous information. If the change is not timely made, the Commission will consider legal action available to it and take appropriate action as may be advised by its legal counsel.

### **B. Statement on Accredited Status**

When accredited status is affirmed by the Program in any public manner (website, catalog, social media, etc.) it should be stated as noted on the posted Formal Commission Action.

### **C. Public Disclosure of Information About Accredited Programs by the Commission**

The Commission will maintain on its website the following information about its accredited programs.

- The name and address of the Program.
- The website location of the Program.
- The Formal Notice of Commission Action and status that will include the:
  - Names of the Program Director/Chair/Department Head/Dean of the Program.
  - Date of most recent commission action and the current status of accreditation.
  - Actions necessary for compliance if applicable
- The year the Program achieved initial accreditation.

- Size, type and characteristics of the Program.
- Degrees offered by the Program.
- Date of next review for the Program.

#### **D. Branch campus policy**

A branch campus is usually defined as an instructional facility separated from the main campus, offering a complete educational program, and administered from the main campus. When the parent institution opens a branch campus that will offer a program in Hospitality Administration/Management, the Commission will determine whether the branch is to be included in the scope of the Program's current accreditation.

A unit of an institution offering a program in Hospitality Administration/Management may be excluded from the evaluation process for accreditation provided that:

- a. The unit is outside the jurisdiction or participating control of the administrative head of the unit holding or seeking accreditation.
- b. The Program's degree designation and transcript are clearly differentiated from that of the unit holding or seeking accreditation.
- c. The unit has not had at least three graduating classes.

When such exclusion occurs, the Program must ensure that its website, publications, and social media clearly state that accreditation status has been granted only to the Program on the main campus.

#### **E. Substantive Change**

From time to time, programs make major changes in the period between regularly scheduled accreditation visits. ACPHA programs are obligated to present such "Substantive Changes" for the Commission's review and approval. Normally, the procedure involves the Program's providing a written rationale with supporting information and materials, including submission of publications appropriate to the nature of the change. Under certain circumstances, an on-site visit may be required at the discretion of the Commission.

ACPHA offers the opportunity for programs to receive an optional consultative review of proposed Substantive Changes by the Commission or a Commission consultant prior to submission of an official request for Substantive Change. Substantive Changes occurring during accreditation review periods are reported and considered as part of the Self-Study Report, on-site visit, and Commission review.

#### **Definition**

Substantive change includes, but is not limited to, the following:

1. Any fundamental change in the established mission, goals, or educational outcomes of the Program.
2. A change in program organization structure, a change in the Program Director, or a substantial decrease (25% or more) in program resources.
3. The amendment of curricular programs that represent a significant departure, in terms of either the content or method of delivery, from those that were offered when ACPHA most recently evaluated the program.
4. A change from clock hours to credit hours or vice versa.
5. A substantial increase or decrease (25% or more) in:

- a. The number of clock or credit hours awarded for successful completion of a program.
- b. The length of a program.
6. Starting a branch campus, extension program, or migrating an on-campus program to an on-line delivery method.
7. Other changes that would impact continuing compliance with ACPHA standards applicable to degrees and programs being offered.

### **Substantive Change Application Procedures**

The Commission encourages programs to continuously review their vision, mission, strategic objectives, and Program Learning Outcomes (PLOs) and to modify these as necessary for the effective delivery of the Program. When a program seeks to change its mission or educational outcomes substantively, the Program must be able to demonstrate its ability to support the proposed change.

A substantive change of Mission or PLOs will be approved only if it is determined that there is a substantial likelihood that the change will result in continuous compliance with accrediting standards and will ultimately bring about positive results for the Program's students.

### **Substantive Change Guidelines**

1. Programs are required to gain prior approval of substantive change occurring between regular accreditation visits. Substantive changes occurring during accreditation review periods are identified and reported, and considered as part of the Self-Study Report, on-site visit, and Commission review. The Commission also offers the opportunity for programs to receive an optional consultative review of proposed substantive changes by the Commission or a representative of the Commission prior to submission of an official request for substantive change.
2. Programs seeking a change that is deemed Substantive must submit a [Substantive Change Form](#) detailing the changes and relevant supporting information.
3. In most cases, applications for approval regarding substantive changes can be reviewed through written documentation. However, substantive changes proposed or made may result in the necessity of on-site verification regarding the specific change or changes, with or without the need for additional documentation. The ACPHA Commission may require on-site verification. In certain cases, changes proposed or made may result in a requirement to conduct a comprehensive on-site review with full documentation, under conditions and during a period to be stipulated by the Commission or its representative.

### **F. Annual Report**

The Commission is concerned not only with providing public assurance that its accredited programs in hospitality administration/management are continuing to maintain the quality of its educational offerings and to achieve its objectives but also with a program's continuing efforts to improve the quality of its courses of study. Thus, all ACPHA-accredited programs are required to submit an Annual Report mid-December of each year covering the previous academic year. Programs have access to the Annual Report Form template together with instructions for completing the form in ample time for preparation and submission.



Each Annual Report is reviewed by the Executive Director. The Director then develops a concise summary of each program's report for the Commission's review and action at its semi-annual meeting. If the Commission has requested additional information or the Program reports substantive changes the Director presents this information during the report to the Commission.

### **Completing and filing the Annual Report**

Complete and timely filing of an Annual Report is required to maintain accredited status. This report is to be filed by every December and is to cover the previous academic year.

1. It is important to note that the Annual Report should serve as an executive summary of the Program from the past year and is not a Self-Study Report.
2. The Commission must be kept abreast of how the Program is continuing to achieve its objectives. Programs should indicate any substantive changes that have occurred since their last report. Explanations that may help the Commission understand ramifications of these changes should be included.
3. The Annual Report and supporting documents must be completed using the template provided by the ACPHA Office. Programs must follow instructions indicated in the Annual Report form under each Standard.
4. An electronic copy of the Annual Report, along with supporting attachments, must be filed with the ACPHA office no later than the stipulated December deadline.

### **G. Visit Evaluation Procedures**

The Commission conducts an ongoing evaluation of the accreditation process by requesting input from the participants in the site visits. Three types of confidential evaluations are conducted:

1. The members of the team are requested to evaluate the process as well as the overall visit they conducted,
2. Team Chairs are requested to evaluate the individual members of the team as well as the general conduct of the visit and the Program's readiness for the evaluation, and
3. Programs are requested to complete an evaluation on the general conduct of the visit.

The Evaluation Forms are sent by the ACPHA office to the Team members and the Program contact on file. The Executive Director reviews the evaluations and provides a report to the Commission Chair. In order to provide additional feedback to the Commission Chair, the Executive Director may compile individual comments while protecting the confidentiality of the writers. The Commission Chair takes suggestions and comments into consideration when reviewing policies and procedures and developing training sessions for future team members.

### **H. The Role of the ACPHA Commission**

All sitting Commissioners are required to submit a completed Conflict of Interest form in advance of each Commission Meeting.

#### **1. The Role of the Reader**

To facilitate an in-depth review and discussion of the materials related to the visit at the Program, two members of the Commission are designated as readers for each program being considered for accredited status and for, if any, informational or progress reports and/or other reports the Commission has required of that Program.

The Commission Chair in conference with the Executive Director assigns the readers. The readers are designated "Primary" and "Secondary" to indicate the order of their responsibility and participation in presenting analysis and recommendations. The Primary

Reader should assume the responsibility for contacting the Secondary Reader in order to develop the joint recommendation(s) that will go to the Commission using the formal Readers Report. Readers use the [Reader's Report Template](#) and the [Post Grant of Accreditation Information Request Follow-up Report](#) to assure that their response is complete and impartial.

## **2. Reader/s of Programs Seeking Accredited or Renewal of Accredited Status**

Copies of all materials related to the Program's current review are forwarded to the readers in advance of the Commission meeting. These documents include the Site Visit Report and the Program's response to the Site Visit Report. Readers are asked to review these materials and complete the formal Readers Report. A motion for Commission action on the Program's accreditation is made based on the review of these documents along with any supporting evidence provided by the Program as a part of their response to the Site Visit Report. ACPHA does not solicit third party input on accreditation decisions.

At the Commission meeting, adequate time is set aside to review each report during Executive Session. During the review, any member of the Commission is recused if they participated in the visit or have any other conflict of interest.

The Readers will present a summary of their findings and recommendations using the Readers Report. They are expected to have framed in writing the following.

- a. A motion for Commission action on the Program's accreditation (i.e., grant, grant with stipulation(s), defer, show cause, or deny).
- b. A list of significant strengths and weaknesses of the Program that bear directly on the program's accredited status and are anchored to the Commission's standards if applicable.
- c. Specific areas of concern identified in the Site Visit Report for each standard that is not in compliance.

## **3. Procedure for Gathering Additional Information:**

When reviewing a response to Deferral of Accreditation or a Special Report, readers may find it helpful to review the most recent materials on file. The Primary Reader should contact the Executive Director to request the most recent information regarding the specific issues identified in the Readers Report.

## **4. Readers of Reports Required by the Commission**

For all special reports required by the Commission that are related to the continued accredited status, the original Primary Reader will review the additional report/submitted materials and make a recommendation for the Commission to either:

- a. accept or reject the report and notify the Program of the Commission's action or
- b. notify the Program that the report has been received and reviewed, but that additional information and/or visits are essential.

## **I. Appeals Process**

The Commission provides due process to programs claiming to be aggrieved by an action of the Commission. Appealable actions are denial of accreditation or termination of accreditation.

### **1. Grounds for Appeal**

An appeal of Commission action must be based on one or more of the following grounds.

- a. There were errors and omissions in carrying out prescribed procedures in the accreditation process.
- b. There was demonstrable bias or prejudice on the part of one or more members of the site visit team or the Commission that significantly affected the decision.
- c. The evidence before the Commission at the time of the decision was materially in error.
- d. The decision of the Commission was not supported by the facts or was contrary to the substantial weight of evidence before the Commission.

### **2. Time for Filing Appeal**

To exercise its right of appeal, the Program must file with the Commission a written notice of intention to appeal in accordance with Commission policy as noted.

- a. The notice of Intention to Appeal is to be submitted by the Program within thirty (30) calendar days after the date of notification of the action taken by the Commission.
- b. The notice of Intention to Appeal shall set forth in writing the specific grounds for the request, a statement of justification for each ground, and any other relevant statements or documents the Program desires to include.

### **3. Appointment of Appeals Board**

After the Commission receives a request to appeal a Commission decision on accreditation, an Appeals Board shall be appointed. Three persons or more will be designated as the Appeals Board from a list of five persons identified in advance to the Program. The list is selected by the ACPHA Executive Committee from current faculty, retired faculty, and educational administrators from those affiliated with ACPHA-accredited programs. The roster will normally be sent to the Program within twenty-one (21) days of appeal receipt. The Program may, within ten (10) days of receipt of the list, strike up to two persons from the list. The Commission will appoint the Chairperson of the Appeals Board. No member of the Appeals Board shall be a current member of the Commission.

### **4. The Hearing**

The Appeals Board shall meet at a time and place selected to allow the Program to make its presentation. Every effort will be made to schedule the hearing within ninety (90) days of receipt of the appeal request. Adequate time must be provided for presentations and careful deliberations. If the Program waives personal appearance, the matter will be handled solely on briefs submitted.

Appeal Board members will be provided with a copy of the Self-Study Report, the Site Visitation Report with appended program response, the letter of notification of the Commission action, and the request for a hearing, which states the grounds for the appeal. In addition, the Board shall have full access to all other documents and records filed with the Commission by the appellant program during the accreditation process.

Appeals are administrative, not judicial, hearings. Hearings on appeals are closed to the public. The parties to an appeal shall not have the right to cross-examine individuals such as the staff, members of the site-visit team, or members of the Appeals Board. The Board,

however, may request testimony from representatives of the appellant unit, the site-visit team, the Commission, and/or other witnesses whose statements are deemed by the Board to be potentially useful. Witnesses may present oral and written statements as authorized by the Board. The Appeals Board Chairperson may set a time limit on oral presentations and shall notify all affected parties of any time limit prior to the hearing.

During the hearing, the appellant unit and the Commission shall have the following rights.

- a. To be represented by person(s) of their choice.
- b. To present written or oral testimony in keeping with any time limitations on oral presentations that may be established by the Board.
- c. To receive a transcript and any related records of the hearing upon payment of cost of reproduction.
- d. To be present during the entire hearing. The Board's deliberations following conclusion of the hearing and its subsequent decision process will be conducted in private.

#### **5. Admissibility of New Evidence**

The program may submit new evidence (evidence not previously considered by the Commission) at the time it files material in support of its appeal. Any such new evidence must be identified as such and must be accompanied by a demonstration that the new evidence relates to:

- a. Any aspect of the Commission's decision that relied on issues or evidence on which the Program had not had an opportunity, in advance of the Commission's action, to make its position known and/or
- b. Facts that were in existence at the time of the Commission's actions and were relevant to any basis for the Commission's action but were not presented to the Commission due to unintentional mistake or misunderstanding by the Program.

The Appeals Board will decide whether any new evidence submitted should be considered in accordance with the standards set forth above. If the new evidence is then considered and the Board determines that the evidence shows or suggests that the Commission's decision should be reconsidered, the Board shall remand the matter for further Commission action.

#### **6. The Decision of the Board**

The Appeals Board has the authority to:

- a. Affirm the decision of the Commission or
- b. Remand the case to the Commission with recommendations for further consideration if it finds the appeal to have been well founded and/or justified.

#### **7. Report of the Board**

The Appeals Board shall prepare a report that cites and evaluates the evidence they consider relevant to the appeal and respond to each of the specific reasons cited by the Program in its request for appeal.

The Chairperson of the Appeals Board will submit a copy of the Board's report to the Program head and to the Chairperson of the Commission, normally within twenty-one (21) days of the hearing.

## **8. Final Action**

If the Appeals Board affirms the prior decision of the Commission, there is no further remedy available to the Program. The decision is final and the outcome is published as required.

If the Appeals Board remands the matter with recommendations for further consideration by the Commission, the matter shall be deemed to be finally disposed of when the Commission takes final action on the remand. The Commission Chairperson will notify the Program by certified mail of the Commission's final decision.

## **9. Accreditation Status during Appeal**

The Program retains its accreditation status until the appeal process has been completed.

## **10. Expenses of the Appeal**

All costs and expenses incurred by the Commission in providing for the Appeals Board appointment, the expenses incurred by Board members, the expenses incurred in the conduct of the hearing, and all other expenses in support of the completion of the appeals process shall be borne by the appellant unit. The appellant unit shall provide an initial deposit of \$2,500 to defray costs at the time the notice of intention to appeal is filed with the Commission. If expenses incurred exceed \$2,500, the appellant unit will be assessed the additional amount. If expenses are less than \$2,500, the difference will be refunded to the appellant unit.

## **J. Complaints against ACPHA**

The Commission is concerned with the integrity and performance consistent with ACPHA Standards and Policies. The policy below outlines the process by which a complaint can be filed against Applicant or Accredited Programs, Evaluators, Commission Members, or ACPHA staff.

While it cannot intervene in the internal procedures of institutions or programs or act as a regulatory body, the Commission can and does respond to complaints regarding allegations of conditions at accredited programs that raise significant questions about the Program's compliance with ACPHA Standards.

Complaints are considered only when submitted using the approved [ACPHA Complaint Form](#) available on the ACPHA website and when the complainant is clearly identified. In no event does the Commission respond to, or take action on, any unwritten or unsigned complaint or on any allegations concerning the personal lives of individuals connected with its affiliated programs. ACPHA assumes no responsibility for adjudicating isolated individual grievances, and will not act as a court of appeal in matters of admission, granting or transfer of academic credit, fees, student discipline, collective bargaining, faculty appointments, promotion, tenure and dismissals or similar matters, unless a specific complaint, in the Commission's judgment, is related directly and substantively to the quality or conduct of the educational program.

Substantial evidence must be included in support of an allegation that the Program is in violation of Commission standards stated as relevant and provable facts. The complainant must demonstrate that a serious effort has been made to pursue all review procedures provided within the Program and Institution. If the Commission ascertains that a complainant has instituted litigation against the Program or Institution, no action will be taken on the complaint while the matter is under judicial consideration.

## ***Complaints against Applicant and Accredited Programs***

### **1. Purpose of Complaint Procedure**

- a. The Commission will review in a timely manner any complaint that sets forth information or allegations that reasonably suggest that a program may not be in compliance with ACPHA standards or requirements.
- b. Where issues of educational quality, compliance with ACPHA standards, or items that are not central to the complaint, the Commission will refer the complaint and/or the complainant to the appropriate federal or state agency or private entity with jurisdiction over the subject matter of the complaint or special expertise and authority in the matter. At the Commission's discretion, it will provide a copy of the complaint referral to the Program.
- c. The Commission will not intervene on behalf of individuals in cases of disciplinary action or dismissal or review decisions in such matters as admission, graduation, fees, and similar points unless the context suggests unethical or unprofessional actions that seriously impair or disrupt the educational services of an applicant or an accredited program.

### **2. Parties Who May File a Complaint**

A complaint may be filed by any party who has good reason to believe that an accredited program or an initial applicant program is not in compliance with ACPHA standards or requirements including, but not limited to, students and former students of the Program, prospective students, governmental agencies, members of the public, and other accredited programs.

### **3. Filing and Content of a Complaint**

- a. All complaints considered by the Commission must be received in writing utilizing the [ACPHA Complaint Form](#).
- b. In order for a complaint to be processed, the complaint should contain:
  - i. The basis for any allegation of noncompliance with ACPHA standards or requirements;
  - ii. All relevant names and dates and a brief description of the actions forming the basis of the complaint;
  - iii. Copies of any documents or materials that support the allegations, when release is available; and
  - iv. A release from the complainant(s) authorizing the Commission to forward a copy of the complaint, including the identification of the complainant(s), to the Program, which is accomplished by fully completing the Complain Form.

### **4. Processing a Complaint**

- a. The Commission will acknowledge the receipt of a complaint filed in accordance with this section of the Policy and Procedure Manual to the complainant in writing within ten (10) days.
- b. The Commission will conduct an initial review of the complaint to determine whether the complaint sets forth information or allegations that reasonably suggest that a program may not be in compliance with ACPHA standards or requirements.
  - i. If additional information or clarification is required, the Commission will send a request to the complainant. If the requested information is not received within 30 days, the complaint may be considered abandoned and not investigated by ACPHA.

- ii. If the Commission determines after the initial review of the complaint that the information or allegations do not reasonably suggest that a program may not be in compliance with ACPHA standards or requirements, the complaint may be considered closed and not investigated by ACPHA. The Commission, at its discretion, may provide a copy of the complaint to the Program.
- iii. If the Commission determines after the initial review of the complaint that the information or allegations reasonably suggest that a program may not be in compliance with ACPHA standards or requirements and otherwise meets the requirements of this section:
  - a) The Commission will forward the complaint to the Program named in the complaint and will summarize the allegations, identify the ACPHA standards or requirements that the Program allegedly violated, and allow the Program an opportunity to respond.
  - b) In the event that there is a pending on-site evaluation at the Program, the on-site evaluation team and the Program may be made aware of the complaint at any stage in this process.
  - c) In all instances, the Commission will take the Program's response to the complaint into consideration prior to rendering a decision.
  - d) Whenever a complaint indicates that the Program may be in violation of accrediting standards or requirements, the matter may be forwarded to the Commission for independent consideration or for consideration in conjunction with any other accreditation matter pending before the Commission.
- c. Whenever a complaint alleges substantial violations of accrediting standards and other requirements such that expedited review is warranted, the matter may be forwarded to the Executive Committee of ACPHA, which may take appropriate action. Any complaints so referred must meet the requirements set forth in this section.
- d. The Commission may, at any time, request additional information from the complainant or the Program that is deemed to be necessary for the resolution of the complaint. A reasonable time limit for replying to such requests may be imposed, and the Commission may not consider information that is not submitted in a timely fashion.

### **5. Taking Action on a Complaint**

- a. If the Commission concludes after reviewing the Program's response that the allegations establish noncompliance with ACPHA standards or requirements, the Commission can take any action set forth in its standards and practices.
- b. If the Commission concludes after reviewing the Program's response that the allegations do not establish noncompliance with ACPHA standards or requirements, the Commission will consider the matter of the complaint closed.
- c. The issues raised by a complaint that have been closed by the Commission will not be subject to further review or reconsideration unless there are subsequent complaints.
- d. The complaint against the Program raise new issues or suggest a pattern of noncompliance with ACPHA standards or requirements not evident from the consideration of the previously closed complaint.
- e. The Commission will inform complainants periodically of the status of pending complaints as well as the final resolution by the Commission. The Commission will send a letter describing the Commission's conclusion to the complainant and to the Program.

- f. The Commission maintains a record of each complaint in the Program's file at the Commission's office in accordance with established record-keeping policies.

## **6. Reporting of Complaint Activity to the Commission**

At each Commission meeting, the Commission receives a report containing the number of complaints received since the previous Commission meeting, the status of these complaints, and a breakdown of the types of complaints received.

## **7. Information from the United States Department of Education or Other Government Entities**

The Commission will review all information about an ACPHA-accredited program received from the U.S. Department of Education or other government agency and where that information suggests any possible area of noncompliance with accreditation standards or requirements, the Commission will initiate a process in conformity with its standards and practices.

### ***Complaints against ACPHA Team Members***

If the Commission receives a formal written complaint from a program regarding a site-visit team member, the team member will be notified and given a copy of the complaint. The team member will be given an opportunity to respond to the complaint; however, a response is optional. The complaint and any response will be reviewed by the Commission, in the absence of the individual against whom the complaint was lodged, to determine the ongoing eligibility of the site-visit team member to participate in future site-visits. The team member will be notified of any resulting decision relative to continued eligibility.

### ***Complaints against ACPHA, ACPHA Commission, ACPHA Commissioner(s), or Professional Staff Members***

The Commission provides due process to complainants claiming to be aggrieved by an action of the Commission, individual Commissioner(s), or ACPHA professional staff. *Note: This complaint process is not an appeal process and may not be used to request the Commission to reconsider a prior Commission action or to reinstate a program's accreditation.*

## **Complaints Against the Commission or Professional Staff Process**

### **1. Grounds for Complaint**

A complaint against the ACPHA Commission, individual Commissioner(s), or professional staff must be based on one or more of the following grounds.

- a. Violation of stated ACPHA policies.
- b. Demonstrable bias or prejudice on the part of the Commission or one or more Commissioners that significantly affected the decision.
- c. Demonstrable unethical behavior.
- d. Demonstrable illegal behavior.

### **2. Filing the Complaint**

Complaints are considered only when submitted using the approved [ACPHA Complaint Form](#) available on the ACPHA website upon which the complaint is clearly identified. In no event does the Commission respond to, or take action on, any unwritten or unsigned complaint or on any allegations concerning the personal lives of individuals connected with the appeal. Substantial evidence must be included in support of the complaint including the specific grounds for the request, a statement of justification for each ground, and any other



relevant statements or documents the program desires to include. The Complaint must be filed within one year of the aggrieved action.

If the formal written complaint is regarding the conduct of an ACPHA Commissioner or a staff member, the Commissioner or staff member will be notified and given a copy of the complaint. The Commissioner or staff member will be given an opportunity to respond to the complaint; a response is optional.

### **3. Appointment of Complaint Committee**

After the Commission receives the complaint, a Complaint Committee shall be appointed. Three persons or more will be designated as the Complaint Committee from a list of five persons identified in advance to the Complainant. The list is selected by the ACPHA Executive Committee from current faculty, retired faculty, educational administrators from those affiliated with ACPHA-accredited programs, and industry. The roster will normally be sent to the complainant within twenty-one (21) days of appeal receipt. The complainant may, within ten (10) days of receipt of the list, strike up to two persons from the list. The Commission will select the Committee members from those remaining on the proposed list and appoint the Chairperson of the Complaint Committee. No member of the Complaint Committee shall be a current member of the Commission.

### **4. Review of the Formal Complaint**

The Complaint Committee shall meet at a time, place, and manner to allow for the review of the written complaint and the deliberations on the complainant's allegations. Every effort will be made to schedule a meeting of the Committee within ninety (90) days of receipt of the written complaint. Adequate time must be provided for review, discussion, and careful deliberations by the Committee. *The Complaint Committee's work is an administrative, not judicial, hearing. Review of complaints are closed to the public.*

### **5. Decision of the Board**

The Complaint Committee has the authority to:

- a. Affirm all or part of the complaint
- b. Deny the complaint

### **6. Report of the Board**

The Complaint Committee shall prepare a report that cites and evaluates the evidence they consider relevant to the complaint and respond to each of the specific reasons cited by the complainant.

The Chairperson of the Complaint Committee will submit a copy of the Committee's report to the complainant and to the Chairperson of the Commission or designee, normally within twenty-one (21) days of the Complaint Committee meeting.

### **7. Final Action**

The Commission Chairperson will notify the complainant by certified mail of the Commission's final decision.

If the Complaint Committee denies the complaint, there is no further remedy available to the complainant within the ACPHA complaint process.

If the Complaint Committee affirms all or part of the complaint, ACPHA will take appropriate action.

- a. Complaint against an ACPHA professional will be addressed by the Commission
- b. Complaint against individual Commissioner(s) will be addressed by the remaining Commission members
- c. Complaint against the Commission as a whole will be facilitated by an independent consultant, agreeable to both parties of the complaint, to address issues found.