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INTRODUCTION

The American Council on Pharmaceutical Education (ACPE) is the national agency for accreditation of professional degree programs in pharmacy and for accreditation of providers of continuing pharmaceutical education. The ACPE was established in 1932 for accreditation of pre-service education and in 1975 its scope of activity was broadened to include accreditation of providers of continuing pharmaceutical education.

The Council is an autonomous agency whose Board of Directors is derived through the American Association of Colleges of Pharmacy (AACP), the American Pharmaceutical Association (APhA), the National Association of Boards of Pharmacy (NABP) (three appointments each), and the American Council on Education (ACE) (one appointment). The Board of Directors, which has authority for management of corporate affairs, is responsible for establishing policies and procedures, setting standards for accreditation of professional programs of colleges and schools of pharmacy as well as criteria for accreditation of providers of continuing pharmaceutical education, and taking actions concerning accreditation.

A Public Interest Panel, which consists of at least two representatives of the public, participates in the accreditation process in an advisory capacity. The ACE appointee as well as the members of the Public Interest Panel are neither members of the profession nor are they involved in pharmaceutical education, thereby assuring a public perspective in policy and decision making processes.

The American Foundation for Pharmaceutical Education, a philanthropic foundation dedicated to the improvement of the quality of pharmaceutical education, provides a substantial portion of the operational budget of the Council through an annual grant. The AACP, APhA, and NABP provide professional and financial support to the work of the ACPE; however, these organizations are not members of the ACPE nor do their appointees serve as delegates of these organizations. Fees are charged to the colleges and schools of pharmacy to defray travel and to assist in sustaining the accreditation program. The organizational structure assures the integrity of the accreditation program through responsive, responsible, and autonomous operation.

Recognition. The ACPE is recognized for the accreditation and preaccreditation (precandidate and candidate status) of professional programs in pharmacy by the Secretary of Education, United States Department of Education. ACPE accreditation serves to establish eligibility for participation in a variety of federally-funded programs (not including eligibility for Title IV Programs, Higher Education Act, 1965, as amended).
BOARD OF DIRECTORS

Barbara F. Brandt
Associate Professor of Pharmacy Practice
University of Kentucky College of Pharmacy
Lexington, KY ................................................................. June 30, 2006

Paul G. Boisseau
Executive Secretary
New Hampshire Board of Pharmacy
Concord, NH ................................................................. June 30, 2006

Judith S. Christensen
Clinical Pharmacy Utilization Specialist
Munson Medical Center
Traverse City, MI ............................................................. June 30, 2002

Dennis K. Helling
Pharmacy Operations Director
Kaiser Permanente, Rocky Mountain Division
Aurora, CO ................................................................. June 30, 2004

John R. Johannes
Professor of Political Sciences and Vice President for Academic Affairs
Villanova University
Villanova, PA ............................................................. June 30, 2004

Mary Anne Koda-Kimble
Professor, Department of Clinical Pharmacy and Dean
University of California, San Francisco School of Pharmacy
San Francisco, CA ............................................................. June 30, 2004

H. W. “Ted” Matthews
Professor of Pharmaceutical Sciences and Dean
Mercer University Southern School of Pharmacy
Atlanta, GA ................................................................. June 30, 2002

W. Whitaker Moose
North Carolina Board of Pharmacy
Mount Pleasant, NC ............................................................. June 30, 2004

Robert J. Osterhaus
Osterhaus Pharmacy, Inc.
Maquoketa, IA ................................................................. June 30, 2002

Terry A. Short
Director of Professional Services
CVS Corporation
Woonsocket, RI ................................................................. June 30, 2006
PUBLIC INTEREST PANEL

Sandra Branda
Glen Ellyn, IL.................................................................December 2005

Stephen Dome
Glen Ellyn, IL.................................................................December 2005

Joal M. Hill
Chicago, IL.................................................................January 2005

2000 OFFICERS

Robert J. Osterhaus, President
Judith S. Christensen, Vice President
H. W. “Ted” Mathews, Secretary-Treasurer

PROFESSIONAL STAFF

Executive Director
Peter H. Vlasses

Executive Director Emeritus and Senior Fellow
Daniel A. Nona

Executive Associate Director, Professional Degree Program Accreditation
Jeffrey W. Wadelin

Executive Assistant Directors
Ulric K. Chung
Dimitra Vrahnos Travlos
Dawn G. Zarembski

Assistant Director, Administrative Services
Sharon L. Hudson
## HISTORY OF APPOINTMENTS TO THE ACPE BOARD OF DIRECTORS

### Appointed by the American Association of Colleges of Pharmacy

<table>
<thead>
<tr>
<th>Year</th>
<th>Appointee</th>
<th>Year</th>
<th>Appointee</th>
<th>Year</th>
<th>Appointee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1946-52</td>
<td>Glenn L. Jenkins</td>
<td>1937-41</td>
<td>C.B. Jordan</td>
<td>1948-56</td>
<td>B.V. Christensen</td>
</tr>
<tr>
<td>1958-64</td>
<td>Louis C. Zopf</td>
<td>1948-54</td>
<td>Troy C. Daniels</td>
<td>1962-68</td>
<td>Loyd M. Parks</td>
</tr>
<tr>
<td>1970-76</td>
<td>Donald C. Brodie</td>
<td>1960-66</td>
<td>Linwood F. Tice</td>
<td>1974-80</td>
<td>Warren E. Weaver</td>
</tr>
<tr>
<td>1982-85</td>
<td>Lawrence C. Weaver</td>
<td>1972-78</td>
<td>Varro E. Tyler</td>
<td>1986-92</td>
<td>William J. Kinnard</td>
</tr>
<tr>
<td>2000-06</td>
<td>Barbara F. Brandt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Appointed by the National Association of Boards of Pharmacy

<table>
<thead>
<tr>
<th>Year</th>
<th>Appointee</th>
<th>Year</th>
<th>Appointee</th>
<th>Year</th>
<th>Appointee</th>
</tr>
</thead>
</table>

### Appointed by the American Pharmaceutical Association

<table>
<thead>
<tr>
<th>Year</th>
<th>Appointee</th>
<th>Year</th>
<th>Appointee</th>
<th>Year</th>
<th>Appointee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940-63</td>
<td>Robert P. Fischel</td>
<td>1943-54</td>
<td>L.D. Bracken</td>
<td>1945-62</td>
<td>George D. Beal</td>
</tr>
<tr>
<td>1963-64</td>
<td>Geo. F. Archambault</td>
<td>1955-60</td>
<td>L.L Riggs</td>
<td>1962-64</td>
<td>John E. Preston</td>
</tr>
<tr>
<td>1972-82</td>
<td>Mary M. Runge</td>
<td>1969-78</td>
<td>Clifton J. Latiolais</td>
<td>1968-76</td>
<td>David J. Krigstein</td>
</tr>
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</table>

### Appointed by the American Council on Education

<table>
<thead>
<tr>
<th>Year</th>
<th>Appointee</th>
<th>Year</th>
<th>Appointee</th>
<th>Year</th>
<th>Appointee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1959-64</td>
<td>Herbert Longenecker</td>
<td>1978-82</td>
<td>Evelyn E. Handler</td>
<td>1982-89</td>
<td>Rosemary Schraer</td>
</tr>
<tr>
<td>1989-98</td>
<td>Ellen E. Chaffee</td>
<td>1998-04</td>
<td>John R. Johannes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### HISTORY OF OFFICERS AND PROFESSIONAL STAFF OF THE ACPE

<table>
<thead>
<tr>
<th>President</th>
<th>Vice President</th>
<th>Secretary-Treasurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1932-44</td>
<td>E.F. Kelly</td>
<td>1932-48</td>
</tr>
<tr>
<td>1945-48</td>
<td>P.H. Costello</td>
<td>1948-62</td>
</tr>
<tr>
<td>1948-62</td>
<td>George D. Beal</td>
<td>1962-81</td>
</tr>
<tr>
<td>1962-63</td>
<td>R.P. Fischelis</td>
<td>1981-86</td>
</tr>
<tr>
<td>1964-69</td>
<td>Wm. S. Apple</td>
<td>1986-90</td>
</tr>
<tr>
<td>1969-72</td>
<td>Charles F. Dahl</td>
<td>1990-92</td>
</tr>
<tr>
<td>1972-74</td>
<td>D.J. Krigstein</td>
<td>1992-96</td>
</tr>
<tr>
<td>1974-78</td>
<td>Varro E. Tyler</td>
<td>1996-98</td>
</tr>
<tr>
<td>1978-82</td>
<td>Max Eggleston</td>
<td>1998-00</td>
</tr>
<tr>
<td>1982-86</td>
<td>Grover C. Bowles</td>
<td></td>
</tr>
<tr>
<td>1986-92</td>
<td>John H. Vandel</td>
<td>2000-</td>
</tr>
<tr>
<td>1992-96</td>
<td>Harold N. Godwin</td>
<td></td>
</tr>
<tr>
<td>1996-98</td>
<td>Michael E. Hart, Jr.</td>
<td></td>
</tr>
<tr>
<td>1998-00</td>
<td>John W. Mauger</td>
<td></td>
</tr>
<tr>
<td>2000-</td>
<td>Robert J. Osterhaus</td>
<td></td>
</tr>
</tbody>
</table>

### Director of Educational Relations

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1949-50</td>
<td>Edward C. Elliott*</td>
</tr>
<tr>
<td>1950-52</td>
<td>Richard A. Deno</td>
</tr>
<tr>
<td>1952-74</td>
<td>Melvin W. Green**</td>
</tr>
<tr>
<td>1974-75</td>
<td>Daniel A. Nona</td>
</tr>
</tbody>
</table>

### Executive Director

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1975-00</td>
<td>Daniel A. Nona***</td>
</tr>
<tr>
<td>2000-</td>
<td>Peter H. Vlasses</td>
</tr>
</tbody>
</table>

### Executive Associate Director

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1983-88</td>
<td>W. Robert Kenny</td>
</tr>
<tr>
<td>1989-</td>
<td>Jeffrey W. Wadelin</td>
</tr>
<tr>
<td>1995-97</td>
<td>Carl K. Buckner</td>
</tr>
<tr>
<td>1995-00</td>
<td>Kimberly K. Werner</td>
</tr>
</tbody>
</table>

### Executive Assistant Director

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1975-79</td>
<td>Alan L. Granat</td>
</tr>
<tr>
<td>1979-81</td>
<td>Roxie R. Smith</td>
</tr>
<tr>
<td>1981-83</td>
<td>W. Robert Kenny</td>
</tr>
<tr>
<td>1987-90</td>
<td>K.M. Schnobrich</td>
</tr>
<tr>
<td>1991-95</td>
<td>Kimberly K. Werner</td>
</tr>
<tr>
<td>1998-99</td>
<td>Mary Ellen Bonk</td>
</tr>
<tr>
<td>1998-</td>
<td>Dimitra Vrahnos</td>
</tr>
<tr>
<td>1999-</td>
<td>Ulric K. Chung</td>
</tr>
<tr>
<td>2000-</td>
<td>Dawn G. Zarembski</td>
</tr>
</tbody>
</table>

* Acting Director (1949-50)
** Director Emeritus (1974-91)
*** Director Emeritus (2000- )
ARTICLES OF INCORPORATION

OF THE

AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION, INC.

Article 1

The name of the corporation is the American Council on Pharmaceutical Education, Inc.

Article 2

The name and address of the initial registered agent and registered office is:

Daniel A. Nona
20 North Clark Street, Suite 2500
Chicago, Illinois 60602

Article 3

The number and terms of office of the Board of Directors shall be determined by the Board of Directors. The first Board of Directors shall be ten (10) in number, their names, addresses and terms of office being as follows:

<table>
<thead>
<tr>
<th>Member:</th>
<th>Address:</th>
<th>Term Expires:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Robert K. Chalmers</td>
<td>2824 Henderson Avenue</td>
<td>June 30, 1990</td>
</tr>
<tr>
<td></td>
<td>West Lafayette, IN 47906</td>
<td></td>
</tr>
<tr>
<td>Mr. Jack L. Coffey</td>
<td>1917 N. Minnesota</td>
<td>June 30, 1990</td>
</tr>
<tr>
<td></td>
<td>Shawnee, OK 74801</td>
<td></td>
</tr>
<tr>
<td>Dr. Jack R. Cole</td>
<td>7522 E. Knollwood Drive</td>
<td>June 30, 1994</td>
</tr>
<tr>
<td></td>
<td>Tucson, AZ 85715</td>
<td></td>
</tr>
<tr>
<td>Mr. Leonard J. DeMino</td>
<td>11712 Dinwiddie Drive</td>
<td>June 30, 1990</td>
</tr>
<tr>
<td></td>
<td>Rockville, MD 20852</td>
<td></td>
</tr>
<tr>
<td>Mr. Harold N. Godwin</td>
<td>10112 West 98th Street</td>
<td>June 30, 1994</td>
</tr>
<tr>
<td></td>
<td>Overland Park, KS 66212</td>
<td></td>
</tr>
<tr>
<td>Mr. Michael E. Hart, Jr.</td>
<td>707 Sunshine Court</td>
<td>June 30, 1994</td>
</tr>
<tr>
<td></td>
<td>Forest Lake, MN 5502</td>
<td></td>
</tr>
</tbody>
</table>
Article 4

The Corporation is organized for the purpose of promoting or encouraging educational, research, and scientific activities, including but not limited to:

A. To organize and operate a corporation exclusively for educational and other non-profitable purposes, with no part of the net earnings of the Corporation to inure to the benefit of any director.

B. To formulate the educational, scientific, and professional principles and standards which an accredited professional program of a college or school of pharmacy or an accredited provider of continuing pharmaceutical education will be expected to meet and maintain.

C. To revise these principles and standards when deemed necessary or advisable.

D. To evaluate the professional program(s) of any college or school of pharmacy and any provider of continuing pharmaceutical education that requests accreditation of this corporation.

E. To publish a directory of accredited professional programs of colleges and schools of pharmacy and a directory of accredited providers of continuing pharmaceutical education, and to revise such directories annually or as frequently as deemed necessary.

F. To satisfy itself that the accredited professional programs of colleges and schools of pharmacy and the accredited providers of continuing pharmaceutical education maintain the proper standards through evaluation of all such professional programs and providers of continuing pharmaceutical education at regular intervals or at such other times as may be deemed advisable; and to withdraw the accreditation of any professional program of a college or school or the accreditation of a provider of continuing pharmaceutical education that fails to maintain the standards formulated by the Corporation.

G. To assist in the advancement and improvement of pharmaceutical education as well as prerequisites and procedures for licensure.
Article 5

The Board of Directors shall promulgate such bylaws as it shall from time to time determine, provided that no such bylaw be in conflict with any of the terms and conditions of these articles.

Article 6

A. The Corporation is organized exclusively for charitable, educational, and scientific objectives and purposes and may for such objectives and purposes make distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law).

B. In furtherance of its stated charitable, educational, and scientific objectives and purposes, but not for any other objectives or purposes, the Corporation may exercise the following powers to the extent permitted by law:

1. To receive, accept, hold, and administer funds exclusively for such objectives and purposes and, to that end, to take and receive by request, devise, gift, benefit or trust, any property, real, personal, tangible or intangible, wheresoever located;

2. To purchase, otherwise acquire, construct upon or lease any property, real or personal, tangible or intangible, including but not limited to securities and secured obligations of any nature whatsoever, wherever located;

3. To hold, sell, lease, convey and otherwise dispose of any property so received, purchased, constructed or otherwise acquired, and invest and reinvest the principal thereof, and invest and reinvest the income therefrom; to add any such income to principal, and to deal with, use, expend, convey, donate, assign or otherwise transfer the property of the Corporation, whether principal or income, exclusively for its objectives and purposes; to hold uninvested all or any part of its funds for such length of time as may be necessary or desirable to carry out such objectives and purposes;

4. To exercise its rights, powers, and privileges by holding meetings of its Board of Directors, keeping its books, employing personnel, and establishing one or more offices, branches, subdivisions or agencies in any part of the United States of America or elsewhere; and

5. To do everything and anything reasonable and lawfully necessary, proper, suitable, or convenient to achieve its stated objectives and purposes.

C. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its directors, trustees, officers, or other private persons, 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 Article 4 hereof. No substantial part of the activities of the Corporation shall be the dissemination of propaganda, or other attempts to influence legislation, nor shall the Corporation participate in, nor intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law).

D. Upon the dissolution of the Corporation, the Board of Directors shall, after paying and making provision for the payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation to such organization or organizations organized and operated exclusively for charitable, educational, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law), as the Board of Directors shall determine.
Article 7

These Articles of Incorporation may be altered, amended or repealed by the Board of Directors upon the affirmative vote of two-thirds (2/3) of the total number of the Board of Directors.

The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

__________________________
August 12, 1988
John H. Vandel, President        Date

2041 Main Street
Torrington, WY 82240

ACPE CORPORATE SEAL
BY-LAWS OF THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

ARTICLE I. OFFICES

The Corporation shall maintain in the State of Illinois a registered office and a registered agent and may have other offices within or without the state.

ARTICLE II. BOARD OF DIRECTORS

Section 1. General Powers. The business, property and affairs of the Corporation shall be managed by its Board of Directors.

Section 2. Number, Tenure and Qualifications.

(A) The number of directors shall be ten (10), or such other number as the Board of Directors may from time to time establish by amendment to these bylaws as permitted by law. Each director's term of office shall be six (6) years. Each director shall serve until the completion of his or her term of office and the appointment of a successor, until his or her death, or until he or she resigns or is removed from office as provided for herein, whichever shall first occur.

(B) The Board of Directors shall be appointed by the following organizations:

1. The American Pharmaceutical Association
   three (3) directors
2. The National Association of Boards of Pharmacy
   three (3) directors
3. The American Association of Colleges of Pharmacy
   three (3) directors
4. The American Council on Education
   one (1) director

(C) The terms of office of the directors may be staggered

Section 3. Regular Meetings. A regular annual meeting of the Board of Directors shall be held in January. The Board may schedule such additional regular meetings as it shall from time to time determine. Regular meetings shall be held at such time and at such place as the Board of Directors may provide by resolution without other notice than such resolution.

Section 4. Special Meetings. Special meetings of the Board of Directors may be called by or at the request of the president or any six directors. The person or persons authorized to call special meetings of the Board may fix any place as the place for holding any special meeting of the Board called by them.
Section 5. Telephonic Meetings. Directors may act at any meeting of the Board through the use of telephone or other communication equipment by means of which all persons participating in the meeting can communicate with each other. Participation in such meeting shall constitute attendance and presence in person at the meeting.

Section 6. Notice.

(A) Notice of regular meetings shall be mailed to each director at his or her address as shown by the records of the Corporation at least ten (10) days prior to the date fixed for such meeting. Notice of any special meeting of the Board of Directors shall be given at least five (5) days previous thereto by written notice to each director at his or her address as shown by the records of the Corporation, unless otherwise provided in these bylaws. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage prepaid. If notice be given by telegram, such notice shall be deemed to be delivered when the telegram is delivered to the telegraph company. Notices may be signed by any officer or by the Executive Director on behalf of any such officer.

(B) Whenever any notice is required to be given under the provisions of the General Not For Profit Corporation Act of Illinois or under the provisions of the Articles of Incorporation or these Bylaws, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

Section 7. Action by Unanimous Consent. If and when the directors shall unanimously consent in writing to any action to be taken by the Corporation, such action shall be valid corporate action as though it had been authorized at a meeting of the Board of Directors.

Section 8. Quorum. A majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board, provided that if less than a majority of the directors are present at a meeting, a majority of the directors present may adjourn the meeting to another time without further notice, unless such meeting is scheduled to commence more than ten (10) days after adjournment, in which event notice shall be given as required in Section 6.

Section 9. Manner of Acting. The act of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless the act of a greater number is required by statute or by these bylaws.

Section 10. Vacancies.

(A) Any vacancy occurring, for any reason, in the Board of Directors shall be filled through an appointment of a successor director by the organization which originally selected such director, except as otherwise provided in Section 10 (b) of this article. In the event that a vacancy shall continue in excess of six months, the Board of Directors of ACPE, Inc. shall fill such vacancy. A director selected to fill a vacancy shall serve for the unexpired term of his or her predecessor in office.
Any vacancy occurring in the Board of Directors to be filled by reason of an increase in the number of directors shall be filled by the Board of Directors or by other means as may be established by amendment to these bylaws.

Section 11. Compensation. Directors shall not receive any compensation for their services, but any reasonable expenses incurred by the directors in the official conduct of the business of the Corporation shall be paid by the Corporation.

ARTICLE III. OFFICERS

Section 1. Officers. The officers of the Corporation shall be a President, a Vice President, and a Secretary/Treasurer.

Section 2. Election and Terms of Office. The officers of the Corporation shall be elected annually by the Board of Directors at the regular annual meeting of the Board of Directors. If the election of officers is not held at such meeting, such election shall be held as soon thereafter as conveniently possible. Vacancies may be filled or new offices created and filled at any meeting of the Board of Directors. Each officer shall hold office until his or her successor shall have been duly elected and shall have qualified, until his or her death, or until he or she shall resign or shall have been removed from office in the manner hereinafter provided.

Section 3. Eligibility. Only members of the Board of Directors may serve as officers of the Corporation.

Section 4. President. The president shall be the principal elected officer of the Corporation. Subject to the direction and control of the Board of Directors, the president shall be in charge of the business and affairs of the Corporation; the president shall see that the resolutions and directives of the Board of Directors are carried into effect except in those instances in which that responsibility is assigned to some other person by the Board of Directors; and, in general, the president shall discharge all duties incident to the office of president and such other duties as may be prescribed by the Board of Directors. The president shall preside at all meetings of the Board of Directors. Except in those instances in which the authority to execute is expressly delegated to another officer or agent of the Corporation or a different mode of execution is expressly prescribed by the Board of Directors or these bylaws, he or she may execute for the Corporation any contracts, deeds, mortgages, bonds, or other instruments which the Board of Directors has authorized to be executed, and he or she may accomplish such execution either under or without the seal of the Corporation and either individually or with the secretary/treasurer, or any other officer thereunto authorized by the Board of Directors, according to the requirements of the form of the instrument.

Section 5. Vice President. In the absence of the president or in the event of his or her inability or refusal to act, the vice president shall perform the duties of the president and when so acting shall have all the powers of and be subject to all the restrictions upon the president.

Section 6. Secretary/Treasurer. The secretary/treasurer shall record the minutes of all meetings of the Board of Directors, see that all notices are duly given in accordance with the provisions of these bylaws or as required by law, be custodian of the corporate records and of the seal of the Corporation, keep a register of the post office address of each member which shall be furnished to the secretary/treasurer by such member, and perform all duties incident to the office of secretary.
The secretary/treasurer shall be the principal accounting and financial officer of the corporation. The secretary/treasurer shall:

(A) have charge of and be responsible for the maintenance of adequate books of account for the corporation,

(B) have charge of and be responsible for all funds and securities of the corporation, including their receipt and disbursement, and

(C) perform all the duties incident to the office of the treasurer.

Section 7. Power to Appoint other Officers and Agents. The Board of Directors shall have power to appoint administrative staff officers, including an Executive Director who shall be the chief executive officer, and other agents, such as evaluation team members and consultants, as the Board may deem necessary for transaction of the business of the Corporation.

ARTICLE IV. REMOVAL OF DIRECTORS OF OFFICERS

Any director or officer may be removed by the Board of Directors by the affirmative vote of two-thirds (2/3) of the total members of the Board whenever in the Board's judgment the best interests of the Corporation would be served thereby. Removal may be considered at any regular or special meeting of the Board of Directors provided at least ten (10) days written notice is given to the Board summarizing the reason or reasons for consideration of such removal.

ARTICLE V. PUBLIC INTEREST PANEL

The Board of Directors shall appoint a Public Interest Panel comprised of not less than two (2) representatives of the public to assist in the work of the Council. Appointments to the Panel shall be for one non-renewable five-year term.

ARTICLE VI. NON-DISCRIMINATION POLICY

Directors, administrative staff officers, Public Interest Panel members, evaluation team members, and consultants shall be selected in accordance with nondiscriminatory practices.

ARTICLE VII. BONDS

The Board of Directors may require any director, officer, administrative staff officer, agent or employee of the Corporation to give to the Corporation for the faithful discharge of his or her duties, a bond, in such amount, in such conditions, and with such surety or sureties, as may be required by the Board.
ARTICLE VIII. INDEMNIFICATION OF OFFICERS, DIRECTORS AND EMPLOYEES

Section 1. The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, administrative or investigative (other than an action by or in the right of the Corporation) by reason of the fact that he or she is or was a director, officer or employee of the Corporation, against expenses (including attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by him or her in connection with such action, suit or proceeding if he or she acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the Corporation.

Section 2. To the extent that a director, officer or employee of the Corporation has been successful on the merits or otherwise in defense of any action, suit or proceeding referred to in Section 1, or in defense of any claim, issue or matter therein, he shall be indemnified against expenses (including attorney's fees) actually and reasonably incurred by him or her in connection therewith.

Section 3. Any indemnification under Sections 1 and 2 (unless ordered by the court) shall be made by the Corporation only as authorized in the specific case upon a determination that indemnification of the director, officer or employee is proper in the circumstances because he or she has met the applicable standard of conduct set forth in Sections 1 and 2.

Such determination shall be made:

(A) by the Board of Directors by a majority vote of a quorum consisting of directors who were not parties to such action, suit or proceeding, or

(B) if such a quorum is not obtainable, or even if obtainable, a quorum of disinterested directors so directs or by independent legal counsel in a written opinion.

ARTICLE IX. BUDGET, CONTRIBUTIONS, AND FINANCIAL REPORTING

Section 1. Budget. The Board of Directors shall approve a budget annually at its regular annual meeting. The secretary/treasurer shall prepare a proposed budget for consideration by the Board.

Section 2. Contributions. The funds to meet the budget and other expenses shall be provided by annual contributions from the American Association of Colleges of Pharmacy, the American Pharmaceutical Association, and the National Association of Boards of Pharmacy, by fees, and by contributions from other sources interested in promoting the objectives and purposes of the Corporation.

Section 3. Financial Report. The secretary/treasurer shall submit annually to the Board of Directors a detailed account of all receipts and disbursements. A financial report shall be sent to the American Pharmaceutical Association, the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy, and the American Council on Education and be made available upon request to other interested parties and the public.
ARTICLE X. CONTRACTS, CHECKS, DEPOSITS AND FUNDS

Section 1. Contracts. The Board of Directors may authorize any officer or officers, administrative staff officer or officers, agent or agents of the Corporation, in addition to the officers so authorized by these bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation; such authority may be general or confined to specific instances.

Section 2. Deposits. All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks, trust companies, or other depositories as may be selected by such officer or officers, administrative staff officer or officers of the Corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors.

Section 3. Checks, Drafts, etc. All checks, drafts, other orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the Corporation shall be signed by such officer or officers, administrative staff officer or officers of the Corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors.

Section 4. Gifts. The Board of Directors may accept on behalf of the Corporation any contribution, gift, bequest, or devise for the general purposes or for any special purpose of the Corporation.

ARTICLE XI. SEAL

The corporate seal shall have inscribed thereon the name of the Corporation and the words "Corporate Seal, Illinois."

ARTICLE XII. AMENDMENTS

Section 1. Power to Amend. The power to alter, amend, or repeal the bylaws or adopt new bylaws shall be vested in the Board of Directors. Such action may be taken at a regular or special meeting for which written notice of the purpose shall be given. The bylaws may contain any provisions for the regulation and management of the affairs of the Corporation not inconsistent with law or the Articles of Incorporation.

Section 2. Required Vote. Any amendment to these bylaws shall require a two-thirds (2/3) affirmative vote of the total number of the Board of Directors.
INTRODUCTION TO THE PROFESSIONAL DEGREE PROGRAM ACCREDITATION PROCESS

Accreditation is the public recognition accorded a professional program that is judged to meet established qualifications and educational standards through initial and subsequent periodic evaluations. Accreditation applies to professional programs and is distinguished from certification or licensure, which applies to individuals.

Accreditation standards reflect professional and educational qualities identified by ACPE as essential to quality professional programs of Colleges and Schools of Pharmacy and serve as the basis for program evaluation. Standards are set by the ACPE in accordance with a procedure which provides adequate time and opportunity for all parties significantly affected by the accreditation process to comment on such standards prior to their adoption. Advance notice is given whenever revision of standards is proposed by ACPE. The initial standards were published in 1937 and revisions have been effected on the average, every seven years, in keeping with changes in pharmaceutical education and practice. New Accreditation standards and guidelines were adopted June 14, 1997. The revision process leading to Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree was initiated in September 1989 and conducted in accord with the Procedure and Schedule for the Revision of Accreditation Standards and Guidelines, issued January 7, 1990. This Procedure and Schedule involved a step-wise, decade-long process. The early years were devoted to study and formation of proposed revisions and the later years provided for two comment periods, each affording open hearings and opportunities to submit written comments. Final consideration of the last iteration of proposed revisions, Proposed Revision, January 15, 1996, was given during the June 1997 meeting of the ACPE. The Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree were adopted June 14, 1997.

Annually, the ACPE publishes the Directory of Accredited Professional Programs of Colleges and Schools of Pharmacy which presents the accreditation status of each professional program as well as the academic year of the most recent review or consideration of accreditation, and the academic year for the next currently scheduled review or consideration of accreditation.

A professional program is evaluated on the extent to which it accomplishes its stated goals and is consistent with the concept that pharmacy is a unique, personal service profession in the health science field. In the application of these standards, literal conformity in every detail is not required. Variations are to be expected, and superiority in certain qualities may compensate, at least in part, for deficiencies in others. Many college and school programs exceed Council standards in one or more of the various elements comprising accreditation. In pharmaceutical education, as in American education generally, there is diversity. In this diversity there is potential strength. The accreditation process, therefore, seeks to maximize potential strengths while assuring basic expectations for quality pharmaceutical education.

The essential purpose of the accreditation process is to provide a professional judgment of the quality of a college or school of pharmacy's professional program(s) and to encourage continued improvement thereof. Accreditation concerns itself with both quality assurance and quality enhancement. The responsibilities of the ACPE's accreditation program are:

1. To advance the standards of pharmaceutical education in the United States and associated commonwealths.
2. To formulate the educational, scientific and professional principles and standards for professional programs in pharmacy which a college or school of pharmacy is expected to meet and maintain for accreditation of its programs, and to revise these principles and standards when deemed necessary or advisable.

3. To formulate policies and procedures for the accreditation process.

4. To evaluate the professional program(s) of any college or school of pharmacy within or beyond its national geographic scope that requests accreditation of its program(s).

5. To publish a directory of accredited professional programs of colleges and schools of pharmacy for the use of state boards of pharmacy or appropriate state licensing agencies in pharmacy, other interested agencies, and the public, and to revise such directory annually or as frequently as deemed desirable.

6. To provide assurances to constituencies that the professional programs which have been accredited continue to comply with standards, and therefore to conduct periodic evaluations in a manner similar to that for original accreditation.

7. To assist the advancement and improvement of pharmacy education as well as prerequisites and procedures for licensure and to provide a basis for inter-institutional relationships.

Accreditation of professional degree programs in pharmacy provides a national basis for quality assurance. In so doing, the accreditation process serves multiple constituencies:

For boards of pharmacy, accreditation provides a reliable basis for decision-making with regard to licensure.

For the public, accreditation assures conformity to general expectations of the profession and identification of colleges and schools of pharmacy which have explicitly undertaken activities directed at improving the quality of their professional programs, and are carrying them out successfully. Accreditation also assures improvement in the professional services available to the general public in that accredited programs are expected to modify their requirements to reflect advances in knowledge and practice.

For students and prospective students, accreditation assists in the transfer of credits among institutions and provides an assurance that a program has been found to provide satisfactory educational preparation for licensure and practice.

For institutions of higher education, accreditation provides a framework for self-evaluation and improvement as well as opportunity for external review and counsel. Accreditation also provides a basis for the decision-making of private and public agencies, including the Department of Education, in the awarding of grants and loans.

For the profession, accreditation provides a means for practitioner participation in the setting of requirements for preparation to enter the profession.
1. **Scope of Accreditation**

The ACPE accredits the professional program in pharmacy leading to the Doctor of Pharmacy degree. Evaluation and accreditation of this program is in accord with standards and guidelines for the professional program in pharmacy leading to the Doctor of Pharmacy (Pharm.D.) degree, adopted June 14, 1997 and effective July 1, 2000. Pharmaceutical education is in the process of transition as reflected by a corresponding change in accreditation standards. The previous standards for the baccalaureate in pharmacy and Doctor of Pharmacy programs have been consolidated and reformed resulting in a new Doctor of Pharmacy program as the sole professional program in pharmacy. Those Colleges and Schools of Pharmacy that presently offer an ACPE accredited baccalaureate in pharmacy degree are discontinuing their programs. In accord with implementation procedures for accreditation standards and guidelines effective July 1, 2000, accreditation terms for baccalaureate in pharmacy programs may be continued until June 30, 2004, enabling graduation of students from an accredited program with entry in fall 1999 for the 0-5 admission pattern or Fall 2001 for a 2-3 admission pattern. Monitoring of baccalaureate in pharmacy programs for purposes of affirmation or continuation of accreditation terms is based on standards for baccalaureate in pharmacy programs adopted in 1985. Implementation procedures are available upon request and are at the ACPE web site. Information concerning the schedule for discontinuation of the baccalaureate in pharmacy programs that may be offered or other information concerning specific Colleges or Schools of Pharmacy may be obtained by corresponding directly with the College or Schools of Pharmacy listed in the ACPE Annual Directory of Accredited Professional Programs of Colleges and Schools of Pharmacy.

2. **Recognition By The U.S. Secretary of Education**

The ACPE is recognized for the accreditation and preaccreditation (precandidate and candidate status) of professional programs in pharmacy by the Secretary of Education, United States Department of Education. ACPE accreditation serves to establish eligibility for participation in a variety of federally funded programs, not including eligibility for Title IV Programs, Higher Education Act, 1965, as amended.

3. **Eligibility for ACPE Accreditation or Preaccreditation**

In order to be eligible for initial or continuing accreditation, the Doctor of Pharmacy program must be part of an independent College or School of Pharmacy or a College or School of Pharmacy within a University, which is regularly incorporated and is a legally empowered postsecondary educational institution. Accreditation standards call for a College or School of Pharmacy as an organizational unit and the administrative structure of the College or School of Pharmacy should provide for a Dean, who serves as the chief administrative and academic officer. Evaluation for purposes of initial or continued accreditation requires an invitation by the chief executive officer, or designate, of the institution. The ACPE does not require regional or institutional accreditation in order to be eligible for accreditation; however, the attainment of such accreditation is strongly encouraged.

4. **Assistance in Accreditation Matters**

The ACPE professional staff and its consultants provide guidance, upon request, on matters pertaining to
pharmaceutical education, especially as related to the preaccreditation and accreditation process. This professional staff guidance is available through various formats, including discussions at the ACPE office and at the site of the institution. The ACPE Board of Directors and professional staff also provide assistance in the advancement and improvement of pharmaceutical education through active cooperation with professional organizations and societies in support of sound educational policies and procedures.

5. **Accreditation Standards and Guidelines**

Accreditation standards reflect professional and educational qualities identified by ACPE as essential to the professional program in pharmacy leading to the Doctor of Pharmacy degree (Pharm.D.). Adherence to standards equates to accreditation of the professional program in pharmacy. Based upon the several evaluative steps in the accreditation process, the ACPE determines compliance with standards and the accreditability of the program. Guidelines are derivative of a particular standard and are provided for guidance and/or interpretation of the standard’s intent and purpose. Guidelines are also presented to illustrate ways and means of complying with standards. Moreover, guidelines assist the College or School of Pharmacy as it demonstrates compliance with standards and they assist evaluation teams in the assessment of the College’s or School’s compliance with standards. All members of the ACPE Council and Staff are provided training pertaining to the standards and guidelines, and ACPE policies and procedures prior to assuming their responsibilities. Evaluation team members also receive training pertaining to the standards and guidelines as well as their role in evaluation prior to participation on an evaluation team.

6. **Review, Revision and Establishment of Standards**

The first accreditation standards were published in 1937 and have been revised periodically, about every six or seven years, in keeping with changes in pharmaceutical education and pharmacy practice. The current standards and guidelines for the professional program in pharmacy were adopted June 14, 1997, and are effective July 1, 2000, following a revision process that was initiated with advance notice, September 17, 1989 and involved the entire community of interests for a period of eight years, including two separate comment periods. Furthermore, implementation procedures were developed in consultation with the community of interests that provided for a transition period from June 14, 1997 to June 30, 2005.

The ACPE maintains a systematic program of review that assures that its standards are appropriate to the educational preparedness of the students and graduates and are adequate to evaluate the quality of professional education provided by the professional program in pharmacy. The systematic program of review is comprehensive and involves the entire community of interests, including provision for input by all relevant constituencies, with examination of each standard as well as the standards as a whole. The study process is ongoing, with regular formalized review intervals every five to six years. However, if at any point during the systematic program of review, during ongoing study or at the regular formalized review interval, it is determined that a change needs to be made to a standard or standards, action for change is initiated within 12 months. Completion of the revision process, so initiated, will occur within a reasonable period of time and as soon as feasible, based upon the extent of the change necessitated.

Action for establishing or revising a standard or standards requires that advance public notice of the revisions or changes proposed by ACPE be provided to all of the relevant constituencies. The revision process includes the following steps: a draft of the proposed revisions or changes is provided to the Deans of the Colleges and Schools of Pharmacy for consideration by them and their respective institutional administrative and executive officers, faculties and students; to the chief executive officers of state boards of pharmacy for consideration by the respective boards; to the chief executive officers of educational and professional organizations and societies affected by the accreditation process in pharmacy, for dissemination among their members; to the
leaders of national pharmacy student organizations; and to the chief executive officers of institutional (regional) and other programmatic accrediting agencies, for distribution. The proposed changes or revisions are provided to the U. S. Department of Education and to the general public, upon request. The proposed changes or revisions are presented on the ACPE web site www.acpe-accredit.org. All relevant constituencies and other interested parties are given adequate opportunity to comment on the proposed revisions or changes. Each comment on the proposed changes or revisions, received within the published timeframe for the comment period, is taken into account. Subsequently, revisions and changes are finalized by the ACPE. The revised standards become effective on a date designated by ACPE, generally later than that of their adoption.

7. Directory of Accredited Professional Programs

Annually, or more frequently if necessary, the ACPE publishes the Directory of Accredited Doctor of Pharmacy Programs of Colleges and Schools of Pharmacy. During the standards implementation transition period, this Directory will include ACPE-accredited baccalaureate in pharmacy programs. The type of accreditation status and the academic year of the most recent review or reconsideration of accreditation and the academic year for the next currently scheduled review or reconsideration of accreditation are indicated for each program. Moreover, the Directory presents the name, address (mail and Web-site), telephone and fax numbers of the Dean of the College or School offering the professional program. The Introduction to the annual Directory describes the ACPE and its accreditation process and presents key policies and procedures, including the policy on complaints.

8. Reference to Accreditation

The type of accreditation status of the professional program in pharmacy and other information, as specified below, should be prominently disclosed by the College or School of Pharmacy in its promotional and descriptive materials, such as its catalog or bulletin. References should accurately reflect the designation indicated in the current Directory of Accredited Doctor of Pharmacy Programs of Colleges and Schools of Pharmacy. During the transitional period, the accreditation status of the baccalaureate in pharmacy program should also be presented. References to accreditation are regularly monitored by the ACPE to ensure accuracy and correction of any inaccurate or misleading statements concerning the accreditation status will be sought immediately.

8.1 Accreditation. References to a program that is accredited should state only the following: “Name of Institution’s Doctor of Pharmacy program is accredited by the American Council on Pharmaceutical Education, 20 North Clark Street, Suite 2500, Chicago, IL 60602-5109, 312/664-3575, 800/533-3606; FAX 312/664-4652, web site www.acpe-accredit.org.”

8.2 Preaccreditation. References to a program that has been granted a preaccreditation status (precandidate or candidate) should state the following: “Name of Institution’s Doctor of Pharmacy program has been granted precandidate/candidate status by the American Council on Pharmaceutical Education, 20 North Clark Street, Suite 2500, Chicago, IL 60602-5109, 312/664-3575, 800/533-3606; FAX 312/664-4652, web site www.acpe-accredit.org.” An explanation of the respective preaccreditation status, as defined by the ACPE, should accompany this reference.

8.3 Probation. Reference to a program that has been placed in a probationary status should state the following: “The accreditation of “Name of Institution's Doctor of Pharmacy program...
has been placed in a probationary status by the American Council on Pharmaceutical Education, 20 North Clark Street, Suite 2500, Chicago, IL 60602-5109, 312/664-3575, 800/533-3606; FAX, 312/664-4652, website www.acpe-accredit.org.” This reference should include the following additional statement: “For an explanation of probationary status, consult the office of the Dean.”

9. Types of Accreditation Status and Notification of Accrediting Decisions

9.1 Accreditation: Initial or Continued Accreditation. The professional program of a College or School of Pharmacy is granted initial or continued accreditation if it has been demonstrated to the satisfaction of the ACPE that the program complies with accreditation standards, including the appropriateness of program purposes, the adequacy of resources and organization to meet those purposes, educational outcomes which indicate that those purposes are being met, and the reasonable assurance of the continued meeting of those purposes.

In the event that evaluation presents program concerns of such character so as impact upon prospects for continued compliance with a standard or standards may result in non-compliance with a standard or standards if not adequately addressed, cautionary notice is given. The chief executive officer of the institution and the Dean of the College or School of Pharmacy are given a period of time, generally not more than one year, to demonstrate that the program will continue in compliance. During this period, the accreditation status of the program is continued and the program is designated as having Cautionary Notice. The response of the institution to Cautionary Notice should be presented in writing in advance of the meeting in which the program is scheduled for consideration. The chief executive officer of the institution, or a designate, and the Dean of the College or School of Pharmacy are invited to attend this meeting and present comments. If the response is inadequate and the program is found to be in non-compliance with a standard or standards, the program will be placed in a probationary status. Such probationary status will be published in the ACPE Directory along with appropriate notifications as set forth in 9.13 below.

Upon initial or continued accreditation of a program, or in the event of voluntary withdrawal from accreditation, or upon a decision to let accreditation lapse, written notification of such actions shall be made to the U.S. Secretary of Education, the appropriate State licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and the public within 30 days. Public notification includes presentation on the ACPE web site.

9.2 Probation. A professional program of a College or School of Pharmacy that has been granted accreditation and is subsequently determined to be in non-compliance with a standard or standards will be given the accreditation status of probation. Due notice of this action, indication of the area(s) of non-compliance, and the time period within which the program is expected to bring itself into compliance with standards, are given. The response of the institution should be presented in writing in advance of the meeting in which the program is scheduled for consideration. The chief executive officer of the institution, or a designate, and the Dean of the College or School of Pharmacy are invited to personally attend this meeting and present comments. Probation reflects a diminished accreditation status. Graduates of a program in a probationary status retain all the rights and privileges associated with an accredited program. Probation is not an adverse accreditation action. Adverse accreditation action is defined as withdrawal or denial of accreditation or
preaccreditation. Adverse accreditation action will be taken if a College or School of Pharmacy fails to bring a program into compliance within the period specified by the Council; such time period shall not exceed two years and may be extended only for good cause.

Written notification of probationary action shall be made to the U.S. Secretary of Education, the appropriate State licensing or authorizing agency, appropriate regional and/or other accrediting agencies, and the public, at the same time the institution is notified of the probationary action, but no later than 30 days after the decision is made. Public notification includes presentation on the ACPE web site.

9.3 Preaccreditation. A newly instituted Doctor of Pharmacy program of a College or School of Pharmacy may be granted one of two preaccreditation statuses, depending upon its stage of development. In the instance of a newly founded College or School of Pharmacy, the program generally progresses through both statuses. The standards are the same as those employed for accredited status, however, preaccreditation involves, in large measure, planning in accord with standards and provision of reasonable assurances for a quality outcome.

9.3.1 Precandidate. A new program that has no students enrolled but has a Dean may be granted Precandidate accreditation status. The granting of Precandidate status indicates that a College or School’s planning for the Doctor of Pharmacy program has taken into account ACPE standards and guidelines and suggests reasonable assurances of moving to the next step, that of Candidate status. Granting of Precandidate status brings no rights or privileges of accreditation. Full public disclosure by the College or School of Pharmacy of the terms and conditions of this accreditation status is required.

9.3.2 Candidate. A new program that has students enrolled but has not had a graduating class may be granted Candidate status. The granting of Candidate status denotes a developmental program, which is expected to mature in accord with stated plans and within a defined time period. Reasonable assurances are expected to be provided that the program may become accredited as programmatic experiences are gained, generally, by the time the first class has graduated. Graduates of a class designated as having Candidate status have the same rights and privileges as graduates of an accredited program.

Upon granting preaccreditation status (Precandidate or Candidate) to a program, or in the event of voluntary withdrawal from preaccreditation, or upon a decision to let preaccreditation lapse, written notification of such action shall be made to the U.S. Secretary of Education, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and the public within 30 days. Public notification includes presentation on the ACPE web site.

10. Adverse Action, Denial or Withdrawal of Accreditation

When the ACPE determines that the professional program of a College or School of Pharmacy fails to comply with standards and that identified deficiencies have not been satisfactorily addressed, initial accreditation or preaccreditation may be denied, or the existing preaccreditation or accreditation status may be withdrawn. The
denial of initial accreditation or preaccreditation status or the withdrawal of accreditation or preaccreditation status is considered an adverse accreditation action. Withdrawal of accreditation will generally, but not necessarily, occur after Cautionary Notice has been given and/or a period of probation. After availing themselves of other opportunities to avoid such adverse action, institutions may initiate the formal ACPE Appeal Procedure for an Adverse Accreditation Action as outlined in Section 13.

Notification of any adverse action by the Council shall be in writing and delivered by certified mail to the chief executive officer of the institution affected. Such notification shall give a statement of reasons for the adverse accreditation action along with notice of the right to appeal and the time constraints for initiating such an appeal. Any time after the effective date of denial or withdrawal, the chief executive officer of the institution may reapply for accreditation. The reapplication shall follow standard evaluation procedures set forth for evaluation of the professional program in pharmacy for purposes of preaccreditation, initial or continuing accreditation as applicable. If preaccreditation or accreditation is granted, that fact will be made public and the accreditation status will be indicated in the Directory of Accredited Professional Programs of Colleges and Schools of Pharmacy.

Subsequent to a final decision (after appeal or opportunity to appeal) to deny or withdraw accreditation or preaccreditation, written notification shall be made to the institution within 30 days, and at the same time as institutional notification, to the U.S. Secretary of Education, the appropriate State licensing or authorizing agency, and the appropriate regional and/or other accrediting agencies, and the public. Public notification includes presentation on the ACPE web site. A brief statement summarizing the reasons for denying or withdrawing preaccreditation or accreditation, and any comments from the affected institution shall be made available not later than 60 days after such final action to the U.S. Secretary of Education, the appropriate state licensing or authorizing agency, and the appropriate regional and/or other accrediting agencies, and, upon request, to the public.

11. **Application Procedures**

11.1 **Preaccreditation.**

11.1.1 **Precandidate.** A College or School of Pharmacy that satisfies eligibility requirements may apply for Precandidate status for the Doctor of Pharmacy program by submitting an application that takes the form of a self-study of the proposed professional program in pharmacy. The self-study should be organized standard-by-standard, presenting plans by which compliance will be insured. An invitation to evaluate the professional program for purposes of granting precandidate status is required from the chief executive officer of the institution. Upon submission of the Application/Self-Study, the professional staff will provide an initial review for purposes of eligibility for accreditation and may provide comments to consider. If ACPE review of the applicant's application/self-study and other materials finds that they are incomplete or do not otherwise provide sufficient evidence which suggests that planning has taken into account standards and guidelines, the College or School of Pharmacy will be advised to withdraw its application or to resubmit an appropriately revised application. If ACPE review of the application/self-study and other materials submitted suggests that planning has taken into account adequately the accreditation standards and guidelines, an on-site evaluation will be authorized and scheduled in accord with standard evaluation and operational procedures. On the basis of the evaluation procedures employed, Precandidate status may be granted or denied.

11.1.2 **Candidate.** A College or School of Pharmacy that satisfies eligibility requirements
may apply for Candidate status for its Doctor of Pharmacy program by submitting an application consisting of a self-study and other materials necessary to evaluation as set forth by ACPE. An invitation to evaluate the professional program for purposes of granting Candidate status is required from the chief executive officer of the institution. If review of the self-study and other materials provided do not provide evidence that eligibility requirements are satisfied and standards and guidelines have adequately been taken into account, the College or School of Pharmacy will be advised to withdraw its application or to resubmit an appropriately revised application. If review of the materials submitted satisfies eligibility requirements and provides appropriate documentation, an on-site evaluation will be authorized and scheduled in accord with standard evaluation and operational procedures. The program will be evaluated taking into account that portion of the program in operation as well as plans for the remainder of the program. On the basis of the evaluation process, candidate status may be granted or denied.

11.1.3 Terms. Preaccreditation status is awarded in accord with specified terms and conditions, involving monitoring provisions that include generally on-site reviews. Precandidate status is generally awarded for two years, after which the program is expected to seek Candidate status. Candidate status is generally awarded for not more than two, two-year periods. However, the Preaccreditation status shall be limited to an aggregate of no more than five years (i.e. number of years as candidate and precandidate shall not exceed five).

11.2 Initial and Continued Accreditation.

11.2.1 Initial Accreditation. A Doctor of Pharmacy program that has been granted a preaccreditation status shall be considered for initial accreditation in accord with terms set forth in the preaccreditation action. A College or School of Pharmacy with a program that has not been granted a preaccreditation status by the ACPE, but that has graduated one or more classes and satisfies eligibility requirements, may file an application for initial accreditation. The application should consist of a self-study and other materials necessary to evaluation as set forth by the Council. An invitation to evaluate is required from the chief executive officer of the institution, generally the president or a designate, for initial evaluation for purposes of accreditation. This invitation to evaluate should accompany the application. If through initial review the application materials submitted satisfy eligibility requirements and provide appropriate documentation, an on-site evaluation will be authorized following standard evaluation and operational procedures. If through initial review the application materials submitted are judged to be incomplete or otherwise inadequate, the College or School of Pharmacy will be so advised.

11.2.2 Continued Accreditation. The procedures involved for evaluation for purposes of continuing accreditation are initiated by the Council. The ACPE will inform the chief executive officer of the institution and the Dean of the College or School of Pharmacy offering an accredited program(s) of the approach of a period during which re-evaluation would normally be conducted. The academic year of the next review or reconsideration of accreditation is presented in the last accreditation action and is also published in the Directory. The customary on-site review cycle is six years. The exact dates of the on-site evaluation are established in consultation with the Dean. Instructions concerning the details of the evaluation, the materials required (i.e., self-study, the evaluation supplement, etc.) and the evaluative procedures employed are essentially equivalent to those requested for initial evaluation.
Programs may also be reviewed for purposes of accreditation in a cycle of less than six years at the discretion of the Council. Shorter review cycles are designed to monitor progress on specified issues and do not represent a diminished accreditation status. Such early reviews may be based upon a written report of progress from the institution or an on-site evaluation. An on-site evaluation requires a self-study in accord with standard evaluation and operational procedures. The chief executive officer of the institution or a designate and the Dean of the College or School of Pharmacy may exercise the option of personally presenting a report of progress at any regularly scheduled meeting of the Council. The ACPE will also consider requests from an institution for an alteration in the review cycle; however, the schedule does not generally extend beyond six years, without due cause.

Failure on the part of the institution to permit re-evaluation of its professional program(s) for purposes of continued accreditation, after due notice of the scheduled review has been given, shall result in withdrawal of accreditation.

The chief executive officer of the institution may withdraw an application for any status of accreditation, or withdraw from any accreditation status, at any time.

12. **Evaluation and Operational Procedures**

12.1 **Self-Study.** Preparation for evaluation for purposes of accreditation or preaccreditation requires the submission of a program self-study and completion of a prescribed administrative summary. The self-study process should be in-depth, and broadly based, involving a representative portion of the College or School of Pharmacy's administrative leaders, faculty, professional staff, students, alumni, practitioners, governing body and other appropriate constituents. The self-study should provide a qualitative assessment of the strengths and limitations of the program, present qualitative and quantitative information on both faculty and student achievements, and seek educational outcomes which demonstrate the program's successes in attaining its objectives. The self-study should provide program description and analysis, present findings and conclusions, appraise strengths and weaknesses, and where deficiencies exist, outline steps necessary to improvement. The ACPE conducts, as an integral component of its accreditation review, its own analyses and evaluations of the self-study. The self-study should serve as a point of reference for the institution's future planning. A self-study protocol developed by the institution may be used; however, ACPE urges Colleges and Schools of Pharmacy to follow the guidance provided by its self-study guide, so as to insure adequate assessment of educational quality and to effectively present efforts to improve quality. The ACPE professional staff conducts an invitational conference for representatives of those Colleges and Schools scheduled for an accreditation review over the next two years. The purpose of the conference is to orient and assist the Colleges or Schools in the process of the self-study as well as other aspects of the evaluation procedure. Alternatively, a college or school may request assistance from the ACPE professional staff by scheduling a conference at the ACPE office or professional staff may meet with the self-study committee at the College or School of Pharmacy. The professional staff consultation provides opportunity to assist with the self-study organization and to offer clarifying and other information needed by the College or School.

12.2 **Written Third Party Comments.** Prior to the on-site evaluation, opportunity is provided by means of public notice for written third party comment concerning qualifications for accreditation or preaccreditation. Notification of deadlines for receipt of any written responses are provided by an ACPE public document, such as a newsletter, including opportunity for consideration by the College.
12.3 **On-Site Evaluation.** The self-study, the evaluation supplement, and other pertinent materials are distributed prior to the on-site evaluation to members of an ACPE Evaluation Team for their independent analysis. Evaluation teams include both educators and practitioners and are generally comprised of a member of the ACPE Board of Directors, an ACPE professional staff member, and two or more other knowledgeable individuals, qualified by experience and training. Evaluation Team Members are provided training by ACPE on accreditation standards, policies and procedures. Practitioners include individuals who are currently practicing pharmacy and who are primarily identified with a practice role/setting rather than a collegiate affiliation or administrative position. The Dean of the College or School is given opportunity to review the proposed team for potential or real conflicts of interest. A member of the board of pharmacy of the state, district or territory, in which the institution is located is invited to work with the Evaluation Team as an observer, thereby facilitating a better understanding of the accreditation process among licensing bodies. A member of the appropriate regional accrediting agency may be invited by the institution to observe the work of the team. The size of the evaluation team, the specific dates of the on-site evaluation, and the number of days necessary for completion of the evaluation are established in consultation with the Dean of the College or School of pharmacy.

The on-site evaluation generally involves two to three days and includes interviews with the Dean and other administrative leaders, faculty, students, alumni, pharmacy practitioners, and university administrators. A survey is made of physical facilities, the library and educational resources, and the pharmacy practice facilities utilized in the professional experience program. A checklist, completed by at one or more of the evaluation team members, is used to review the program’s published information in an effort to determine the adequacy and accuracy of the information. This checklist is also used to assess the information in accordance with the standards. At the conclusion of the on-site evaluation, the evaluation team presents findings orally to the Dean of the College or School of Pharmacy and to the chief executive officer of the institution, generally the president or a designate. These findings serve as the framework for the written evaluation report, which is furnished, subsequently to the institution.

The College or School of Pharmacy is expected to demonstrate that it systematically obtains outcome information and that it applies this information to foster program improvements and to enhance student achievement. Other activities of the College or School of Pharmacy may markedly influence the instruction given in professional programs. Accordingly, the evaluation for purposes of accreditation will include a review of other activities which may be sponsored by the college or school of pharmacy, such as non-practice undergraduate degree programs in pharmacy-related disciplines; graduate offerings including master and doctor of philosophy degree programs in pharmacy-related disciplines; continuing education activities; certificate or other non-degree programs; research and scholarly activities; and professional and public service programs.

Where the institution is accredited by a regional accrediting agency, the ACPE may rely upon the assessments made by the regional agency concerning the basic science and general education components of the professional programs. Likewise, the assessments of the regional accrediting agency concerning general institutional policies and central administrative support may be recognized. However, the ACPE is not obligated to accept automatically the assessments of any other agency.

12.4 **Evaluation Team Report.** As a result of the on-site evaluation, a written report that assesses compliance with standards and assesses performance with respect to student achievement is furnished.
to the chief executive officer of the institution and the Dean of the College or School of Pharmacy at a reasonable time after the site team visit. The Evaluation Team Report also comments on the program's areas of strength and areas needing improvement; mentions specific areas, if any, where the program may not be in compliance with standards; and offers suggestions concerning means of improvement. The chief executive officer of the institution and the Dean of the College or School of Pharmacy are given opportunity to correct errors of fact and to comment upon the written evaluation report and to provide supplemental materials related to its facts and conclusions prior to the time an accreditation action is taken. The report generated by the evaluators, therefore, is not a definitive accreditation report, but an interim, evaluative step in the accreditation process. The evaluation team validates the program self-study, providing the perspective of an independent external peer review.

12.5 Accreditation Actions. Based upon the Evaluation Team Report, the self-study, communications received from the institution, and an optional personal presentation by the chief executive officer of the institution or a designate and/or the Dean of the College or School of Pharmacy, the ACPE determines the program's compliance with standards, makes an accreditation action (type of accreditation status and terms and conditions associated with the accreditation status) and presents comments and recommendations. At its discretion, the Council may postpone its accreditation action until the next regular meeting to provide the institution with the opportunity to provide additional information or clarification. During any period of postponement, the existing accreditation status of the program will be maintained. A copy of the Accreditation Action and Recommendations indicating the preaccreditation or accreditation status granted by the ACPE along with stated terms and conditions and comments are sent to the chief executive officer of the institution and the Dean of the College or School of Pharmacy. The Evaluation Team Report and the ACPE’s Accreditation Action and Recommendations are confidential documents and are considered to be the property of the institution. These documents will not be released to third parties without the authorization of the chief executive officer of the institution. Without such authorization, the sole information available to the public consists of that information contained in the Directory. If the institution releases any portion of the Evaluation Team Report or of the Accreditation Action and Recommendations, or releases any statement concerning such documents, that the ACPE believes requires public clarification or presents a misleading impression, the ACPE may make an appropriate response or cause the release of such documents in their entirety.

12.6 Annual and Other Reporting During the Accreditation Term. Program monitoring between on-site evaluations is achieved by means of annual reviews, correspondence, written interim reports and professional staff visits as may be requested by the ACPE Board of Directors. Programs are monitored annually through statistical analysis of program information and review of graduates’ performance on standardized licensure examinations.

13. Appeal Procedure for an Adverse Accreditation Action (Denial or Withdrawal)

13.1 Initiating the Appeal and Convening the Appellate Commission. In the event the ACPE shall render an adverse accreditation action (denial or withdrawal of preaccreditation or accreditation), the chief executive officer of the institution involved, after notification of such action by the ACPE, may appeal the decision of the ACPE to an Appellate Commission on the grounds that the decision of the ACPE was arbitrary, prejudiced, biased, capricious, or based upon incorrect facts or incorrect interpretation of facts. No change shall occur in the accreditation status of the program of a College or School of Pharmacy that shall exercise its right of appeal in accordance with the procedure provided herein, pending the disposition of the appeal. The existing accreditation status of the program shall be maintained and such status shall continue to be reflected in the Directory until the appeal procedure is...
finalized. **Notice of appeal by the institution shall be in writing and delivered personally or by certified mail to the offices of the ACPE within 30 days after receipt of notification of the adverse accreditation action of the Council.** Such notice of appeal shall specify and set forth the facts supporting the grounds on which the appeal is based. Upon receipt of said notice, the ACPE shall proceed to constitute the Appellate Commission and, after consulting with officers of the associations set forth in Section 13.2, shall notify the individuals of their appointment to the Appellate Commission and shall inform them of their responsibilities thereto. The ACPE shall notify the institution that initiated the appeal that the Appellate Commission has been created and inform it of the names and addresses of all members. The Appellate Commission can be convened only on notice of appeal as described above. **Both parties of the appeal have the right to representation by counsel throughout the appeals procedure.** All reasonable expenses incurred by the Appellate Commission including but not limited to travel expenses (e.g. transportation, accommodations, and meals) shall be paid by the institution that initiated the appeal. Notice of appeal shall be accompanied by a fee equal to the current cost of an on-site evaluation, to be used against expenses. Any necessary additional expenses shall be promptly paid by the institution that initiated the appeal and any surplus of the deposit shall be promptly returned to said institution. The institution shall be provided with an itemized list of the expenses of the Appellate Commission.

### 13.2 Members of the Appellate Commission

The Appellate Commission shall consist of the current chief elected officer of the American Association of Colleges of Pharmacy, the American Pharmaceutical Association, and the National Association of Boards of Pharmacy. No member of the Appellate Commission shall be a director of the American Council on Pharmaceutical Education nor shall any member have an affiliation with the institution involved that would create an apparent or real conflict of interest (e.g., alumnus, present or former faculty member). In the event any person designated herein shall be ineligible, refuse, or be unable to serve on the Commission for any reason at any time, the executive committee (or such other appropriate committee or board) of the organization he or she is representing shall designate an alternate member. The designated representative of the American Association of Colleges of Pharmacy shall be chairman of the Commission. Any member who shall be designated as a participant on the Commission shall remain a member of the Commission until the Commission term ends, even if his or her successor in the elective office of the respective association is installed in the interim. The Appellate Commission shall be discharged by the ACPE at the adjournment of the ACPE meeting next succeeding the date of the filing of the Commission's report.

### 13.3 Responsibilities

Within thirty days of the notice of the appeal, the institution and the ACPE shall present statements of their respective positions to the Commission. Hearings shall be held as soon as possible thereafter, at which time evidence may be presented. Thirty days shall be allowed to pass following completion of the hearings for memoranda of arguments to be presented. Within an additional thirty days the Commission shall render a decision. The minutes of its meeting(s) shall be recorded. In disposing of an appeal the Appellate Commission shall (1) affirm the decision of the ACPE or shall (2) remand the matter to the ACPE for review and reconsideration. A report of the Commission's findings shall be submitted to the ACPE, its Executive Director, and the chief executive officer of the institution and the Dean of the College or School of Pharmacy concerned.

### 13.4 Final Consideration

All matters referred to the ACPE by the Appellate Commission for review and reconsideration shall be considered by the ACPE at its first meeting next succeeding the date of the report of the Appellate Commission. The final decision and report of the ACPE, including the basis for the decision, shall be in writing and shall be forwarded to the chief executive officer of
the institution and the Dean of the College or School of Pharmacy. This final report shall also be forwarded to all members of the Appellate Commission.

14. Complaint Regarding an Accredited Program

14.1 The ACPE has an obligation to assure itself that any institution that seeks or holds a preaccreditation or accreditation status for its professional program(s) conducts its affairs with honesty and frankness. Complaints from other institutions, students, faculty, or the public against a college or school of pharmacy, including tuition and fee policies, and as related to ACPE standards, policies or procedures, shall be placed in writing in detail by the complainant and submitted to the ACPE office. The complaint shall be submitted to the institution for response. Requests for confidentiality shall be respected to the extent any such information is not necessary for the resolution of the complaint.

14.2 The Executive Director, or his/her designate, shall, based upon the complaint, the response, and information from such further investigation deemed necessary, promptly determine the facts surrounding the issue, determine the validity of the complaint, and resolve the issue; provided, however, where the Executive Director deems it necessary or appropriate, the matter shall be considered at the next regular meeting of the Council. The time frame for resolution is generally within six months. A record of complaints regarding a specific College or School of Pharmacy, including student complaints received or made available, is kept for consideration on file at the Council office. Such records of complaints are considered during scheduled evaluations, or a special evaluation, as the case may require.

The procedure shall provide for treatment of complaints in a timely manner that is fair and equitable to all parties. The complainant shall be advised of the decision or action as soon as possible. When the ACPE has cause to believe that any institution with which it is concerned is acting in an unethical manner or is deliberately misrepresenting itself to students or the public, it will investigate the matter and provide the institution an opportunity to respond to the allegations. If, on the basis of such investigation, after notice to the institution and opportunity for institutional response, the ACPE finds that an institution has engaged in unethical conduct or that its integrity has been seriously undermined, the ACPE will either:

(A) request that the institution show cause, within a stated time period, why adverse action should not be taken, or

(B) in extreme cases, immediately discontinue its relationship with the institution by denying or withdrawing preaccreditation or accreditation status.

A complaint against a college or school of pharmacy must be related to the standards or the policies and procedures of ACPE and must be submitted in writing to the Executive Director. Under existing practices, when a complaint is received, it is submitted to the college or school affected for response. If, thereafter, based upon the complaint and the response, the Executive Director determines that a complaint is not related to the standards or policies, the complainant is so advised in writing with a copy to the school or college, and the matter is treated and resolved.

Anonymous complaints pertaining to accreditation matters are retained and, depending on circumstances, may or may not be forwarded to the school or college involved, depending somewhat on the severity of the complaint. This decision is made by the Executive Director. Where a complaint has threatened or filed legal action against the institution involved, the ACPE will hold complaints in abeyance pending resolution of the
legal issues and the complainant is so advised.

If the Executive Director finds a complaint to be extremely serious in nature charging egregious conduct that may warrant adverse action by the Council, or involves an interpretation which the Executive Director believes should be made by the Council, the complaint will be submitted to the Council for determination at the next regular meeting. Extraordinary remedies available for complaints covering extreme cases are set forth in paragraphs 11(A) and 11(B).

15. **Record of Student Complaints available to ACPE**

The colleges and schools of pharmacy have an obligation to respond to any written complaints by students lodged against the college or school of pharmacy, or the pharmacy program that are related to the standards and the policies and procedures of ACPE. The college or school of pharmacy shall establish, implement and maintain a student complaint procedure that affords the complainant fundamental procedural due process. The college or school of pharmacy should communicate the complaint policy to students. The college or school of Pharmacy, or the pharmacy program, shall maintain a file that contains the written complaint, a written record of each step of the complaint procedure and the outcome, except as otherwise prohibited by state or federal law. The files shall be made available for inspection to ACPE at on-site evaluations, or otherwise at ACPE’s written request. The findings of this inspection, and the resulting implication(s) to the accreditation of the professional program, shall be noted in the Evaluation Team Report.

16. **Complaint Regarding ACPE**

The ACPE has an obligation to respond to any complaints which may be lodged against it by any institution, student, faculty or third party in respect to the application of ACPE's standards, policies and procedures where the complaining party is directly affected thereby. Any such complaint shall be submitted in writing. The Executive Director shall promptly determine the facts surrounding the issues and shall attempt to resolve the matter in consultation with the Public Interest Panel established pursuant to Article V of the ACPE By-Laws. Complaints that cannot be resolved by the Executive Director shall be considered and resolved at the next regular meeting of the Council. The time frame for resolution is generally within six months.

17. **Institutional or Collegiate Reorganization**

Those Colleges and Schools of Pharmacy which are in operation, have an accredited professional program in pharmacy, and propose to become affiliated with, or become an integral part of, another educational institution, or propose to implement substantive changes in their institutional or collegiate organization and administrative structure, should notify the Council of such proposals. The proposed changes should provide assurances for continued compliance with accreditation standards. The circumstances described may present the need for review and reconsideration of accreditation in accord with standard evaluation and operational procedures or appropriate monitoring, such as an on-site review by professional staff. However, should a change of ownership that results in a change of control be effected, an on-site review is required and will be conducted as soon as practicable, but no later than six months after the change of ownership.

18. **Substantive Change**

Those Colleges and Schools of Pharmacy which are in operation, have an accredited professional program in pharmacy and propose to implement substantive change in their program should notify the Council of such proposals. The Council’s definition of substantive change includes: any change in the established mission or goals of the institution; the addition or deletion of courses, pathways or programs that represent a significant
departure in either content or method of delivery, from those that were offered during the program’s previous accreditation cycle (e.g. a non-traditional doctor of pharmacy program, development of a joint delivery of program agreement, etc.); a substantial change in enrollment; a substantial change in the number of clock or credit hours required for successful completion of the program; a significant change in the length of the program; the establishment of an additional geographic location at which the program is offered; and any other changes that the Dean feels require notification of ACPE. Notification of the Council should provide documentation that the program will continue to comply with accreditation standards. The circumstances provided may present the need for review and reconsideration of accreditation in accord with standard evaluation and operational procedures or appropriate monitoring, such as an on-site review by the professional staff.

19. **Emergencies**

As noted previously, re-evaluation of each accredited program of a College or School of Pharmacy is to be made normally at least once every six years. In the event of national or other emergencies that interrupt the normal schedule, the ACPE will act in accordance with the data available at the time concerning the professional program(s) scheduled for review.

20. **Teach-out Agreement**

Should a professional program in pharmacy that has accreditation or preaccreditation (precandidate or candidate) status be discontinued while students are enrolled and still progressing toward completion of degree requirements, the teach-out agreement between the College or School of Pharmacy that discontinues the program and the College or School of Pharmacy that intends to accept the students or otherwise take responsibility for the students completion of the program, must submit such agreement to the ACPE for accreditation. The agreement must provide assurances that adequate faculty, physical, practice sites and other resources are present so that the students will be provided a program of study that satisfies all necessary curricular requirements, in accord with established ACPE standards and guidelines, prior to the award of a professional degree in pharmacy.

21. **Conflict of Interest Policy**

Due to the sensitivity of ACPE's activities, policies are maintained regarding conflict of interest or the appearance thereof, by ACPE Board members, evaluation team members, professional staff, consultants, and other representatives participating in professional program accreditation process. Copies of the conflict of interest policies are available on request.

22. **Decisions of Other Accrediting and State Agencies and Relationship to ACPE Accreditation**

22.1 In considering whether to grant preaccreditation, initial accreditation, or continued accreditation, the ACPE takes into account actions by recognized institutional accrediting agencies that have denied accreditation or preaccreditation to the parent institution offering the program, placed the parent institution on public probationary status, or revoked the accreditation or preaccreditation of the parent institution, and actions taken by a State agency that has suspended, revoked, or terminated the parent institution's legal authority to provide postsecondary education. During any period of program accreditation or preaccreditation, the ACPE will promptly review the accreditation status of the program to determine if adverse action should be taken, if a recognized institutional accrediting agency places on probation or takes adverse action with respect to the parent institution offering the program. The ACPE will not renew the accreditation or preaccreditation
status of a program during any period in which the parent institution is the subject of an interim action by a recognized institutional accrediting agency or State agency potentially leading to suspension, revocation or termination of accreditation or preaccreditation or of the parent institution's legal authority to provide postsecondary education. Moreover, the accreditation or preaccreditation status will also not be renewed if the parent institution has been notified of a threatened loss of accreditation or has been notified of a threatened suspension, revocation, or termination by the State of the institution's legal authority to provide postsecondary education, and the due process procedures required by the action have not been completed.

However, if upon review of the program, the ACPE grants accreditation or preaccreditation notwithstanding the actions and context of the circumstances set forth above, a report, consistent with ACPE accreditation standards, shall be provided to the U.S. Secretary of Education, thoroughly explaining why the previous action by a recognized institutional accrediting agency or the State against the parent institution does not preclude the granting of preaccreditation or accreditation.

22.2 The ACPE routinely shares information through public documents and special notices when needed, regarding the preaccreditation or accreditation status of the programs it accredits, including any adverse actions, with institutional and other appropriate recognized accrediting and State agencies.

23. **Reporting to the U.S. Department of Education**

In addition to information relating to accrediting actions, documents including, but not limited to, the Annual Report, the Annual Directory of Accredited Programs, a summary of accrediting activities during the previous year, and proposed changes in policies, procedures and standards that may relate to scope of recognition or compliance with recognition requirements, are routinely submitted to the Department of Education. Notification of the name of any program accredited by ACPE, or its parent institution, will be given to the Department (Secretary) if there is reason to believe that the institution or program is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the reason for the concern. Moreover, upon request of the Department (Secretary), information will be provided regarding an accredited or preaccredited institution's compliance with its Title IV, HEA program responsibilities, including its eligibility to participate in Title IV, HEA programs, for the purpose of assisting the Department (Secretary) in resolving problems with the institution's or program's participation in these programs.

24. **Fees**

Fees and assessments for evaluation by the ACPE for purpose of preaccreditation or accreditation (initial or continuing) are set at a level intended to assist in the support and continued improvement of accreditation services and to defray actual travel and other costs involved in the evaluation of professional programs. In addition, an annual sustaining fee is charged. The ACPE may adjust the fees and set effective dates for such adjustments at any regular or special meeting of the ACPE. Information regarding the current fee and assessment policy is available upon request.

25. **Record Keeping Procedure for Accredited Degree Programs**

The ACPE will maintain complete and accurate records of the two immediately preceding accreditation or preaccreditation reviews for each College of School of Pharmacy. Complete records will include on-site Evaluation Team Reports, reports of periodic or special reviews conducting during the accreditation or
preaccreditation period, all Council actions and recommendations (including all adverse actions, e.g., withdrawal or denial) and any and all correspondence regarding the Evaluation Team Report or the Council decisions. In addition, a copy of the most recent self-study of the College or School will be included.
Accreditation standards reflect professional and educational qualities identified by the Council as essential to quality professional programs of colleges and schools of pharmacy. The standards embrace the philosophy that everyone should have general knowledge and special knowledge, general knowledge, because without it one is too narrow specialist; and special knowledge because without it one lacks the criteria for evaluating one’s opinions. Only the two together constitute an education. Therefore these standards embrace the need for a variety of components within pharmaceutical education - - a general education background, a firm foundation in basic and professional sciences, and in-depth practice experiences.

**STANDARDS**

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REVISION PROCESS

ADVANCE NOTICE: SEPTEMBER 17, 1989,
NEW STANDARDS AND GUIDELINES ADOPTED: JUNE 14, 1997

A. DECLARATION OF INTENT TO REVISE STANDARDS, SEPTEMBER 1989.

Advance Notice to Propose Revisions

In September 1989, the ACPE provided advance notice of its intention to propose revisions of the existing accreditation standards for pharmacy education, including reconsideration of Standard No. 16, Accredited Professional Degree Programs: programs leading to the two professional degrees in pharmacy, the baccalaureate in pharmacy degree and the doctor of pharmacy degree. This reconsideration involved the proposal to converge these two programmatic standards into the framework of a new doctor of pharmacy program.

B. PROCEDURE AND SCHEDULE.


The ACPE widely distributed the step-wise Procedure and Schedule for the Revision of Standards and Guidelines, dated January 1, 1990, to the pharmacy community. This distribution began in Spring 1990, and was continued throughout the revision process, as a means of communicating the details of the standards revision process to interested parties.


ACPE extended an invitation to all pharmacy organizations and professional societies to provide key competencies which were felt to be necessary for a generalist pharmacy practitioner (i.e., hospital pharmacy, independent community pharmacy, chain community pharmacy) to meet the societal purpose of pharmacy at present and in the future. Consideration of the existing curricular standards, including the relative balance and adequacy of areas was also requested. Comments were also accepted on the programmatic framework presented in ACPE’s advance notice of intent to revise standards. Recommendations and suggestions were requested related to enhancing efficiencies in the educational process involving students as active learners and maturing professionals consistent with program goals, with emphasis on the development of problem-solving skills. Perspectives and recommendations were also sought for the educational development of baccalaureate-degreed pharmacists already in practice, including non-traditional educational approaches. The input sought included education and training program innovations as well as assessment processes for outcome characteristics and individualized practice patterns of pharmacists.

Letters dated July 18, 1990, were sent to the following organizations: American Association of Colleges of Pharmacy (AACP), American College of Apothecaries (ACA), American College of Clinical Pharmacy (ACCP), American Pharmaceutical Association (APhA), American Society of Consultant Pharmacists (ASCP), American Society of Hospital Pharmacists, now American Society of Health-System Pharmacists (ASHP), National Association of Boards of Pharmacy (NABP), National Association of Chain Drug Stores (NACDS), NARD, Representing Independent Retail Pharmacy, now National Community Pharmacists Association (NCPA), National Pharmaceutical Association (NPhA), National Pharmaceutical Council (NPC),
Nonprescription Drug Manufacturers Association (NDMA), and Pharmaceutical Manufacturers Association (PMA), now Pharmaceutical Research and Manufacturers Association (PhRMA). In addition, all fifty state pharmaceutical associations and all ASHP affiliated state chapters were included.


The Council indicated throughout this step in its Newsletters and other communications that while the procedures called for the completion of the first information gathering stage by June 1991, information would continue to be accepted throughout the entire revision procedure. Additional or new information would be infused as the process continued. The Council received extensive input from the pharmacy community during this step in the revision process, from the above-stated organizations as well as from individuals. ACPE studied the responses from the pharmacy community and formulated, in appropriate accreditation/technical language, a working draft of a proposed revision of standards.


The ACPE, in letters dated April 10, 1992, provided advance notice to eleven organizations of the Council's plan to form, with their assistance and participation, an Advisory Committee on Standards Revision. The charge to the Committee was stated as being three-fold: a) to provide assistance in the continuing development of the proposed revision; b) to review and react to a doctor of pharmacy programmatic framework; and c) to review and react to curricular and other revised standards, as proposed. Each contacted organization was subsequently asked, in a letter dated September 9, 1992, to submit a list of three nominees, from which the Committee would be selected. This procedure was utilized so as to assure geographical balance and insure diversity of the Committee's membership. All contacted organizations participated and each complied with this request. Committee members were informed of their appointment in a letter dated November 6, 1992. The Advisory Committee members and the organizations they represented are as follows:

- Howard B. Bolton, National Association of Boards of Pharmacy (NABP)
- Timothy N. Burelle, American Pharmaceutical Association (APhA)
- Jessica Foster, Academy of Students of Pharmacy (ASP - student in BS program)
- William R. Garnett, American College of Clinical Pharmacists (ACCP)
- Doris S. Jackson, National Pharmaceutical Association (NPhA)
- Mary-Anne Koda Kimble, American Association of Colleges of Pharmacy (AACP)
- Calvin H. Knowlton, American College of Apothecaries (ACA)
- Sharlea Leatherwood, NARD, Representing Independent Retail Pharmacy, now National Community Pharmacists Association (NCPA)
- James C. McAllister, American Society of Health-Systems Pharmacists (ASHP)
- Richard R. Powis, National Association of Chain Drug Stores (NACDS)
- William Simonson, American Society of Consultant Pharmacists (ASCP)
- Terri Wheelwright, Academy of Students of Pharmacy (ASP - student in PharmD program)

The Proposed Revision of Accreditation Standards - Working Draft, August 16, 1992, was provided to the advisory committee members in advance of the meeting, along with background information, such as an analysis of standards used by specialized accrediting agencies in ten professions, including the accreditation standards for dental, medical, and optometric education. The Committee met on December 12-14, 1992. The meeting began with a general orientation to the accreditation process, and, for comparative purposes, a review was conducted of the existing ACPE accreditation standards and guidelines. Each Committee member
provided initial remarks regarding the Proposed Revision - Working Draft, after which the document was considered page-by-page and line-by-line. Comments and recommendations were made and at the conclusion of the review, opportunity was provided for Committee members to recap specific issues and to give overall comments. A copy of the Proposed Revision Working Draft, annotated with the comments and recommendations of the Committee, was then forwarded to Council members for their consideration. The Committee's recommendation in support of a doctor of pharmacy program framework was unanimous; specific comments on curricular and other content of the Proposed Revision - Working Draft were formulated by consensus, with votes taken on two specific areas, for the Council's further consideration.


The ACPE reviewed the comments and recommendations of the Advisory Committee at its January 1993 meeting. Upon due consideration of each and every comment, modifications, revisions, and refinements were effected. The Proposed Revision, April 7, 1993 was readied for distribution to all pharmacy organizations, colleges and schools of pharmacy, boards of pharmacy, university administrators, and the general public. In addition, and in keeping with the next steps of the Procedure and Schedule, the first of the two comment periods was scheduled. This next step provided for solicitation of written comments, and a series of open hearings. It should be noted that the Council recognized that the revision process, at this point, was proceeding very well, and was, in fact, ahead of the planned timeline for the development of proposed revision as initially established in the Procedures and Schedule. The progress in timelines, to date, provided additional time and opportunity for scheduling open hearings and seeking written comments.


The Proposed Revision, April 7, 1993 was widely distributed, including availability through electronic communication (HELIIX). Copies were also made available on request and in advance of the scheduled open hearings. A total of ten open hearings were conducted from November 1993 to August 1994, during national meetings of practitioner, academic, student, professional, and trade organizations. Each open hearing was preceded by a 15-minute slide presentation describing the standards revision process, the Procedure and Schedule, the steps completed and the next steps to be taken. ACPE open hearings were conducted during meetings of the following organizations:

- Academy of Students of Pharmacy (ASP), 3/22/94, Seattle, WA
- American Association of Colleges of Pharmacy (AACP-COD), 2/19/94-3/1/94, Hilton Head, SC
- American Association of Colleges of Pharmacy (AACP), 7/19/94, Albuquerque, NM
- American College of Apothecaries (ACA), 4/28/94, Nashville, TN
- American College of Clinical Pharmacists (ACCP), 7/31/94, St. Louis, MO
- American Pharmaceutical Association (APhA), 3/22/94, Seattle, WA
- American Society of Consultant Pharmacists (ASCP), 11/13/93, New Orleans, LA
- American Society of Health-System Pharmacists (ASHP), 12/8/93, Atlanta, GA
- NARD, Representing Independent Retail Pharmacy, now National Community Pharmacists Association (NCPA), 4/28/94, Nashville, TN
- National Association of Boards of Pharmacy (NABP), 5/17/94, Portland, OR
- National Association of Chain Drug Stores (NACDS), 8/21/94, Orlando, FL
- National Pharmaceutical Association (NPhA), 8/1/94, Atlanta, GA

The comments obtained during the first comment period were considered by ACPE at meetings held June 15-18, 1995, August 12-13, 1995, and January 12-14, 1996. The Proposed Revision, January 15, 1996 was readied for distribution.

**Step VIII: Comment Period #2. Timeline: January 1996 - January 1997.**

The Proposed Revision, January 15, 1996 was widely distributed, including availability on the Internet at URL http://ourworld.compuserve.com/homepages/ACPE. Copies were also made available on request and in advance of the scheduled open hearings. Written comments, including those through E-mail, were requested and three open hearings were scheduled. Each open hearing was preceded by a short presentation describing the standards revision process, the Procedure and Schedule, the steps completed and the next steps to be taken. ACPE open hearings were conducted on the following dates and sites:

- March 11, 1996, Opryland Hotel, Nashville, TN
- May 20, 1996, Marriott at Copley Place, Boston, MA
- July 17, 1996, Nugget Hotel, Reno NV

**Step IX: ACPE Review #2. Timeline: January 1997 - June 1997.**

The comments obtained during the second comment period were considered by ACPE during the time period of January 1997 and June 1997. Final consideration of the Proposed Revision, January 15, 1996 was scheduled for the June 1997 meeting of the ACPE. The Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree were adopted June 14, 1997. The new standards and guidelines were made available for immediate distribution.
Implementation Procedures
For Accreditation Standards and Guidelines
For the Professional Program In Pharmacy
Leading to the Doctor of Pharmacy Degree
Adopted June 14, 1997

Effective Date: July 1, 2000
Transition Period: June 14, 1997 - June 30, 2005

Doctor of Pharmacy Programs:
June 14, 1997 through June 30, 2000

- Colleges or Schools of Pharmacy may continue to use previous standards for the Doctor of Pharmacy program as adopted in 1985 or may, at their option, move ahead and use the newly adopted standards. Implementation of these newly adopted standards, in full or in part, during this time period will be considered to satisfy or exceed those standards as adopted in January 1985.

- Evaluation processes, including self-studies and on-site evaluations, will be based upon applicable standards as elected by the College or School.

Doctor of Pharmacy Programs:
Effective Date, July 1, 2000

- Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2000) become effective as of July 1, 2000.

- Standards 2000 are to be implemented with the first class entering the curriculum for the professional program in pharmacy as of July 1, 2000 (i.e., begin implementation with entry class in Fall 2000; the first class graduating from the customary academic year program fully based on Standards 2000, will be in Spring 2004).

- Implementation of Standards 2000, in full or in part, is encouraged for those classes that entered the Doctor of Pharmacy program prior to the effective date.

- Evaluation processes, including self-studies and on-site evaluations, are based on Standards 2000.
• Colleges or Schools of Pharmacy continue to use standards for the Baccalaureate in Pharmacy program adopted in 1985.

• Evaluation processes, including self-studies and on-site evaluations, are based on standards for the Baccalaureate in Pharmacy program adopted in 1985.

Baccalaureate in Pharmacy Programs As of Effective Date (July 1, 2000) for Standards 2000:

Procedure for Monitoring and Extension of Accreditation Terms

• Monitoring for purposes of affirmation of accreditation terms is based on standards for Baccalaureate in Pharmacy programs adopted in 1985.

• Accreditation terms may be continued until June 30, 2004, enabling graduation of students from an accredited program with entry in Fall 1999 for the 0-5 admission pattern or as late as Fall 2001 for the more common 2-3 admission pattern.

• Accreditation terms may be extended until June 30, 2005, attending to special circumstances, such as late finishing students.

• Limited extensions of accreditation terms beyond June 30, 2005 may be considered for hardship cases on an individualized basis.

Baccalaureate in Pharmacy Programs As of Effective Date (July 1, 2000) for Standards 2000:

Entry/Graduation Scenarios for Accredited Programs

<table>
<thead>
<tr>
<th>Admission Pattern</th>
<th>Last Class Enrolled</th>
<th>Academic Year</th>
<th>Class</th>
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<tr>
<td>If 0-5</td>
<td>Enter Fall 1999</td>
<td>1999-2000</td>
<td>P-1</td>
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<td>If 1-4</td>
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<td>If 2-3</td>
<td>Enter Fall 2001</td>
<td>2001-2002</td>
<td>P-3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2002-2003</td>
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<td></td>
<td></td>
<td>2003-2004</td>
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### Academic Year of Accreditation Review

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Accreditation Terms Granted Extension Capabilities</th>
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<tr>
<td>1994-1995</td>
<td>6 years, until June 30, 2001 3 years, until June 30, 2004</td>
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<tr>
<td>1999-2000</td>
<td>4 years, until June 30, 2004 -</td>
</tr>
</tbody>
</table>
Standard No. 1. College or School of Pharmacy Mission and Goals

The College or School of Pharmacy should have a published statement, formulated within an ethical context, of its mission, goals, and objectives in the areas of education, research, service, and pharmacy practice. This statement should be congruent with the mission of the University; the term "University" includes independent Colleges and Schools of Pharmacy. This statement should include a fundamental commitment to the preparation of its students for the general practice of pharmacy with provision of the professional competencies necessary to the delivery of pharmaceutical care. This statement should also demonstrate sensitivity to the importance of diversity in its commitment to the educational preparedness of its students for a health professional career. Goals should be compatible with the general and specific objectives of pharmaceutical education in keeping with the scope of pharmacy practice and as reflected in the accreditation standards and guidelines.

Guideline 1.1

The mission statement of a College or School should include the College's or School's educational philosophy and how its professional program in pharmacy is designed to insure that graduates will be health care providers prepared for the present and evolving scope of practice of pharmacy, such as primary care. This mission statement will be considered in the light of the College's or School's own stated purposes or aims so long as those purposes or aims demonstrably fall within the expectations of the profession as reflected in accreditation standards.

Guideline 1.2

To facilitate the College's or School's mission statement, an environment for teaching and learning should be fostered that appreciates the diversity of people, values the diversity of faculty role models, attends to the diverse needs of learners, and facilitates the ability of students to work and communicate effectively with diverse colleagues and patients.

Guideline 1.3

The goals and objectives established for a College or School should set forth the detailed intentions of the College or School, including consideration of required resources, processes, and outcomes for educational, research, service, and pharmacy practice programs.

Guideline 1.4

The mission statement of a College or School should acknowledge pharmaceutical care as an evolving mode of pharmacy practice in which the pharmacist, in concert with other health professionals, takes an active role on behalf of patients in making appropriate drug choices, by effecting distribution of medications to patients, and by assuming direct responsibilities to empower patients to achieve the desired outcomes of drug and related therapy. The professional program in pharmacy should provide educational preparedness so as to enable the pharmacist to collaborate with
other health professionals and to share in responsibility for the outcomes of drug and related therapy. The professional program in pharmacy should promote the knowledge, skills, abilities, attitudes, and values necessary to the provision of pharmaceutical care for the general practice of pharmacy in any setting. The College or School should assure an understanding of pharmaceutical care by its students early in the professional program in pharmacy. The philosophy of practice as well as the necessary professional attitudes, ethics, and behaviors should evolve during the course of study. Moreover, the College or School should insure the professionalization of students, including the provision of a positive outlook for all aspects of pharmacy practice.

**Standard No. 2. Systematic Planning**

The College or School of Pharmacy should have a plan and deploy a systematic planning process to facilitate and continuously improve achievement of the College's or School's mission, goals, and objectives. Plans and planning processes should benefit from the support and cooperation of the University administration.

**Guideline 2.1**

The systematic planning process should include review and revision, where necessary, of the College's or School's mission statement. The review procedure for the mission, goals, and objectives should be inclusive, involving administrative leaders, faculty, students, and practitioners.

**Guideline 2.2**

The planning process should be strategic in that it is ongoing, broadly-based, including students and practitioners, and considers financial and academic planning within the context of societal and professional changes occurring and contemplated.

**Standard No. 3. Systematic Assessment of Achievement**

The College or School of Pharmacy should establish and maintain a system that assesses the extent to which its mission, goals, and objectives are being achieved. Formative and summative indicators of achievement should be identified and employed in a continuous and systematic process of evaluating the outcomes of the educational, research, service, and pharmacy practice programs. Evaluation should extend beyond the acquisition of knowledge by students to the application of knowledge and skills in the care of patients in improving medication use. The College or School should show evidence of using analysis of outcome measures throughout the educational, research, service, and pharmacy practice programs, for purposes of continuing development and improvement, including revisions in curriculum, and modifications of faculty and student policies.

**Guideline 3.1**

Information regarding the effectiveness of the professional program in pharmacy, particularly in the form of student achievement, should be gathered systematically from sources such as students, alumni, state boards of pharmacy and other publics, professional staff of affiliated practice facilities, and a variety of other practitioners. The results of student exit interviews, preceptor evaluations, alumni surveys, and standardized licensure examinations should be appropriately employed in the assessment system of the College or School; other indicators of programmatic and student achievement that assess the extent to which the mission, goals, and objectives are being achieved should be developed and appropriately applied.
STANDARDS FOR ORGANIZATION AND ADMINISTRATION

Standard No. 4. College or School of Pharmacy and University Relationships

The University should provide a College or School of Pharmacy adequate financial, physical, faculty, and administrative resources so as to enable it to meet required professional program responsibilities, to ensure program stability, and to insure continuous program quality improvement. The administrative structure of the College or School should provide for a Dean, who serves as the chief administrative and academic officer. The Dean should have ready access to the University President and/or other University officials charged with final responsibility for the College or School. The College or School should participate in the governance of the University in a manner consistent with the needs of the institution in general and the welfare of the College or School in particular.

The College or School should be afforded a reasonable degree of autonomy by the University. Responsibility and authority for administration of the professional program in pharmacy should be vested in the College or School. The definition and delivery of the curriculum should be a responsibility of the College or School, within the framework of institutional policies and authorities.

Standard No. 5. Organizational and Administrative Relationships in University and Affiliated Health Care Facilities

The University should support the development of suitable relationships with other academic and service units of the University for instruction, research, and patient care. University support should also be provided to expand affiliations with various pharmacy practice settings external to the University.

So as to foster educational outcomes related to teamwork in health care delivery, organizational structure and administrative patterns in University or University-affiliated health care facilities should promote integrated educational, research, service, and pharmacy practice activities, provide a clearly understood relationship between service and educational units, insure the necessary blend of educational and patient care activities in a variety of practice settings, and assure that appropriate authority for the control and supervision of academic activities is vested in the College or School of Pharmacy.

Standard No. 6. College or School of Pharmacy Organization and Administration

The College or School of Pharmacy should be organized in a manner which facilitates the accomplishment of its overall mission, promotes the goals and objectives of the professional program in pharmacy, supports pharmacy disciplines, and effectively deploys resources. The College's or School's organizational and administrative structure should clearly identify lines of authority and responsibility. There should be evidence of a spirit of collegiality as well as evidence of mutual understanding and agreement among the faculty, the Dean, and other administrative leaders of the College or School on its mission, goals, and objectives as well as evidence of acceptance of the responsibilities necessary to their achievement.
Guideline 6.1

Where the College or School faculty is organized into departments, divisions, or other sub-units, administrative leaders, such as Chairs or Heads, should be invested with the authority necessary to discharge their responsibilities. Goals and objectives should be established which articulate with the mission statement of the College or School. Systematic evaluation of the College’s or School’s mission, goals, and objectives should assess the effectiveness of each organizational unit in and of itself, as well as how each contributes to the College or School as a whole in achieving desired outcomes. Departments, divisions, or other sub-units should be evaluated on the basis of their goals and objectives, including the effectiveness of their contribution to the professional program in pharmacy.

Guideline 6.2

Criteria should be established and a mechanism should be in place for the development and periodic review of the Dean and other administrative leaders of the College or School. The review process should be broadly-based, including faculty, students, and practitioners.

Guideline 6.3

The College or School should adopt, consistent with University policies and procedures, a set of bylaws that delineates the method of faculty governance and clarifies faculty and administrative responsibilities. Opportunity should be afforded for all faculty to participate in the governance system and in the affairs of the departments or divisions, where such sub-units exist. The College or School should assure a system for communications among all of its components and for informing alumni and other interested parties of its work.

Guideline 6.4

The faculty should meet with suitable regularity, and a committee structure should exist to assist in the work of the College or School. Committees should include students, voluntary faculty, and/or pharmacy practitioners. Minutes of faculty meetings and written records of committee actions should be maintained and be available.

Standard No. 7. Responsibilities of the Dean of the College or School of Pharmacy

The Dean should demonstrate progressive, constructive academic and professional leadership and effectively unite and inspire faculty and students toward achievement. The Dean is responsible for assuring: development, articulation, and implementation of the mission statement; recruitment, retention, and development of a competent faculty and staff; development, implementation, and evaluation of the educational, research, service, and pharmacy practice programs and their enhancement; initiation, implementation, and management of programs for the recruitment and admission of qualified students; establishment and implementation of standards for academic performance and progression; resource acquisition and allocation; and continuous enhancement of the visibility of the College or School both on campus and to external constituencies.

Guideline 7.1
The Dean should be qualified to provide leadership in pharmacy education, in research and scholarly activities, and in pharmaceutical care. Among indices of positive and effective leadership of the Dean are: a commitment to teaching and research, including pedagogy and scholarly concern for the profession generally, and pharmacy practice, in particular; a sustained record of scholarship; a knowledge of health care systems and directions; active and ongoing participation in the affairs of professional or scientific societies; and an assertive advocacy on behalf of the College or School to the University administration.

**Guideline 7.2**

In instances where the Dean is assigned other substantial administrative responsibilities within the University, arrangements for additional administrative support to the office of the Dean should be made so as to assure effective administration of the affairs of the College or School.

**Guideline 7.3**

In support of the Dean, the responsibilities of the administrative leaders of departments, divisions, or other sub-units that may exist, such as Chairs or Heads, should include advancing the respective pharmacy discipline(s), mentoring and developing faculty, assuring effective delivery of the respective course offerings, managing operations and budgetary affairs, and setting and evaluating goals and objectives consistent with the College’s or School’s mission and as a part of the College’s or School’s systematic planning and assessment. The administrative leaders should function as a team and should play a key role in the development and improvement of the professional program in pharmacy. Adequate administrative and other support should be provided to the administrative leaders of departments, divisions, or other sub-units that may exist.
STANDARDS FOR CURRICULUM

Standard No. 8. The Curriculum in Pharmacy

The College or School of Pharmacy should offer a curriculum in pharmacy intended to prepare its graduates to become generalist practitioners of pharmacy. The goals and objectives of the curriculum in pharmacy should embrace the scope of contemporary practice responsibilities as well as emerging roles that ensure the rational use of drugs in the individualized care of patients as well as in patient populations. The organized program of study should provide students with a core of knowledge, skills, abilities, attitudes, and values that are necessary to the provision of pharmaceutical care and should provide opportunity for selection by students of courses and professional experiences in keeping with particular interests and goals. The need for life-long learning should be reflected as an integral theme of the curriculum.

Standard No. 9. Curricular Organization and Length

The curriculum in pharmacy should provide sufficient content for the achievement of the professional competencies necessary to the general practice of pharmacy and to satisfy educational requirements for licensure as a pharmacist, and should meet the requirements of the institution for the doctor of pharmacy degree. The College or School of Pharmacy’s organized plan of study should focus upon the content, sequence, process, and outcomes of the curriculum. The curriculum for the professional program in pharmacy requires a minimum of four academic years or the equivalent in order to ensure achievement of the professional competencies necessary to become a generalist practitioner who renders pharmaceutical care.

Standard No. 10. Professional Competencies and Outcome Expectations

Professional competencies that should be achieved through the College or School of Pharmacy’s curriculum in pharmacy are an ability to:

a. evaluate drug orders or prescriptions, accurately and safely compound drugs in appropriate dosage forms, and package and dispense dosage forms;
b. manage systems for storage, preparation, and dispensing of medicines, and supervise technical personnel who may be involved in such processes;
c. manage and administer a pharmacy and pharmacy practice;
d. apply computer skills and technological advancements to practice;
e. communicate with health care professionals and patients regarding rational drug therapy, wellness, and health promotion;
f. design, implement, monitor, evaluate, and modify or recommend modifications in drug therapy to insure effective, safe, and economical patient care;
g. identify, assess, and solve medication-related problems, and provide a clinical judgment as to the continuing effectiveness of individualized therapeutic plans and intended therapeutic outcomes;
h. evaluate patients and order medications and/or laboratory tests in accordance with established standards of practice;

i. evaluate patient problems and triage patients to other health professionals as appropriate;

j. administer medications;

k. monitor and counsel patients regarding the purposes, uses, and effects of their medications and related therapy;

l. understand relevant diet, nutrition, and non-drug therapies;

m. recommend, counsel, and monitor patient use of nonprescription drugs;

n. provide emergency first care;

o. retrieve, evaluate, and manage professional information and literature;

p. use clinical data to optimize therapeutic drug regimens;

q. collaborate with other health professionals; and

r. evaluate and document interventions and pharmaceutical care outcomes.

Outcome expectations for student performance in the professional competencies stated above should be set forth and measured by the College or School. The process of measuring outcome expectations should include student self-assessments of performance in the stated professional competencies.

**Standard No. 11. Areas and Content of Curricular Core**

The areas and content of the curriculum in pharmacy should provide the student with a core of knowledge, skills, abilities, attitudes, and values which, in composite, relate to the professional competencies and outcome expectations set forth in Standard No. 10. Professional Competencies and Outcome Expectations. The areas and content of the curriculum in pharmacy should be in phase with one another and should be balanced in accord with the College or School of Pharmacy’s mission, goals, and objectives. The areas and content of the curricular core are as follows:

- **Biomedical sciences**, including content in anatomy, physiology, pathophysiology, microbiology, immunology, biochemistry, molecular biology, and biostatistics;

- **Pharmaceutical sciences**, including content in medicinal chemistry, pharmacognosy, pharmacology, toxicology, and pharmaceutics which encompasses physical/chemical principles of dosage forms and drug delivery systems, biopharmaceutics, and pharmacokinetics;

- **Behavioral, social, and administrative pharmacy sciences**, including content in health care economics, pharmacoeconomics, practice management, communications applicable to pharmacy, the history of pharmacy, ethical foundations to practice, and social and behavioral applications and laws pertaining to practice;

- **Pharmacy practice**, including content in prescription processing, compounding and preparation of dosage forms, including parenteral products, drug distribution and drug administration, epidemiology, pediatrics,
geriatrics, gerontology, nutrition, health promotion and disease prevention, physical assessment, emergency first-care, clinical laboratory medicine, clinical pharmacokinetics, patient evaluation and ordering medications, pharmacotherapeutics, disease-state management, outcomes documentation, self care/non-prescription drugs, and drug information and literature evaluation; and professional experience, including introductory and advanced practice experiences acquired throughout the curriculum as a continuum, progressing from the Introductory Pharmacy Practice Experiences through the Advanced Pharmacy Practice Experiences in a variety of practice settings.

**Guideline 11.1**

Instruction in the use of new and innovative technologies in the provision of pharmaceutical care, such as information systems and biotechnology, should be integrated throughout the areas and content of the core curriculum.

**Guideline 11.2**

The biomedical and pharmaceutical sciences should be of such depth, scope, timeliness, quality, sequence, and emphasis to provide the foundation for and support of the intellectual and clinical objectives of the professional program in pharmacy. The biomedical sciences should provide the basis for understanding and treating humans in health and disease. Where instruction is provided in the biomedical sciences by other academic units of the University, these areas should be developed in accord with the goals and objectives for the curriculum in pharmacy. Appropriate liaison mechanisms should be established to insure effective instructional delivery and to assure satisfaction of biomedical science objectives for the professional program in pharmacy.

**Guideline 11.3**

The behavioral, social, and administrative pharmacy sciences should provide the basis for understanding and influencing human behavior in health and disease, in the management process of pharmacy, and in pharmacy’s interrelationships with health care systems. The behavioral, social, and administrative pharmacy sciences should attend to the knowledge, skills, abilities, attitudes, and values necessary to the efficient and effective management of patient-centered practice, including administrative and management matters related to drugs and supplies, as well as administrative and management activities related to personnel and finances. Moreover, the behavioral, social, and administrative pharmacy sciences area should contribute to the development and implementation of care plans and to the management of the patient's drug therapies.

**Guideline 11.4**

The professional experience should be of adequate intensity, breadth, and duration so as to support achievement of stated competencies as demonstrated by assessment of outcome expectations. Students should be duly enrolled in the College or School of Pharmacy and should not receive monetary remuneration for professional experience so as to assure the primacy of an appropriate student/teacher relationship.

**Guideline 11.5**
The Introductory Pharmacy Practice Experiences should be offered in various practice settings during the early sequencing of the curriculum for purposes of providing transitional experiential activities and active learning. Such practice experiences should be organized as a curricular progression leading to advanced practice experiences so as to support growth in the student's capabilities to render pharmaceutical care. The scope and breadth of the introductory experiences should involve the initial development of practice skills, and should be consistent with these stated purposes. A quality control procedure should be established in accord with stated purposes and outcome expectations; the Introductory Pharmacy Practice Experiences may be designed in conjunction with didactic courses or as a discrete experiential offering.

**Guideline 11.6**

The Advanced Pharmacy Practice Experiences should provide active participation and in-depth experiences to acquire practice skills and judgment and to develop, in a graded fashion, the level of confidence and responsibility needed for independent and collaborative practice. Toward this end, a spectrum of practice experiences should be deployed wherein the biomedical sciences; pharmaceutical sciences; behavioral, social, and administrative pharmacy sciences; and pharmacy practice are integrated, professional knowledge and skills are applied, and professional attitudes, ethics, and behaviors are developed so as to enable students to provide pharmaceutical care. Advanced practice experiences should enhance communication and collaborative skills with patients and other professionals, including the ability to work and communicate effectively with diverse colleagues and patients. The advanced practice experiences should also provide experience in prescription processing, compounding and preparation of dosage forms, including parenteral products, drug distribution systems, documentation of services, the taking of drug histories, participating in drug therapy decisions, monitoring, educating, and counseling patients, solving problems, and systematically evaluating drug use. Advanced practice experiences should include application of clinical pharmacokinetic principles in the development and management of dosing and should incorporate knowledge and skills in the searching, analysis, and interpretation of drug information. Students should be under the close supervision of pharmacist role models.

**Guideline 11.7**

The organization of the Advanced Pharmacy Practice Experiences should provide a balanced series of core and selective experiences that cumulatively provide sustained experiences of adequate intensity, breadth, and duration to enable achievement of stated competencies as demonstrated by assessment of outcome expectations. Generally, the core and selective experiences should be full-time and provide continuity of care, with pharmacy faculty supervision and monitoring. The duration of the Advanced Pharmacy Practice Experiences should ordinarily be the equivalent of one academic year. Core experiences should develop pharmaceutical care capabilities in inpatient and ambulatory care settings, especially community pharmacies. Selective experiences should complement the core experiences and provide adequate and innovative opportunities for students to mature professionally in accord with their individualized interests. The series of core and selective experiences should be philosophically and educationally coordinated to achieve, in composite, the experiential whole of the Advanced Pharmacy Practice Experiences.

**Guideline 11.8**
The Advanced Pharmacy Practice Experiences should be provided in both ambulatory and inpatient settings and should include primary, acute, chronic, and preventive care among patients of all ages. The core experiences should provide substantial experience in community pharmacy practice and hospital/institutional pharmacy practice, as well as substantial practice experience with general medicine acute care patients. Most of the advanced practice experiences should involve direct patient care. However, some of the advanced practice experiences may involve indirect patient care or may occur in non-patient care areas, such as research and management. Other experiences, such as those in drug information, managed care, and home health care should be available.

Guideline 11.9

A quality control procedure for the Advanced Pharmacy Practice Experiences should be established for core and selective experiences so as to facilitate achievement of stated competencies, provide for feedback, assure reasonable standardization, and insure consistency in evaluation. The College or School should assure that all practice facilities utilized for the advanced practice experiences meet and sustain conditions necessary to the delivery of pharmaceutical care and to the students’ learning needs through the establishment of a mechanism such as the use of a review council. This review council, or other established mechanism for quality control, should involve individuals with appropriate expertise and perspectives, such as student, practitioner, and board of pharmacy representation. The core and selective experiences should be organized, administered, and evaluated in accord with their individualized goals and objectives and in keeping with the overall goals and objectives for the advanced practice experiences. General objectives and learning modules as well as site specific guidelines should be established for the core and selective experiences. Specific criteria should be developed so as to enable faculty and students to assess both formative and summative progress. Students should be provided the opportunity to demonstrate achievement of stated competencies as evaluated through the use of reliable, validated criteria.

Standard No. 12. Teaching and Learning Processes

The College or School of Pharmacy should address the ways by which curricular content is taught and learned in the student's achievement of the professional competencies. Attention should be given to teaching efficiencies and effectiveness as well as innovative ways and means of curricular delivery. Educational techniques and technologies should be appropriately integrated to support the achievement of the professional competencies, to foster the development and maturation of critical thinking and problem solving skills, and to meet the needs of diverse learners. Evidence that the educational process involves students as active, self-directed learners and shows transition from dependent to independent learning as students progress through the curriculum should be provided.

Guideline 12.1

The educational process should ensure that students are afforded a broad conceptual mastery of pharmacy practice through the integration of subject matter, literature, theory, and methods. The educational techniques and technologies should sequentially develop and demonstrate the capacity of students to interpret, organize, and communicate knowledge, to engage in critical thinking, and to develop those analytical, ethical, and professional skills needed to practice and advance the profession of pharmacy.

Guideline 12.2
Teaching strategies to ensure the adeptness of critical thinking and problem solving should be an integral part of the educational process. Also, the acquisition of both oral and written communication skills should be integrated throughout the curriculum. The curricular areas of pharmacy practice and professional experience should serve as the mainstay for the application and further development of interpersonal and interprofessional communicative and collaborative skills necessary to the rendering of pharmaceutical care. The teaching and learning of practice skills should be supported by applications of computer technologies, case studies, simulations, and guided group discussions.

**Guideline 12.3**

The educational process should promote life-long learning through emphasis on active, self-directed learning and the fostering of ethical responsibility for maintaining and enhancing professional competence.

**Guideline 12.4**

The College or School is urged to offer a curricular pathway for the professional program in pharmacy leading to the Doctor of Pharmacy degree for baccalaureate in pharmacy-degreed pharmacists that is nontraditional in its processes, strategies, and tactics for delivery. This pathway should provide individualized assessments of the professional competencies set forth in Standard No. 10. Professional Competencies and Outcome Expectations for purposes of placement and to enable a customized plan of study. This curricular pathway should be convenient and accessible, taking into account the special needs and concerns of baccalaureate in pharmacy degree practitioners and characteristics of adult learners. The nontraditional curricular pathway should insure achievement of the professional competencies as documented by assessment of outcome expectations for the professional program in pharmacy. The College or School should experiment with procedures and assessments for admission with advanced standing, teaching strategies and instructional methods for curricular delivery, and techniques and technologies to enable educational economies and efficiencies.

**Standard No. 13. Evaluation of Student Achievement**

The College or School of Pharmacy should establish principles and methods for the formative and summative evaluation of student achievement. A variety of evaluation measures should be systematically and sequentially applied throughout the professional program in pharmacy. Assessments should measure cognitive learning, mastery of essential practice skills, and the abilities to communicate effectively and to use data in the critical thinking and problem solving processes. Evaluation processes should measure student performance in all of the professional competencies in accord with outcome expectations.

**Guideline 13.1**

The system of student evaluation utilized by the College or School should foster self-initiated learning. Testing procedures should condition students for the integration and application of principles, critical thinking, and problem solving rather than for short-term retention or memorization of specific details or isolated facts.

**Standard No. 14. Curriculum Evaluation**

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Evaluation measures focusing on the efficacy of the curricular structure, content, process, and outcomes should be systematically and sequentially applied throughout the curriculum in pharmacy. Evidence should exist that evaluation outcomes, including student achievement data, are applied to modify or revise the professional program in pharmacy.

**Guideline 14.1**

A system of outcome assessment should be developed which fosters data-driven continuous improvement of curricular structure, content, process, and outcomes. Evaluation of the curriculum should occur systematically in order to monitor overall effectiveness, to enable the achievement of the professional competencies in accord with outcome expectations, and to provide a studied basis for improvement. The ongoing evaluation process should include input from faculty, students, administrators, practitioners, and state board of pharmacy members and other publics. The curriculum as a whole, as well as individual courses, should be evaluated with respect to the goals and objectives for the professional program in pharmacy. Experimentation and innovation within the curriculum in pharmacy should occur continuously. Experimental or innovative approaches should be adequately planned and coupled with an appropriate evaluation system. Evaluation should assure that the curriculum is responsive to changes in pharmacy practice as well as to changes in educational technologies, and insure that an educational setting and methods of instruction exist that maximize the development of effective and efficient learning experiences.

**Guideline 14.2**

A curriculum committee or other appropriate body with defined authorities and responsibilities, should be in place to manage an orderly and systematic review of the curriculum structure, content, process, and outcomes. Duties of this committee should include assurances for coordination of course material, minimization of unwarranted repetition, deletion of outdated or unessential content, and provision of a reasonable course load for students. A curricular editing process should assure that additions are counterpoised with deletions. The appropriateness of emphasis, presentation mode, and proper sequencing should be considered so as to provide the optimal environment for learning. The committee should assess the extent to which innovative teaching methods are effectively deployed, and outcome measures are systematically applied for purposes of improvement.
STANDARDS FOR STUDENTS

Standard No. 15. Organization of Student Affairs Within a College or School of Pharmacy

An organizational element within the College or School of Pharmacy should be devoted to student affairs. The administrative officer responsible for this organizational element should provide leadership in the development and provision of student services, including activities intended to develop professional attitudes, ethics, and behaviors and to otherwise foster the professionalization of the students. This administrative officer should oversee and coordinate the multifaceted student affairs activities and services, including recruitment programs, administration of the admissions and progression processes, maintenance of records, organization of academic advising and career-pathway counseling, verification of completion of degree requirements, and linkage with University student services.

Guideline 15.1

The College or School should demonstrate that an ordered, accurate, and secure system of student records is maintained. Student records should be confidential with access limited to authorized persons. Students should be informed of the right of access to their own records.

Guideline 15.2

The College or School should demonstrate that reasonable efforts have been made to assist students in obtaining financial aid. In advance of graduation, the students should receive a written statement from the University or the College or School indicating all sources of financial assistance received through the institution for which repayment is required along with the terms and conditions associated with repayment. The College or School should collect and assess information regarding default rates in student loan programs.

Guideline 15.3

The College or School should provide academic advising and personal and career-pathway counseling adequate to the needs of students, including those in nontraditional pathways. Advisor and counselor training programs, adequate personnel, and other support should be provided. Personal counseling should be made available through University resources or by other arrangements.

Guideline 15.4

The College or School should assure access to health services for students, including times of assignment to off-campus sites. Appropriate immunization standards should be established as well as a means for ensuring that such standards are satisfied.

Guideline 15.5

A policy on student affairs, including admissions and progression, that assures non-discrimination on the basis of race, religion, gender, lifestyle, national origin, or disability should exist.
Standard No. 16. Admission Criteria, Policies, and Procedures

The College or School of Pharmacy should establish criteria, policies, and procedures for admission to the professional program in pharmacy. These criteria, policies, and procedures should be published in clearly stated terms and made available to students and prospective students.

Admissions criteria should include the satisfactory completion of post-secondary preprofessional requirements of such length and quality to provide scientific foundations and general education and to prepare for and meet the requirements of the professional doctorate in pharmacy. Admissions criteria should use measures of achievement in the stipulated preprofessional requirements and other postsecondary undertakings, and should employ and set performance expectations for such other tests, evaluations, or interviews, that the College or School has demonstrated to be useful in selecting students who have the potential for success in the professional program in pharmacy and the profession.

**Guideline 16.1**

The preprofessional requirements should provide basic sciences requisite to the curriculum for the professional program in pharmacy, illustrative of which are general chemistry, organic chemistry, biological sciences, mathematics, computer technologies, and physical sciences. Moreover, sufficient general education, defined as humanities, behavioral sciences, social sciences, and communication skills, should be provided in the preprofessional requirements that encourages the broadening of intellectual powers and interests and facilitates the development of professional practitioners capable of understanding a culturally diverse society and their role in it as health care providers. Elements of general education may be attained concurrent or integrated with the curriculum for the professional program. The preprofessional requirements may include some elements of the biomedical sciences area of the curriculum for the professional program.

**Guideline 16.2**

The College or School may organize its preprofessional requirements and the professional program in pharmacy as an integrated curriculum or programmatic continuum, in accord with its established mission statement and its published admissions policies and procedures.

**Guideline 16.3**

Admissions criteria, policies, and procedures should give consideration not only to scholastic accomplishments, but also to other factors such as motivation, industry, and communication capabilities that show the student's potential to become a life-long learner and an effective professional. Efforts should be made in the selection of students to foster diversity.

**Guideline 16.4**

A recruitment program should be established to provide a pool of well qualified and diverse applicants for the available positions.

**Guideline 16.5**

Studies are encouraged that relate admissions criteria with student achievement in the professional program in pharmacy and performance in professional practice.
**Guideline 16.6**

Students may be admitted to the professional program in pharmacy under an early selection program. In such an admissions arrangement, a formal and published agreement should exist between the College or School and the associated institution(s). The early selection student should be admitted to the professional program in pharmacy contingent upon successful completion of entrance requirements and application procedures.

**Standard No. 17. Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing**

The College or School of Pharmacy should establish transfer credit and course waiver policies consistent with University policies. Generally, credits toward completion of the professional program in pharmacy may be transferred from another ACPE accredited degree program in pharmacy, and requisites may be waived on the basis of rational procedures and defensible assessments.

Graduates of an ACPE accredited baccalaureate in pharmacy program should have all credits of the baccalaureate in pharmacy degree program transferred to the professional program in pharmacy and should be admitted with advanced standing. Moreover, requisites should be waived based upon an educationally sound assessment of the professional competencies set forth in Standard No. 10. Professional Competencies and Outcome Expectations which may have been achieved through continuing pharmaceutical education, all other postgraduate education and training, and the quality and quantity of previous pharmacy practice experience.

**Guideline 17.1**

The plan of study for baccalaureate in pharmacy-degreed pharmacists should be customized in accord with the results of the candidate’s individualized assessments deploying educational economies and efficiencies and assuring comparability of the professional competencies and outcome expectations. Curricular areas and content determined to be essential may be accessed through traditional and/or nontraditional educational methods. The professional experience should be organized in a manner that enables continuity in the care of patients and optimizes the characteristics, capabilities, and resources of adult learners. A continuing pharmaceutical education sequence may be set forth that prepares for and supports successful completion of the professional program in pharmacy.

**Standard No. 18. Progression of Students**

The College or School of Pharmacy should establish and publish criteria, policies, and procedures for academic progression as well as for academic probation, dismissal, and readmission. The student's responsibilities and rights to due process, including appeal mechanisms, should be published and made available.

**Guideline 18.1**

An ongoing monitoring system of student performance is necessary for the early detection of academic difficulty. The College or School should provide a system of access for individualized student services, such as tutorial support.
**Standard No. 19. Disclosure of Program Information**

A current and accurate description of the professional program in pharmacy and its post-secondary preprofessional requirements should be made available to prospective and enrolled students.

**Guideline 19.1**

A current catalog and/or other documents should be available which include at least the following: the mission, goals, and objectives of the professional program in pharmacy; the curricular plan, courses, and credit hours; resources available to effect the curriculum; admissions and progressions criteria and policies; off-campus curricular requirements; graduation requirements; tuition and fees, including refund policies; graduation and placement rates; current accreditation status of the program; recent pass rates on standardized licensure examinations; and expectations for attitudes, values, traits, and ethics as put forth by the profession.

**Standard No. 20. Student Representation**

The College or School of Pharmacy should show evidence that student representation exists on appropriate committees and policy-development bodies of the College or School, including the curriculum committee. Students should be given the opportunity to be heard during regular faculty meetings.

**Guideline 20.1**

The College or School should have a student government as well as suitable committees, such as a student/faculty relations committee, to develop student leadership, to insure a forum for student dialogue, and to assure adequate communication of student opinions and perspectives.

**Standard No. 21. Student Perspectives in Program Evaluation and Development**

The College or School of Pharmacy should provide evidence that student opinion is sought in program evaluation and development. Moreover, the College or School should demonstrate that student input is systematically encouraged and considered in order to foster active student participation in the development and improvement of the professional program in pharmacy.

**Guideline 21.1**

Instruments and techniques, such as student evaluation questionnaires and exit interviews, should be systematically employed for purposes of obtaining student opinions of faculty, curriculum, and other aspects of the professional program in pharmacy. The evaluative data so obtained should be systematically applied for purposes of continuous improvement. The College or School should indicate to the students the outcomes of their participation in the systematic process of program evaluation and development.

**Standard No. 22. Student/Faculty Relationships**

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Evidence of harmonious relationships between faculty and students should be demonstrated. Faculty should mentor students in their academic pursuits, nurture a positive attitude about the provision of pharmaceutical care, provide guidance on various career pathways and encourage student involvement in affairs of the profession. The College or School of Pharmacy should provide an environment and culture that supports the professionalization of students, is conducive to good student morale, and inculcates attitudes, ethics, and behaviors congruent with professional standards.

**Guideline 22.1**

Faculty should actively encourage student involvement in various professional organizations, serve as role models, and support student attendance at national, state, and local meetings. Organized efforts should exist to broaden the horizons of students, including scientific inquiry, scholarly concern for the profession, and post-graduate education and training, through such means as guest lecturers, and participation in curricular and extracurricular activities.

**Guideline 22.2**

Faculty/student interactions should be facilitated through informal activities. Faculty attendance at student functions, both professional and social, is urged as an effective means of fostering harmonious relationships and serving as role models.
STANDARDS FOR FACULTY

Standard No. 23. Faculty and Staff, Quantitative Factors

The College or School of Pharmacy should have sufficient faculty and staff resources to meet its mission, goals, and objectives in the areas of education, research, service, and pharmacy practice. The faculty of a College or School consists of individuals who have a range of academic titles, full- or part-time appointments, and serve with or without compensation. A critical nucleus of full-time faculty to support the pharmacy disciplines and each area of the curriculum in pharmacy is required. This nucleus may be complemented by part-time faculty, co-staffed or co-funded faculty positions with affiliates, post-doctoral personnel, and voluntary faculty. Voluntary faculty should have adjunct or other appropriate academic titles. The College or School should have a faculty/student ratio sufficient to effectively deliver and evaluate the professional program in pharmacy and to provide time for faculty to engage in faculty development and to pursue research and scholarly activities. The curricular area of professional experience requires close supervision of and significant interaction with students, and thus a greater faculty/student ratio should be provided during this aspect of the professional program in pharmacy.

Guideline 23.1

The faculty/student ratio for the professional experience area of the curriculum in pharmacy should be adequate so as to provide individualized instruction, guidance, and evaluative supervision by pharmacy faculty. Important factors to be considered to assure these goals are the number of students each faculty member is assigned during the Introductory Pharmacy Practice Experiences, and, particularly, during the Advanced Pharmacy Practice Experiences, the nature of the practice setting, and the character of instructional delivery.

Guideline 23.2

The several responsibilities of faculty need to be in balance so as to enable the pursuit of faculty responsibilities to scholarship.

Guideline 23.3

Adequate staff resources, such as administrative assistants, secretaries, student affairs personnel, teaching assistants, and laboratory technicians, should be provided to support effective operation of the College or School. Other staff resources such as telecommunication, audiovisual, and computer personnel should be available.

Standard No. 24. Faculty and Staff, Qualitative Factors

The faculty of the College or School of Pharmacy should possess professional and academic expertise in the components of the professional program in pharmacy for which they are responsible, and demonstrate contemporary knowledge and abilities in current educational philosophy and techniques. Faculty, individually and collectively, should demonstrate a commitment to the mission, goals, and objectives of the College or School and to the professional program in pharmacy. Those faculty whose responsibilities include the practice of pharmacy should satisfy all professional licensure requirements which apply to their practice sites.
The College or School should have an organized professional development program for full-time, part-time, and voluntary faculty, consistent with their respective responsibilities and should demonstrate the effectiveness of this professional development program. The professional development program should enhance teaching and assessment skills and should assist faculty in efforts to become and remain productive scholars. Additionally, the professional development program should support the acquisition of skills needed for teaching diverse learners.

**Guideline 24.1**

Faculty members, where consistent with their academic responsibilities, should be involved in the provision of pharmaceutical care. This activity not only contributes to the maintenance and enhancement of the skills of practice, but it is also of fundamental importance in the development of those skills in students. In the Advanced Pharmacy Practice Experiences involving direct patient care, it is necessary to have practice faculty who are role models of professional attributes and behaviors so as to effectively mentor, monitor, and evaluate students. Faculty members whose academic responsibilities do not involve the provision of pharmaceutical care should be encouraged to visit various practice settings so as to heighten sensitivity to and understanding of pharmacy practice and the delivery of pharmaceutical care.

**Guideline 24.2**

The faculty should have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, effective communication skills, and an understanding of pedagogy, including construction and delivery of the curriculum in pharmacy. Faculty should deploy educational technologies and techniques that support various modes of educational delivery, such as simulations and case studies, and evaluation, such as test construction and clinical performance assessments. Educational support systems should be provided to practitioners serving as voluntary faculty in the professional experience program.

**Guideline 24.3**

Faculty and staff should be selected in accordance with a policy which assures nondiscrimination on the basis of race, religion, gender, lifestyle, national origin, or disability. The College or School is encouraged to seek diversity in the recruitment of its faculty.

**Standard No. 25. Faculty Evaluation**

Established criteria and a defined process should exist for the measurement of performance of each faculty member and for promotion and, where applicable, tenure consideration. Faculty should be evaluated for quality and effectiveness utilizing academically accepted indicia appropriate to the established responsibilities of individual faculty members. Evaluation techniques should include administrative review, peer review, and student evaluations.

**Guideline 25.1**

Teaching abilities, skills, and effectiveness related to pharmaceutical education should be evaluated and documented.
**Guideline 25.2**

Faculty should have a responsibility to generate and disseminate knowledge through scholarship, whether or not graduate education is a component of the College's or School's mission. Scholarship, including the scholarship of teaching, should be evident and demonstrated by productive research and scholarly activities, such as contributions to the scientific, professional, and educational literature, publication of books and review articles, and successes in securing extramural funding in support of research and scholarly activities. The College or School should foster an environment which encourages contributions by the faculty to the development and transmission of new knowledge, and should contribute to the advancement of knowledge and to the intellectual growth of students through scholarship. The College or School is encouraged to provide, or be affiliated with institutions that provide, residency and fellowship programs.

**Guideline 25.3**

Contributions to the advancement and promotion of the profession of pharmacy should be evidenced by activities such as the development and evaluation of innovative practice modes, participation in professional and scholarly meetings, presentation of papers, service as an officer or committee member of organizations, and as a presenter of continuing education programs.

**Guideline 25.4**

The faculty evaluation process should take into account and appropriately recognize efforts of faculty that make contributions toward advancement of the professional development of students, such as academic advising, career pathway counseling, and student organization advising.

**Standard No. 26. Faculty Self-Assessment**

Faculty should continually evaluate their individual and collective performance. It is essential that faculty assume responsibility for continuously improving their own teaching, scholarship, and service activities. The use of teaching portfolios as faculty self-assessment instruments is encouraged.
STANDARD FOR LIBRARY AND EDUCATIONAL RESOURCES

Standard No. 27. Library and Educational Resources

Library and educational resources should be available and accessible to the College or School of Pharmacy that are sufficient to support the professional program in pharmacy and to provide for research and scholarly activities in accord with the mission of the College or School. The collection, educational technologies, services, and staff should be adequate to the needs of faculty and students, including those in nontraditional pathways; holdings should be current with an established mechanism for review and updating; the physical facilities should adequately house the library's print and non-print holdings, and provide sufficient study, reading, and computer space for students and faculty. The College or School should demonstrate that these resources are fully incorporated and utilized in the teaching and learning processes.

Guideline 27.1

The library resources and educational technologies should satisfy generally accepted standards and practices for library and educational resources that serve the professional program in pharmacy. The library should be under the direction of a professional librarian and a good working relationship should exist with the College or School. Educational technology services should be under the direction of a media professional and an effective working relationship should exist with the College or School as well as with the library. A faculty liaison or committee should be established to assure the adequacy of the collection, educational technologies, and services and insure their appropriate integration into the teaching program. An organized program should exist to teach students the effective and efficient use of the library and educational resources. Remote access technologies and mechanisms which promote utilization of library information from off-campus sites should be available. Search capabilities, inter-library loans, and other methods for access to materials not in the collection should be available and taught to students. Student and faculty opinions should be sought regarding the adequacy of library and educational resources, and estimates of utilization of available resources by students and faculty should be obtained so as to foster improvement.
STANDARDS FOR PHYSICAL AND PRACTICE FACILITIES

Standard No. 28. Physical Facilities

The physical facilities of a College or School of Pharmacy should be adequate to achieve its stated mission. Essential physical facilities include administrative and faculty offices, teaching and research laboratories, lecture rooms, small classrooms or conference rooms, student amenities, program support areas, and an infrastructure to support educational technologies. The physical facilities should be adequately equipped, well-maintained, provide a reasonably attractive environment for teaching and learning, and meet the federal, state, and local legal standards for disabled individuals. The teaching facilities, including general and specialized laboratories, should be sufficient in number and adequate in size to accommodate the student body. Equipment for computer and laboratory work should be available so as to provide individual learning experiences and should be available in a quantity sufficient so that each student has opportunity for participation. Physical facilities, instrumentation, and supplies should be adequate to support the research and scholarly activities of the College or School, including its professional development program for faculty.

Guideline 28.1

Offices for faculty should provide privacy for study and for counseling and advising students. Adequate facilities should be available for support staff, including space for clerical and receptionist duties, copying services, and the housing of equipment and supplies.

Guideline 28.2

Adequate equipment, instrumentation, and other educational technologies necessary to support the College’s or School’s mission, including audio-visual aids and computers, should be provided. The necessary teaching resources, including facilities for practice simulations, should be available so as to provide students with foundational practice exercises and simulated pharmaceutical care experiences.

Guideline 28.3

Adequate space should be provided for student activities and organizations, such as meeting rooms, study areas, and lounges. Appropriate resources should be available to support a favorable environment for student life.

Guideline 28.4

Proper and adequate animal facilities should be available to carry out the teaching and other programs of the College or School. Development and maintenance of such facilities should meet acceptable standards for animal facilities.

Guideline 28.5

Access to specialized resources is necessary to support the professional program in pharmacy, in accord with specific curricular needs. Illustrative of such resources are a drug information center, computer laboratory, professional practice simulation laboratory, poison control center, pharmaceutical technology laboratory, and a nuclear pharmacy.

Standard No. 29. Practice Facilities
A College or School of Pharmacy should have practice facilities of adequate number and sufficient nature to support the professional experience area of the curriculum and to provide for the student enrollment. Administrative arrangements should exist between the College or School and its practice affiliates.

Guideline 29.1

Practice facilities essential to the core Advanced Pharmacy Practice Experiences, such as appropriate inpatient and other environments of hospital/institutional practice, and ambulatory care settings, including community pharmacies, should be available. Suitable facilities should be available for students to support the selective Advanced Pharmacy Practice Experiences in a range of practice settings, such as primary, acute, chronic, and preventive care areas, medical specialty care areas, in home care, health maintenance organizations, managed care, extended care, and other health care facilities.

Guideline 29.2

The pharmaceutical services at each practice facility should be of an exemplary nature and faculty (salaried or voluntary) should serve as role models of professional attributes and behavior for students. All practice facilities should be selected in accord with quality criteria established and reviewed periodically, in accord with the quality control procedure of the College or School. The quality control procedure should include delineation of outcome expectations for student performance in stated competencies along with assessment tools for measurement. The College or School should develop innovative practice settings so as to provide students with new concepts and practice capabilities.

Guideline 29.3

The patient population within the patient care areas of the practice facilities available to the College or School should be adequate for the instructional activities being conducted. Evaluation of learning opportunities should include assessment of the total number of students assigned to the facility, including pharmacy students as well as other health professional students.

Guideline 29.4

Where University health care facilities exist, these resources should be available to the professional program in pharmacy. Appropriate interrelationships should exist between the College or School, the health care facilities, and the pharmacy services of the health care facilities. Moreover, the educational programs of the College or School should be integrated with the pharmacy services of the health care facilities.

Guideline 29.5

The stability of relationships between the College or School and its practice affiliates should be demonstrated by contractual agreements or other statements of understanding. Agreements should provide for sufficient advance notification of termination in order to permit development of alternate affiliations should this become necessary. Agreements should also address student-related matters such as health services, malpractice provisions, immunization policies, and professional conduct.
STANDARD FOR FINANCIAL RESOURCES

Standard No. 30. Financial Resources

Financial resources of a College or School of Pharmacy should be adequate so that continuing operation of the professional program in pharmacy is assured at an acceptable level. A budget should be available that provides for programmatic needs, including faculty resources, materials and supplies, faculty development, and evaluation for purposes of assessment of achievement and to insure program effectiveness. Enrollments should be established and managed by the College or School in harmony with resource capabilities. Financial resources are necessary to provide for appropriate and well-maintained physical facilities. The University and the College or School should develop and maintain a broad base of financial support. The College or School should augment budgetary resources with programs of private giving and other extramural support for purposes of programmatic development and enrichment.

Guideline 30.1

The College or School should operate with a budget that is developed and managed in accord with sound and accepted business practices. Financial resources should be deployed efficiently and effectively in support of the mission, goals, and objectives, and should be provided in accord with the plan of the College or School.

Guideline 30.2

A program should be established to acquire extramural funds through endowment income, grants, contracts, and other fund raising mechanisms. Resources obtained through such sources should be free of restrictions that may interfere with sound educational and ethical policies; such resources should be used in a manner which maintains the integrity of and supports the mission of the College or School. Accountability of faculty to the College or School and its professional program in pharmacy should not be affected by extramural funding.
GLOSSARY

**Mission, Goals, and Objectives**
A mission statement defines the long-range purposes or aims which the College or School of Pharmacy strives to sustain year after year. Goals define those end results to be achieved; taken collectively, goals embody the mission of the College of School. Objectives refer to those relatively short-term conditions to be achieved within a given period of time that are measurable evidence of progress toward achievement of the goals of the College or School.

**Professional Competencies**
Professional qualities including knowledge, skills, abilities, attitudes, and values necessary to the educational preparation of a generalist practitioner who renders pharmaceutical care.

**Pharmaceutical Care**
Pharmaceutical care is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life. These outcomes are (i) cure of disease; (ii) elimination or reduction of a patient’s symptomatology; (iii) arresting or slowing of a disease process; or (iv) preventing a disease or symptomatology.

Pharmaceutical care involves the process through which a pharmacist cooperates with a patient and other health care professionals in designing, implementing, and monitoring a therapeutic plan that will produce specific therapeutic outcomes for the patient. This in turn involves three major functions: (i) identifying potential and actual drug-related problems; (ii) resolving actual drug-related problems; and (iii) preventing drug-related problems.

Pharmaceutical care is a necessary element of health care, and should be integrated with other elements. Pharmaceutical care is however, provided for the direct benefit of the patient, and the pharmacist is responsible directly to the patient for the quality of care. The fundamental relationship in pharmaceutical care is a mutually beneficial exchange in which the patient grants authority to the provider, and the provider gives competence and commitment (accepts responsibility) to the patient.

The fundamental goals, process, and relationships of pharmaceutical care exist regardless of practice setting.

**Standards**
Accreditation standards reflect professional and educational qualities identified by the Council as essential to the professional program in pharmacy leading to the doctor of pharmacy degree (Pharm.D.). The use of the word “should” indicates that ACPE considers an attribute to be necessary for compliance and to insure a quality program. Compliance with standards equates to accreditation of the professional program in pharmacy. Based upon the several evaluative steps in the accreditation process, the ACPE determines compliance with standards and the accredibility of the program.

**Guidelines**
Guidelines are derivative of a particular standard and are provided for guidance and/or interpretation of the standard’s intent and purpose. Guidelines are also presented to illustrate ways and means of complying with standards; they assist the College or School of Pharmacy as it demonstrates compliance with standards and they assist evaluation teams in the assessment of the College’s or School’s compliance with standards.
Formative Evaluation
An evaluation process in which outcomes data and analysis are used to modify (form or reform) an activity with an eye to improving it before the activity is completed or repeated. For example, identifying student deficiencies at midpoint during a course and then using the information to modify later course activities is a formative use of outcomes data.

Summative Evaluation
An evaluation process in which outcomes data and analysis are used to show the degree to which goals are attained at the conclusion of an activity. For example, a student’s final course grade represents a summative evaluation of outcomes data and analysis.

Outcomes Expectations
Established performance descriptions that are quantifiable and measurable.

Outcome Assessment
The process of collecting information about the attainment of a desired outcome of an academic endeavor; analyzing that information by comparing and contrasting it with previously established statements of mission, goals, and objectives; then using that information to validate the existing effort or to make recommendations to guide improvement.
STANDARDS AND GUIDELINES FOR ACCREDITATION OF PROFESSIONAL DEGREE PROGRAMS IN PHARMACY – OLD STANDARDS

ORGANIZATION AND ADMINISTRATION

Standard No. 1. University Organizational Structure

The university is expected to assure that the college or school of pharmacy maintains a reasonable degree of autonomy for development of its professional programs, as defined by its dean and faculty, within the framework of the university's aims and objectives.

   Guideline 1.1
   
   Professional programs in pharmacy are those leading to the baccalaureate in pharmacy and the doctor of pharmacy degrees. Within institutional policies, responsibility and authority for administration of these professional programs, including curriculum development and delivery, should be vested in the college or school of pharmacy to assure appropriate programmatic autonomy.

Standard No. 2. University Organization and Administration for Education and Service Activities

Organizational structure and administrative patterns in university or university-affiliated institutions should promote integrated educational and service activities, provide a clearly understood relationship between service and educational units, provide the necessary blend of educational and patient care activities, and assure that appropriate authority for the control and supervision of academic activities is vested in the college or school of pharmacy.

Standard No. 3. University Support for Interdisciplinary Health Science Education

The university is expected to assist the college or school of pharmacy in developing suitable relationships with other health professions for instruction, research and patient care. If other health professions are present within the university, such relationships should be fostered within university facilities. Additional relationships, as needed, should be secured through affiliations with agencies external to the university.

   Guideline 3.1
   
   Interprofessional health science education should be encouraged through administrative organization which will permit access to and facilitate utilization of common physical and clinical facilities. The professional programs in pharmacy should benefit from association with other health science programs, including opportunities for shared clinical experiences.

   Guideline 3.2
   
   The university is expected to develop and to support a suitable consortium of the health profession colleges and/or schools present within the university. In those instances where a limited number or an absence of other health professional colleges or schools exist within the university, an advisory board or other liaison mechanism should be established to facilitate interprofessional relationships.

Standard No. 4. University Financial and Physical Resource Support
The university is expected to provide adequate financial and physical resources to assure stability of the college or school of pharmacy and to enable it to meet its programmatic responsibilities.

**Standard No. 5. College or School of Pharmacy Mission and Goals**

The college or school of pharmacy should generate a comprehensive statement of its mission and goals in the areas of education, research and service. The mission and goals of a college or school should demonstrate consistency with current and projected educational needs for pharmacy as a unique profession in the health science field. Goals should be compatible with the general and specific objectives of pharmaceutical education in keeping with accepted standards of practice as reflected in the accreditation standards.

**Guideline 5.1**

In establishing the mission and goals, a college or school of pharmacy should draw upon contemporary practice standards and on long-range expectations for evolution of the profession.

**Guideline 5.2**

Professional programs of a college or school of pharmacy will be considered in the light of their own stated purposes so long as those purposes demonstrably fall within, and adequately reflect, the definitions of professional programs established by the accreditation standards.

**Guideline 5.3**

Departments, divisions, or other subunits of the college or school which may exist should have their own goals and objectives, and demonstrate an understanding of how these articulate with collegiate and programmatic goals and objectives.

**Guideline 5.4**

A systematic planning process should be employed to facilitate achievement of the college's or school's mission, goals and objectives.

**Standard No. 6. College or School Organization and Administration**

The college or school of pharmacy should be organized in a manner which facilitates achievement of its goals and effectively utilizes its resources. The organization and administration of the college or school should provide for a dean. The organizational and administrative structure should clearly identify lines of authority and responsibility, and should assure a framework which fosters adequate communications. There should be mutual understanding and agreement among the faculty, the dean, and other administrators on the goals of the college or school and evidence of acceptance of their responsibilities in achieving these goals.

**Guideline 6.1**

A well-ordered plan should exist for the effective utilization of financial resources available to the college or school.

**Guideline 6.2**
There should be evidence that facilities, student services and other administrative support for the professional programs are available and organized to accomplish stated goals.

**Guideline 6.3**

Criteria for faculty evaluation and a policy for their application should be established which takes into account the diverse responsibilities of a health profession faculty. Clearly delineated and mutually agreed upon faculty performance criteria should be in place for tenure and promotion of all eligible faculty.

**Guideline 6.4**

Administrative policy should be established which supports faculty development. Enrichment opportunities should be available to all faculty. Attendance at appropriate meetings and seminars should be encouraged.

**Standard No. 7. Dean and Faculty Responsibilities**

The dean and faculty are responsible for recruitment and retention of a competent faculty and staff; development, implementation and continuation of the instructional, research and service programs of the college or school; initiation, implementation and continuation of programs for the recruitment and admission of qualified students; establishment and implementation of standards for academic performance and progression; and maintenance of the visibility of pharmacy and the college or school of pharmacy both on campus and to external constituencies. The dean of the college or school is expected to demonstrate positive, constructive academic and professional leadership and to effectively unite and inspire faculty and students toward achievement.

The faculty should meet with suitable regularity, and a committee structure should exist to assist in the work of the college or school. Minutes of faculty meetings and written records of committee actions should be permanently maintained for future reference.

The dean and faculty are expected to contribute to the university by serving on university committees in a manner consistent with the need of the institution in general and the welfare of the college or school in particular.

**Guideline 7.1**

Among indices of positive and constructive leadership of the dean are scientific and scholarly achievements, participation in the affairs of pharmaceutical organizations, interest in a progressive educational process, understanding of the problems of pharmacists and other health professionals, cooperation with other university officials and leaders in the profession, and an awareness of directions in health care.

**Guideline 7.2**

In instances where the dean of the college or school of pharmacy is assigned other administrative responsibilities within the university, it is expected that arrangements for administrative support to the office of the dean will be made so as to assure effective administration of the affairs of the college or school of pharmacy.
Guideline 7.3

Where the faculty is organized into departments, divisions, or other sub-units of the College or School, heads or chairs should be viewed as being critical to effective implementation of departmental/divisional goals, and, in concert with the Dean, play a leadership role in the improvement and development of the professional program. A major responsibility of heads or chairs should be the development of faculty with provision of guidance and counseling in accord with institution-based as well as departmental/divisional and individualized objectives.

FACULTY AND STAFF

Standard No. 8. Essentials for Faculty and Staff

The factor of greatest significance in assurance of educational quality in a college or school of pharmacy is the excellence of its faculty and staff. In addition to an adequate number of faculty, essential faculty qualities include appropriate educational background and experience, good attitude and morale, effective teaching skills, and commitment to scholarship and service. Faculty should be committed to the goals and objectives of the college or school. Faculty whose responsibilities include practice should be licensed pharmacists satisfying all professional licensure requirements which apply to their practice sites.

Guideline 8.1

The faculty should possess professional and academic expertise with suitable backgrounds in educational techniques and administration, commensurate with their ranks and responsibilities.

Guideline 8.2

Faculty are expected to be involved, on a continuing basis, in the improvement in their areas of teaching, service and scholarly activities.

Guideline 8.3

Faculty and professional staff should be selected in accordance with a policy which assures nondiscrimination on the basis of race, religion, sex, and national origin.

Guideline 8.4

Faculty should be evaluated for quality and effectiveness utilizing academically accepted indicia appropriate to the defined responsibilities of individual faculty members. Among these are:

Guideline 8.4.1: ability, skills and enthusiasm for teaching.

Guideline 8.4.2: scholarship demonstrated by productive research, contributions to the scientific and professional literature, or other evidence of scholarly accomplishment such as the publication of books and reviews.

Guideline 8.4.3: success in securing extramural funding in support of research activities.
Guideline 8.4.4: research and development in pharmaceutical education.

Guideline 8.4.5: attendance at professional and scholarly meetings as well as participation in and contributions to seminars, workshops, colloquia or short courses in the field of expertise.

Guideline 8.4.6: effective behavioral and role modeling for students.

Guideline 8.4.7: participation in the life of the college or school and the university, as evidenced by committee service, chairmanship of committees, and involvement in campus governing bodies.

Guideline 8.4.8: participation in the advancement of the profession as evidenced by membership in appropriate organizations, attendance at meetings, presentation of papers at such meetings, service on committees or as an officer of professional organizations, conducting continuing education programs, and other evidence of service to the profession.

Guideline 8.5

Volunteer clinical faculty and preceptors should be exemplary role-model practitioners, and should reflect a broad spectrum of pharmacy practice settings. Criteria for appointment, retention and promotion should be established in accord with policies of the university and college or school, and should be based upon teaching performance and practice characteristics. Such faculty are expected to effectively address the intended educational objectives and outcomes set forth for the clinical or practice experience programs.

Standard No. 9. Critical Nucleus of Faculty and Staff

Faculty and staff resources should meet the comprehensive needs of a health profession college or school including its curriculum, research and scholarly activities, as well as its professional and public service responsibilities. A critical nucleus of full-time faculty in all areas of the professional curriculum is essential to quality pharmaceutical education. This nucleus may be complemented by part-time faculty. Clerkship and externship instruction requires significant student/preceptor interaction and thus a low student/preceptor ratio is expected.

Guideline 9.1

Adjunct, part-time, salaried and non-salaried faculty, pharmacy residents, and graduate/teaching assistants may assist in the educational program; however, with the exception of externship, these faculty/staff resources should not be the primary resource for teaching basic didactic courses or clerkships.

Guideline 9.2

The student/preceptor ratio for clerkships should be adequate to provide individualized guidance and evaluative supervision by pharmacy faculty. A major factor to be considered to assure this goal is the number of students each faculty member is assigned during a given clerkship rotation.

Standard No. 10. Self-Evaluation of Faculty
Faculty should continually evaluate their individual and collective performance as well as engage in programmatic evaluation. It is essential that faculty evaluate the teaching, scholarship and service activities of their colleagues. Faculty should conduct studies aimed at improvement of admission and counseling procedures, participate in curriculum surveys, study examination methods and results, make systematic efforts to obtain suggestions for programmatic improvements, seize other opportunities to strengthen the program, and devise ways and means for measuring programmatic outcomes.

**Standard No. 11. Supportive Personnel**

Adequate supportive personnel including administrators, secretaries, stockroom attendants, laboratory technicians, and maintenance personnel are required for effective operation of a college or school of pharmacy. Supportive programs, including drug information centers and clinical pharmacokinetics laboratories, should be adequately staffed with qualified personnel. Teaching assistants should be chosen in accordance with a well-defined policy; they should be trained properly for their teaching and supportive roles in the professional program and should be adequately supervised in fulfilling their responsibilities to students.

**PHYSICAL, CLINICAL, LIBRARY AND FINANCIAL RESOURCES**

**Standard No. 12. Physical Facilities**

Physical resources are necessary to achieve the goals of the college or school of pharmacy. Essential physical facilities include administrative and faculty offices, teaching and research laboratories, lecture rooms, conference rooms, student activities areas, and other service and programmatic support areas. Physical facilities should be adequately equipped, well-maintained, and provide a reasonably attractive environment for learning.

**Guideline 12.1**

Teaching facilities, such as classrooms, conference and seminar rooms, as well as general and specialized laboratories, should be sufficient in number and adequate in size to accommodate the student body. Teaching facilities should be properly equipped for the types of programs and curricula offered by the college and school. Research facilities, instrumentation and supplies should be adequate to accommodate the needs of the programs, faculty, and students.

**Guideline 12.2**

Offices for faculty and staff should provide privacy for study and for counseling and advising students.

**Guideline 12.3**

Adequate space should be provided to assure a favorable environment for student life. Appropriate resources, including meeting rooms, study areas, lounge and organizational facilities, should be available.

**Guideline 12.4**
Adequate facilities should be provided for secretarial/clerical and other support staff to discharge effectively their respective responsibilities, including space for clerical and receptionist activities, duplicating services, and the development and preparation of instructional materials.

**Guideline 12.5**

Sufficient space must be available for housing instructional supplies, chemicals, drugs and pharmaceutical preparations, glassware, instrumentation, audio-visual and other equipment used in the teaching program.

**Guideline 12.6**

Equipment for laboratory work should be available so as to provide individual learning experiences and should be available in a quantity sufficient so that each student has an opportunity for participation. Specialized equipment should be available to serve the needs of students with specialized interests.

**Guideline 12.7**

An on-going program should exist to assure adequate maintenance of physical facilities, equipment and instrumentation.

**Guideline 12.8**

Proper and adequate animal facilities should be available to carry out the teaching and other programs of the college or school. Development and maintenance of such facilities are expected to meet acceptable standards for animal facilities.

**Guideline 12.9**

Access to specialized resources is necessary to support the professional programs. The specific resources required are dependent upon the curricula and activities of the college or school. Illustrative of such resources are a drug information center, pharmacokinetics laboratory and service, pharmaceutical technology laboratories, a nuclear pharmacy, and computer facilities. Such resources should be equipped and staffed in accord with accepted practices.

**Guideline 12.10**

Computer technology should be available to facilitate learning and to develop student understanding of computer applications in pharmacy practice.

**Standard No. 13. Clinical Facilities**

Essential to the professional programs are clinical facilities of adequate number and sufficient quality to deliver the clerkships and externships of the curricula. Suitable facilities should be available in in-patient and out-patient practice environments including patient care areas of institutions, hospital pharmacies, community pharmacies, and other appropriate clinical environments. Stable administrative and academic arrangements should exist between the college or school and its clinical affiliates.

**Guideline 13.1**
Where a university hospital or other university clinical facility exists, it is expected that these resources be available to the professional programs with appropriate relationships existent between the college or school, the hospital, and the hospital pharmacy services. Successful integration of the educational programs and the service base of the clinical facilities requires administrative and/or contractual agreements with the college or school to allow for appropriate patient-related instruction. In addition to university facilities which are available, arrangements should exist between the college or school and outside agencies for carrying out the clinical teaching program in the in-patient and out-patient environments necessary to the program.

**Guideline 13.2**

The patient population within the patient care facilities available to the college or school should be adequate for the instructional and research activities being conducted. Evaluation of learning opportunities should include assessment of the total number of students assigned to the facility, including pharmacy students as well as other health professional students.

**Guideline 13.3**

The pharmaceutical services at each clinical teaching site should be of an exemplary nature and should be integrated with the educational program.

**Guideline 13.4**

Supportive resources and services should be available to the professional program, including drug information, pharmacokinetics and drug analysis laboratories. A variety of specialty practice areas should also be available, such as a pharmacokinetic consultation service, and various specialty in-patient and out-patient services.

**Guideline 13.5**

Patient care facilities which offer opportunity for unique or innovative practice experiences should be available, such as primary care sites, extended care facilities, home health care units, health maintenance organizations, and health and welfare agencies.

**Guideline 13.6**

Stability of relationships between colleges and schools and their clinical affiliates should be demonstrated by contractual agreements or other statements of understanding. Agreements should provide for sufficient advance notification of termination in order to permit development of alternate affiliations should this become necessary.

**Guideline 13.7**

Clinical facilities, including community pharmacies and institutional pharmacies, should be selected in accord with quality criteria established and reviewed periodically by the college or school.

**Standard No. 14. Library Resources**

It is expected that the library resources, including its collection, services and staff, will be sufficient to support the professional programs and to provide for faculty development in accord with the objectives of the college or school. Physical facilities should exist which adequately house the library print and non-print holdings, and provide sufficient study and reading space for students and faculty.
Guideline 14.1

Search capabilities, inter-library loan and other methods for access to materials not included in the collection should be available.

Guideline 14.2

The library should be under the direction of a professional librarian who enjoys good working relationships and open communications with faculty and students.

Guideline 14.3

Adequate holdings of current reference books and a wide range of relevant periodicals in support of the program are essential. There should be an effective mechanism for review and updating of library holdings.

Guideline 14.4

An organized program should exist to acquaint students with the effective and efficient use of the library as well as with the use of advanced information storage and retrieval techniques.

Standard No. 15. Financial Resources

Financial resources available to a college or school should be such that continuing operation of the programs is insured at an acceptable level. An adequate budget is essential to meet programmatic goals and needs including faculty and staff salaries, materials and supplies, faculty development, curricular study and improvement, as well as to provide for appropriate physical facilities. The university and college or school should develop and maintain a broad base of financial support.

Guideline 15.1

The budget of the college or school is expected to be managed using sound and accepted business practices.

Guideline 15.2

A program should be established to acquire extramural funds through endowment income, grants, contracts and other fund raising endeavors. Such resources, as well as funds for scholarships and fellowships, should be free of restrictions that might interfere with sound educational policy.

Guideline 15.3

In colleges or schools offering both professional programs, resources should not be employed to the benefit of one program at the expense of the other. Unless sufficient resources are available to develop and maintain both professional programs, the college or school should offer only one professional degree program.
CURRICULUM AND DEGREES

Standard No. 16. Accredited Professional Degree Programs

ACPE accredits programs leading to the two professional degrees in pharmacy, the baccalaureate in pharmacy degree and the doctor of pharmacy degree. Graduates of these professional degree programs should be educationally prepared for practice and should satisfy educational requirements for licensure.

Standard No. 17. The Professional Curricula

The professional curricula are the organized programs of study designed to achieve the goals of pharmaceutical education in general, and the objectives of the college or school of pharmacy in particular. The principal objective of the professional curriculum is to provide a plan for the education and training of qualified students for careers in pharmacy practice. The baccalaureate in pharmacy curriculum usually requires a five academic year program of study. A doctor of pharmacy curriculum usually requires six academic years to complete degree requirements and an intervening baccalaureate in pharmacy degree is generally not awarded. Students who already hold the baccalaureate in pharmacy degree may be admitted to doctor of pharmacy programs; the combined period of study is usually longer than six academic years. In such instances, admissions and/or curricular requirements should provide assurances that all programmatic expectations for the doctor of pharmacy degree have been satisfied.

Guideline 17.1

Accelerated or compressed curricular arrangements are considered to be a change from the traditional academic year program to a program encompassing the calendar year. In total instructional time, therefore, the traditional and accelerated or compressed curricula are essentially the same and are evaluated utilizing the same standards and expectations.

Guideline 17.2

Unique programs or apparent variations from accepted curricular standards place a requirement on the college or school to demonstrate that modifications proposed provide adequately for program equivalency. Assurances are expected that all graduates of a given college or school’s professional programs will have enjoyed educationally equivalent experiences and will have achieved educationally equivalent outcomes.

Guideline 17.3

Objectives for each professional program should be stated in terms of common knowledge and skills, as well as differentiated and/or additional knowledge and skills which the curriculum may address for specific practice roles.

Guideline 17.4

When both professional degree programs are offered by a college or school, separate sets of objectives should be established for each curriculum.
Standard No. 18. The Baccalaureate in Pharmacy Curriculum

The curriculum should provide the student with a basic core of professional knowledge and skill as well as a sound general educational base, which in composite provides for a well-educated and well-trained professional. In addition, the curriculum should provide opportunity for selection of courses and options in keeping with specialized interests and goals. The curriculum should also provide for the development of professional attitudes and foster an appreciation for professional responsibilities. The various components of the curriculum should be in phase with one another and an appropriate balance is expected among the following four areas of the core curriculum:

**General Education**: Defined as behavioral, social and humanistic areas of knowledge.

**Basic Sciences**: Includes mathematics as well as the physical and biological sciences which are requisite for professional instruction.

**Professional Sciences**: Includes the biomedical sciences, pharmaceutical sciences, and the clinical sciences.

**Practice Experiences**: Includes clerkships and externships.

**Guideline 18.1**

To foster an appreciation for professional responsibility, the need for life-long learning should be reflected as an integral theme of the curriculum.

**Guideline 18.2**

General Education: For assurances of a sound general education base, 30 semester hours or its equivalent of course work, including English courses, should be allocated to the area of general education.

**Guideline 18.3**

Basic Sciences: Illustrative of courses necessary to professional instruction are general chemistry, organic chemistry, general biology, and mathematics.

**Guideline 18.4**

Professional Sciences: Includes learning units to develop the student in the following areas:

*Guideline 18.4.1*: biomedical sciences, which include anatomy, physiology, microbiology/immunology, biochemistry, pathology, and biostatistics.

*Guideline 18.4.2*: pharmaceutical sciences, which include pharmaceutical or medicinal chemistry, basic pharmaceutics, biopharmaceutics, pharmacokinetics, pharmacognosy or natural products, pharmacology, and pharmacy administration (i.e., health care economics, practice management, communications, laws and ethical principles pertaining to practice, and the social and behavioral sciences in pharmacy).
**Guideline 18.4.3:** clinical sciences, which include clinical applications based on the biomedical and pharmaceutical sciences such as instruction in clinical and practice foundations, disease processes, clinical pharmacology and therapeutics, and drug information and literature evaluation.

**Guideline 18.5**

Practice Experiences: The curriculum should contain educational activities which are experiential in character. These activities should consist of clerkships and externships which build upon the professional sciences and promote the application of professional knowledge and skills. Practice experiences of adequate intensity, breadth, and duration are expected, in keeping with the college or school's objectives for the professional program.

**Guideline 18.5.1:** The externship and clerkship structure, content and design should be guided by a policy established by the faculty. A quality control system should be in place to assure the achievement of intended outcomes.

**Guideline 18.5.2:** Arrangements for relating the externship and clerkship experiences to board of pharmacy internship requirements which may exist for licensure are encouraged.

**Guideline 18.5.3:** The practice experiences should provide an appropriate balance between clerkship and externship. The externship is expected to include experiences in both community pharmacies and institutional pharmacies. The clerkship should be provided in appropriate in-patient settings or out-patient health care environments wherein a complete informational base exists for the pharmaceutical care of patients.

**Guideline 18.5.4:** Standardized student performance expectations should be established to provide guidance to preceptors so as to assist them in assuring reasonably consistent experiences and outcomes among the various sites employed.

**Guideline 18.5.5:** To assure the primacy of an appropriate student/teacher relationship, students should be duly enrolled in the college or school of pharmacy and should not receive monetary remuneration for externship and clerkship activities.

**Standard No. 19. The Doctor of Pharmacy Curriculum**

The differentiation between the baccalaureate in pharmacy and doctor of pharmacy curricula should be based upon scope, depth and proficiency of knowledge, skills and judgment acquired. The curriculum should provide the student with an enhanced core of professional knowledge and skills through enrichment of the biomedical, pharmaceutical, and clinical sciences, as well as through practice experiences. The curriculum should prepare students to be practitioners who are mature in the clinical practice of pharmacy.

The doctor of pharmacy curriculum should:

(a) Satisfy curricular requirements of the baccalaureate in pharmacy program, including externships, as set forth under Standard No. 18, The Baccalaureate in Pharmacy Curriculum;

(b) Provide an enhanced educational base for the clinical component of the curriculum, so that proficiency may be acquired in the clinical use of drugs as well as in the application of biomedical
and pharmaceutical sciences to drug therapy and practice problems. Emphasis must accordingly be placed upon the following areas: pathophysiology, physical assessment, clinical pharmacology and therapeutics, clinical aspects of biopharmaceutics and pharmacokinetics, and pharmacy administration; and

(c) Provide structured educational experiences in the clinical practice of pharmacy, of adequate quality and quantity, to assure development of clinical skills and judgment with the acquisition of the confidence necessary to assess therapeutic problems and to be an active participant in those decision-making processes related to the pharmaceutical care of patients. These experiential activities should be organized in structure and content so as to provide for the development of practice functions consistent with program objectives. The practice experience should provide ample opportunity for that maturation process necessary to an understanding of disease problems, drug therapy and their application to patients. A combination of required and elective experiences in the clinical practice of pharmacy should be structured with appropriate balance so as to provide a core of professional knowledge and skills along with flexibility which permits students to develop in accord with specialized practice interests and to benefit from unique resources available to the program.

Guideline 19.1

Pathophysiology and therapeutics should be studied in depth and with adequate attention to the social and psychological aspects of patient care.

Guideline 19.2

Traditional methods of providing biomedical, pharmaceutical and clinical science instruction should be augmented in order to provide a meaningful understanding of systemic disease processes and diagnoses. Students should work with patients, participate in patient care rounds and attend clinical case conferences in various patient settings to develop a full understanding of the therapeutic management of patients.

Guideline 19.3

Students should acquire experiences in the clinical practice of pharmacy in the following settings: general medicine, inpatient/acute care area; an ambulatory health care setting (e.g., family practice centers, health maintenance organizations, and clinics); and a medical specialty area (e.g., pediatrics, geriatrics, mental health, cardiology, nephrology, and nutritional support).

Guideline 19.4

Practice experiences should include application of clinical pharmacokinetic principles in the development and management of dosing and should incorporate knowledge and skills in the searching, analysis and interpretation of drug information.

Guideline 19.5

Practice experiences should be provided in enriched clinical settings. Ambulatory care-based practice sites should provide full opportunity to consult with and advise patients, interface with other health professionals in the care of patients, and to participate in the monitoring of patient therapy. In-patient care-based practice sites should permit access to a complete patient data base and provide opportunity to work closely in full collaboration with other health professionals in the management of patient therapy.
**Guideline 19.6**

A substantial experiential commitment is necessary to assure the expected development of clinical skills and judgment and to provide adequate time to build confidence and to foster maturation in the clinical practice of pharmacy. The experiential activities should assure continuity of learning experiences.

**EXPERIMENTATION AND EVALUATION**

**Standard No. 20. Experimentation and Innovation**

Experimentation and innovation within the pharmacy curriculum are expected. Experimental or innovative approaches should be adequately planned and coupled with an appropriate evaluation system. Colleges or schools of pharmacy desiring to explore curricular alternatives or other arrangements which depart from current standards should provide assurances that quality is not adversely affected.

**Guideline 20.1**

Particular areas expected for experimentation and innovation are curricular design, teaching strategies, instructional materials and delivery methods, student services, validation of new roles and practice functions for pharmacists, and other issues important to the continued growth and development of the profession.

**Guideline 20.2**

The results of experimental and/or innovative programs should be made available to other colleges and schools of pharmacy.

**Standard No. 21. Evaluation**

Evaluation of the professional programs is expected in order to monitor effectiveness and to provide a studied basis for planned change. Sufficient qualitative and quantitative information regarding the programs should be secured which shows an ongoing program of evaluation of outcomes consistent with stated goals and objectives.

**Guideline 21.1**

A curriculum committee or other appropriate body should be in place to manage an orderly and systematic review of the curriculum structure, content and process. Defined authorities and responsibilities should exist for this body so as to facilitate the necessary curricular study and to formulate recommendations for faculty consideration.

**Guideline 21.2**

Evaluation mechanisms should be designed to document the acquisition of knowledge, skills and attitudes necessary to achieve expected performance. If both the baccalaureate in pharmacy and
doctor of pharmacy programs are offered, differentiation between respective outcome measures should be established.

**Guideline 21.3**

Indicators for student achievement and educational outcome that demonstrate the success of the program in attaining its objectives should be secured. One such indicator is graduates' performance on standardized licensure examinations. Such scores should be among means for curriculum evaluation. Additional outcome measures should be sought which measure factors judged relevant to the graduate's functioning throughout adult life.

**STUDENTAFFAIRS**

**Standard No. 22. Admission Arrangements**

Students may be admitted to the baccalaureate in pharmacy or the doctor of pharmacy program directly from high school, by transfer from within the university, or by transfer from another post-secondary institution, upon completion of prescribed pre-professional study (termed prepharmacy). Students may also be admitted to a doctor of pharmacy program after receiving a baccalaureate in pharmacy degree from an ACPE accredited baccalaureate in pharmacy program. Students who have not graduated from an ACPE accredited baccalaureate in pharmacy program may be admitted to the doctor of pharmacy curriculum provided a program of study is developed which assures that all curricular requirements of a doctor of pharmacy program, as set forth in Standard No. 19, will be met. Students in good standing and eligible to continue in the college or school of pharmacy they have been attending may be accepted for transfer with advanced standing to another college or school of pharmacy within a framework for providing assurances that such students will satisfy all curricular requirements of the college or school in accord with ACPE standards prior to the award of a professional degree.

**Guideline 22.1**

In instances of transfer of courses, consideration for advanced standing in the professional programs should include achievement of a grade of C or better to satisfy requirements. Credits earned from another college or school of pharmacy for which a grade of C or better has been earned should ordinarily be accepted.

**Standard No. 23. Criteria for Admission**

The establishment of admission criteria for the professional programs is a responsibility of the college or school of pharmacy. The college or school of pharmacy should demonstrate its autonomy in the establishment of admissions criteria, policies and procedures. A policy should exist which assures non-discrimination on the basis of race, religion, sex, or national origin. A pool of well-qualified applicants should be sought.

**Guideline 23.1**

A recruitment program or other mechanism should be established to provide a pool of well qualified applicants for the available positions.

**Guideline 23.2**
Admissions decisions should give consideration not only to scholastic accomplishments but also to other factors such as motivation, industry and communication capabilities.

**Guideline 23.3**

Studies of the relationship between admissions criteria and student performance should be conducted to monitor the effectiveness of the admissions process.

**Standard No. 24. Progression of Students**

The college or school of pharmacy should establish criteria and policies and procedures for promotion as well as for academic probation, dismissal and readmission.

**Guideline 24.1**

Criteria, policy and procedures for progression through the program should be published and made available to students. An ongoing monitoring system of student performance is necessary for the early detection of academic difficulty. Students should be informed of their academic status, particularly when progress is unsatisfactory.

**Guideline 24.2**

The college or school should coordinate a tutorial service for students requiring such assistance.

**Standard No. 25. Academic Advising and Personal Counseling**

A college or school should meet student needs for academic advising and for personal and career counseling.

**Guideline 25.1**

Adequate personnel and other support should be provided by the college or school for academic advising and career counseling. Academic advising should include attention to outside commitments which may interfere with academic progress. Personal counseling should be made available through the university resources or other mechanisms.

**Guideline 25.2**

Students should be introduced to pharmacy career pathways and their corresponding educational or training requirements. The value of extracurricular activities including involvement in student, professional and social organizations should be inculcated.

**Standard No. 26. Financial Assistance**

The university and the college or school of pharmacy should demonstrate that reasonable efforts have been made to assist students in obtaining financial aid.

**Standard No. 27. Student Records**

The college or school of pharmacy should demonstrate that an ordered, accurate and secure system of student records is maintained.
Guideline 27.1

Student records must be confidentially maintained and the college or school should be able to demonstrate that access is limited to authorized persons. Students should be informed of right of access to their own records.

Guideline 27.2

A policy should exist with respect to providing information about students enrolled in a college or school of pharmacy to individuals or agencies outside the college or school or the university.

Guideline 27.3

Student records should be kept in a manner which facilitates auditing necessary to verify completion of all degree requirements.

Standard No. 28. Student Representation

The college or school should show evidence that student opinion is sought and taken into account, and that student representation exists on appropriate committees and other policy and decision-making bodies of the college or school.

Guideline 28.1

Ongoing student participation should be evident on select committees and other bodies that concern themselves with matters affecting students. For example, student participation on the curriculum committee is expected. Students should be given the opportunity to be heard during regular faculty meetings.

Guideline 28.2

Instruments and techniques, such as student evaluation questionnaires and exit interviews, should be employed for purposes of obtaining student opinions of faculty, curriculum, and other aspects of the professional program.

Guideline 28.3

To assure adequate communication of student opinions and perspectives, a suitable mechanism should be established, such as a student/faculty relations committee, student grievance committee or a student governance council.

Standard No. 29. Student/Faculty Relationships

An environment that is conducive to good student morale and fosters harmonious relationships between students and faculty should exist. Faculty should actively nurture a positive attitude about the profession and encourage student involvement in the issues confronting the profession. The college or school of pharmacy should assure that its students are exposed to a broad range of professional viewpoints.
Guideline 29.1

Faculty should actively encourage students to participate in professional activities such as reading the professional literature, involvement in professional organizations, attendance at continuing education programs and assistance in the development of quality continuing education activities.

Guideline 29.2

The college or school should broaden the horizons of students through scheduling of guest lectures, seminars, and other curricular or extracurricular events.

Guideline 29.3

Attendance by faculty at student functions, both professional and social, is urged as an effective means of fostering harmonious relationships.

Guideline 29.4

The college or school should show evidence of efforts to insure that students are exposed to professional ethics and standards of practice. Before graduation, students should become professional people who can be depended upon to place the patient's interest above their own. Students who exhibit failure to appreciate and accept this responsibility should be extended counseling to correct this deficiency or be advised to seek another career.
American Council on Pharmaceutical Education

Standards 2000 Self-Study
AMENDED MAY 2002

A Self-Study Guide
for Accreditation Standards and Guidelines
for the Professional Program in Pharmacy
Leading to the Doctor of Pharmacy Degree

Adopted June 14, 1997 and Effective July 1, 2000
Introduction

As part of the ACPE review of a professional program in pharmacy for the purposes of initial or continued accreditation, an in-depth self-study by the college or school of pharmacy is required. The self-study has two general aims: (1) to certify that a pharmacy education program meets prescribed standards, and (2) to promote institutional self-evaluation and improvement. The self-study should provide data about the program, identify programmatic strengths and weaknesses, and define strategies to ensure that strengths are maintained and weaknesses addressed.

Guidance for the self-study is provided in accord with groupings of standards and guidelines. Pertinent standards are cited for each grouping; inferred in such citations is reference to the associated guidelines. For definition of terms, consult the Glossary to Standards 2000. This document may also be accessed at the ACPE website: www.acpe-accredit.org.

The ACPE conducts, as an integral component of its accreditation review, its own analyses and evaluations of the Self-study, the Evaluation Supplement (to be completed by the Office of the Dean), and appropriate information from other sources such as third party comments and scores on licensure examinations, to determine whether the professional program in pharmacy complies with standards and that a process for improvement is evident.
A. Program Transition

Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree Adopted June 14, 1997 (Standards 2000), became effective as of July 1, 2000. Standards 2000 were to be implemented, as of the effective date, with the first class entering the curriculum for the professional program in pharmacy. Accordingly, implementation should have begun with the entry class in Fall 2000, with the first class scheduled to graduate from the customary academic year program fully based on Standards 2000 in Spring 2004. The self-study should be based on Standards 2000 and should deploy the Standards 2000 Self-Study Guide. The self-evaluation process should initially apply the standards to the first class entering the curriculum for the professional program in pharmacy with appropriate consideration given to plans for the progressive implementation of the standards.

The self-study for purposes of monitoring a baccalaureate in pharmacy program during the transition period following the effective date for Standards 2000 should continue to be based on the standards for the baccalaureate in pharmacy program in 1985 and the related self-study guide.

B. Organization of the Self-Study Process

The self-study process should be initiated approximately 18 to 24 months prior to the dates scheduled for the on-site evaluation. The self-study report should be completed in sufficient time so that it may be provided to the Council Office and the evaluation team members at least one month prior to the scheduled on-site evaluation. Two copies of the self-study should be forwarded to the ACPE office and one copy should be distributed directly to each evaluation team member.

A special committee should be convened to initiate, organize and manage the self-study process. The membership of the committee should be broadly based including representation from the collegiate community, including administrative leaders (Dean, Associate/Assistant Deans, Chairs), faculty, professional staff, students, alumni, practitioners and other members of the profession. The Chair should be a member of the faculty other than the Dean. Collegiate retreats may be a constructive means by which the self-study process is both initiated and concluded. The self-study process may be facilitated by utilizing subcommittees, each organized with a Chair, to focus upon the following areas of the standards and guidelines: Mission, Planning, and Assessment; Organization and Administration; Curriculum; Students; Faculty; Library and Learning Resources; Physical and Practice Facilities; and Financial Resources. The Self-Study Committee Chair and the Chairs of the subcommittees should meet regularly during the self-study process. Objective information should be sought and used by the subcommittees in evaluation of the standards. Wherever possible, a staff member of the college or school should be assigned to process factual and statistical information required by the committee as a whole or by the subcommittees. The subcommittees should stress self-evaluation in regard to the standards and not merely be descriptive of what currently takes place.

The responsibilities of the Self-Study Committee and its Chair include:

- Coordinating and providing leadership to the self-assessment;
- Selecting, orienting and overseeing self-study subcommittees;
- Establishing and maintaining communications with participants in the process, including
liaison with university officers;
• Developing a master timetable for the self-study effort, including individualized schedules for each subcommittee;
• Management of the process, including adherence to the established timetables;
• Reviewing and coordinating subcommittee reports for unnecessary overlap, inconsistencies, contradictions, and statistical inaccuracies;
• Assuring that objective information and self-assessment have been incorporated by the subcommittees
• Unifying, synthesizing, and preparing a succinct final self-study report.

The editing process should be mindful of the need to change neither the thrust nor the context of the various responses and findings. The master timetable should provide adequate opportunity for distribution and discussion of the report by the collegiate community prior to its forwarding to the Council Office and evaluation team members.

C. ACPE Professional Staff Assistance

Annually, the ACPE professional staff conducts an invitational conference for representatives of those colleges and schools scheduled for an accreditation review over the next two years. The purpose of the conference is to orient and assist the colleges or schools in the process of the self-study as well as other aspects of the evaluation procedure. Alternatively, a college or school may request assistance from the ACPE professional staff by scheduling a conference at the ACPE office or professional staff may meet with the self-study committee at the college or school of pharmacy. The professional staff consultation provides opportunity to assist with the self-study organization and to offer clarifying and other information needed by the college or school. Outside consultants, if used, should not be given responsibility for the leadership of the self-study or for preparation of the self-study report. While the ACPE recognizes the value of consultative guidance that may be provided by representatives of other institutions, self-assessment and introspection are the substance of the process.

D. Self-Study Description, Appraisal, and Documentation

The self-study guide is organized in accord with the current Standards and Guidelines. The general format for the finished self-study report should be organized in the following three sections:

Section 1. Summary of Progress
The first section should include a brief summary of the progress since the last accreditation review, paying particular attention to previous ACPE Actions and Recommendations.

Section 2. Self-Assessment of Standards
The Standards 2000 Self-Study Guide consists of a set of draft “worksheets,” one for each of the groupings of standards. These worksheets will form the basis of how the college or school supports the standards and guidelines.

Each worksheet consists of four parts. The first is simply a statement of the section of the standards covered by the worksheet. The second is a set of “Factors for Assessment.” These are factors that the College or School may use to assess the compliance of their program with the standards. These are also the factors that ACPE will use in evaluating the professional program in pharmacy to determine if it meets the standards.
ACPE understands that all “Factors for Assessment” may not be applicable to a given program. In addition, while the “Factors for Assessment” have been grouped under the section to which they pertain, it is expected that the College or School will address each standard within that section separately.

The third part of each worksheet contains a suggested list of documentation the professional program can provide to demonstrate fulfillment of the standards.

The fourth part of each worksheet allows the program to measure their level of compliance with the standards and guidelines in each area. If the program needs improvement, an action plan with timelines and checkpoints for improvement is requested from the College or School.

The self-study may be organized as a narrative document with appropriate inclusion of supportive information, documents, survey results, and tabular data. Bulky documents, such as preceptor manuals, course syllabi, bylaws, promotion/tenure policies, and survey documents, upon appropriate referencing in the narrative report, may be provided as appendices. ACPE hopes professional programs will find this format helpful in understanding the framework that will be used for evaluation.

**Note:**
The college or school of pharmacy may prefer to use an alternate self-study guide, such as may be suggested by the University, or one which is designed by the faculty of the college or school. Adaptations or modifications may be needed to address programmatic uniqueness or to coordinate self-study efforts with another accrediting agency. However, the college or school should address its self-assessment in accord with the general constructs of the Standards 2000 Self-Study Guide and should include its introspective and evaluative elements.

**Section 3. Comprehensive Summary**
The final section should be a summary of the principle strengths and needed improvements or further developments with an overall action plan to address the identified issues. Whereas no professional program cannot improve, the description of what actions will be taken in areas that need improvement is an important aspect of the self-study process.
Section 1. Summary of Progress

Provide a summary of progress since the last accreditation review (e.g. previous self-study, Evaluation Team Report, and Accreditation Actions and Recommendations). Illustrate how the issues identified and the recommendations/suggestions for improvement provided by the previous ACPE evaluators and previous ACPE Actions and Recommendations have been addressed.

Section 2. Self-Assessment of Standards

I. Standards for Mission, Planning, and Assessment

| Standard No. 1 - College or School of Pharmacy Mission and Goals |
| Guidelines 1.1 – 1.4 |
| Standard No. 2 - Systematic Planning |
| Guidelines 2.1 – 2.2 |
| Standard No. 3 - Systematic Assessment of Achievement |
| Guideline 3.1 |

A. Factors for Assessment (Please provide objective assessment information and data, where possible)

- Demonstrate how the mission is in alignment with the principles of pharmaceutical care?
- How does the mission reflect the importance of diversity of the students, staff, faculty, and practitioners?
- Does the mission explicitly support curricular pathways that are non-traditional in processes, strategies, and tactics for delivery?
- Does the mission reflect continued developmental educational opportunities?
- Does the mission explicitly support scholarly activities, including the scholarship of teaching? and scholarly concern for the profession?
- What process was/is used to develop/revise the mission, goals, and objectives? What evidence exists that this process is appropriate and productive?
- What process was used to develop the plan to achieve the mission, goals, and objectives?
- What evidence exists to demonstrate that the process used to develop the plan effective and productive?
- Are there inconsistencies or barriers between the stated mission, goals, objectives, and the operation of the college or school and its programs?
- Who is responsible for assessing the extent to which the mission, goals, and objectives of the program are being achieved?
- What are the major indicators deployed in the process of assessing the college or school’s outcomes? Are these indicators adequate to assess the college or school’s outcomes?
- Analyze and assess the achievement of the mission, goals, and objectives.
- What evidence exists that the analyses of the outcome measures have been used for continued development and improvement?

B. Suggested documentation in support of assessment
• The current mission statement, goals and objectives for the college or school of pharmacy
• The college or school plan to achieve the mission, goals, and objectives
• Evidence of support and cooperation of University administration for the college or school plan
• Illustration for outcome assessment of progress towards mission
• Formative and summative indicators utilized to evaluate the achievement/efficacy of the plan
• Other documentation that demonstrates support for meeting the standards

C. Evaluate the college or school’s progress within the area of Standards for Mission, Planning, and Assessment. (The college or school’s self-assessment should support the statement of progress.)

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D. If ‘Needs Improvement’ is selected, please provide an action plan, including timeline and checkpoints for improvement, where applicable.
II. Standards for Organization and Administration

<table>
<thead>
<tr>
<th>Standard No. 4 - College or School of Pharmacy and University Relationships</th>
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<tbody>
<tr>
<td>Standard No. 5 - Organizational and Administrative Relationships in University And Affiliated Health Care Facilities</td>
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<tr>
<td>Standard No. 6 - College or School of Pharmacy Organization and Administration Guidelines 6.1 – 6.4</td>
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<tr>
<td>Standard No. 7 - Responsibilities of the Dean of the College or School of Pharmacy Guidelines 7.1 – 7.3</td>
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A. Factors for Assessment (Please provide objective assessment information and data, where possible)

- Analyze the effectiveness of the college or school’s relationships within the University and with the University officers.
- Identify the strengths and weaknesses of the current organizational structure within the college or school.
- What evidence exists that the organizational structure facilitates the achievement of the mission of the college or school of pharmacy?
- What is the philosophy of management within the college or school?
- Are the respective roles and responsibilities of the administrative leaders clearly defined and understood by the administrative leaders and the faculty?
- Is the organization, including departments/divisions, adequately staffed and appropriately directed?
- What evidence exists that the individual departments’/divisions’ goals relate to the college or school’s mission and goals?
- How do the committees and their charges correlate with and support the mission, goals, objectives, and plan of the college or school?
- What developmental programs exist for the Dean and other administrative leaders?
- Evaluate the effectiveness of each department/division and how each contributes to the college or school, as a whole, in achieving the desired outcomes.
- Evaluate the effectiveness of communications between the Dean and other administrative leaders, faculty, staff, students, and affiliated practitioners.
- What evidence exists for a spirit of collegiality among the faculty, the Dean and other administrative leaders of the college or school?
- What evidence exists for mutual understanding and agreement of the mission, goals, and objectives among the faculty, the Dean and other administrative leaders of the college or school?
B. Suggested documentation in support of assessment

- University and College or School Organizational Charts
- Written constitution and bylaws of College or School (if applicable)
- Individual departments’/divisions’ plan, goals, and objectives
- Copy of Faculty handbook (i.e. faculty bylaws; may be made available on-site)
- List of committees with their members and designated charges
- List of affiliations external to the College or School
- List of support staff within each department/division
- Other documentation that demonstrates support for meeting the standard

C. Evaluate the college or school’s progress within the area of Standards for Organization and Administration. (The college or school’s self-assessment should support the statement of progress.)

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D. If ‘Needs Improvement’ is selected, please provide an action plan, including timeline and checkpoints for improvement, where applicable.
III. Standards for Curriculum

<table>
<thead>
<tr>
<th>Standard No. 8 - The Curriculum in Pharmacy</th>
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<tr>
<td>Standard No. 9 - Curricular Organization and Length</td>
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<td>Standard No. 10 - Professional Competencies and Outcome Expectations</td>
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<td>Standard No. 11 - Areas and Content of Curricular Core</td>
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<td>Guidelines 11.1 – 11.9</td>
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<td>Standard No. 12 - Teaching and Learning Processes</td>
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<td>Guidelines 12.1 – 12.4</td>
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<td>Standard No. 13 - Evaluation of Student Achievement</td>
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<td>Guideline 13.1</td>
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<td>Standard No. 14 - Curriculum Evaluation</td>
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<td>Guideline 14.1 – 14.2</td>
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A. Factors for Assessment (Please provide objective assessment information and data, where possible)

**Curriculum:**

- Demonstrate that the curriculum is in accord with its goals and objectives.
- Evaluate the achievement of stated outcomes of the biomedical sciences; pharmaceutical sciences; behavioral, social, and administrative sciences; and pharmacy practice areas.
- Evaluate the achievement of stated outcomes of the introductory pharmacy practice experiences.
- Evaluate the achievement of stated outcomes of the advanced pharmacy practice experiences.
- Demonstrate the continuum of early introductory to advanced pharmacy practice
- Explain the relationship between the areas and the content of the curricular core.
- Evaluate the success of the curriculum in achieving the professional competencies and outcome expectations, including the non-traditional curricular pathway.
- Which particular area of the curriculum, if any, needs further development? Explain.

**Teaching and Learning Processes:**

- Do the teaching methods assist the students to accomplish the stated outcomes? Explain.
- What evidence exists that the teaching methods have facilitated student learning?
- Which teaching methods need improvement?
- Submit evidence that exists for integrated/comprehensive use of computer technologies and other information systems throughout the curriculum.
- What evidence exists for student achievement in oral and written communication?
- What evidence exists that the curriculum and the teaching and learning processes involve students as active, self-directed learners?
- What evidence exists that the teaching and learning processes promote collaborative skills?
- Do student self-assessments correlate with faculty assessments? Is there consistency in the assessment of students in team-taught courses? Provide data, wherever possible, for
evaluation team review.

- How does the system of student testing and student evaluation foster self-initiated learning?
- What evidence exists that the curriculum and its instructional methods foster the development of critical thinking and problem-solving skills?
- What evidence exists that the curriculum and its instructional methods foster life-long learning?

Curricular Evaluation:

- Is the body responsible for curriculum review functional and effective? Does it have the necessary authority and responsibility? Is the composition of its membership reflective of the collegiate community of interests; including the student body?
- Is this body engaged in a system of outcome assessment?
- How have the analyses of the indicators been used to improve the curriculum?
- What evidence exists that evaluation outcomes, including student achievement data, are applied to modify or revise the curriculum?
- If a non-traditional pathway(s) leading to the Doctor of Pharmacy degree exists, how are comparable competencies to those in the traditional Doctor of Pharmacy program assured?

B. Suggested documentation in support of assessment

- Copy of the curricular structure
- List of the professional outcomes/competencies for the professional program in pharmacy
- Introductory and advanced pharmacy practice experience manuals, including assessment forms
- List of advanced pharmacy practice experiences, required and electives
- Copies of course syllabi, including stated outcomes, practice opportunities, and assessment techniques
- Presentation of nontraditional pathway(s) leading to the Doctor of Pharmacy degree
- Examples of student achievement: copies of exams, papers, projects, etc.
- Plan for curricular assessment; including assessment of teaching strategies, indicators for student learning and the curriculum, for both the traditional and non-traditional pathways
- Standardized licensure exam scores (e.g. NAPLEX) or other licensure exams (e.g. California Board) for the past several years; include first-time pass rates and competency area scores
- Other documents that demonstrates support for meeting the standard

C. Evaluate the college or school’s progress within the area of Standards for Curriculum. (The college or school’s self-assessment should support the statement of progress.)

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D. If ‘Needs Improvement’ is selected, please provide an action plan, including timelines and checkpoints for improvement, where applicable.
IV. Standards for Students

Standard No. 15 - Organization of Student Affairs within a College or School of Pharmacy
Guidelines 15.1 – 15.5

Standard No. 16 - Admission Criteria, Policies, and Procedures
Guidelines 16.1 – 16.6

Standard No. 17 - Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing
Guideline 17.1

Standard No. 18 - Progression of Students
Guideline 18.1

Standard No. 19 - Disclosure of Program Information
Guideline 19.1

Standard No. 20 - Student Representation
Guideline 20.1

Standard No. 21 - Student Perspectives in Program Evaluation and Development
Guideline 21.1

Standard No. 22 - Student/Faculty Relationships
Guideline 22.1 – 22.2

A. Factors for Assessment (Please provide objective assessment information and data, where possible)

- Evaluate the effectiveness of the college or school’s Student Affairs area.
- Evaluate the college catalogue and brochures regarding content currency, adequacy and accuracy. Adequate public disclosure should assure inclusion of the following items: admissions criteria and policies; academic offerings; academic calendar; progression policies; tuition and fees; refund policies; graduation requirements; graduation rates.
- Describe how the College or School ensures that the currency, adequacy and accuracy of information is maintained.
- Describe recruitment efforts and evaluate the effectiveness of recruitment.
- What correlation has been determined to exist between admission criteria and success in the curriculum for the professional program in pharmacy?
- Does the diversity among the student body satisfy the goals of the college or school of pharmacy?
- Identify the strengths and weaknesses within the provision of scholarship/financial aid, advising, tutoring, health services, and career planning.
- Evaluate the adequacy of support to student organizations provided by the college or school.
- Evaluate the student government and committees and other mechanisms in place with regard to developing student leadership and to ensuring communication of student opinions and perspectives.
- Evaluate student morale. Indicate the basis and factors used in the evaluation.
- Evaluate the adequacy of the environment and culture to enable the professionalization of
students and to support good student morale.

- Evaluate the degree to which faculty mentor students regarding the provision of pharmaceutical care.
- Evaluate the degree to which faculty participate in student functions and activities.
- What evidence exists regarding harmonious relationship between faculty and students?
- What evidence exists that evaluative opinions and data are systematically obtained from students and are applied for purposes of continuous improvement?
- Evaluate the extent to which alumni are involved in college or school relations.
- Evaluate the College or School’s policy and procedures for handling student complaints related to ACPE standards.
- Quantitative and qualitatively evaluate all student complaints related to ACPE standards received by the College or School and assess their implications for programmatic improvement.

B. Required Documentation in support of assessment
- College/School policy and procedures for handling complaints related to ACPE standards
- College/School file of student complaints related to ACPE standards
- Documentation of the communication of the College/School’s policy and procedures for handling complaints related to ACPE standards

Suggested documentation in support of assessment
- Organizational chart for Student Affairs
- Admissions and Enrollment Information
- College or School’s Strategic Plan for Recruitment (if applicable)
- College catalog and recruitment brochures
- Student handbook
- List of student committees
- College/School Internet site
- Description of placement after graduation
- College/School policy and procedures for handling complaints
- Other documents that demonstrate support in meeting the standard

C. Evaluate the college or school’s progress within the area of Standards for Students. (The college or school’s self-assessment should support the statement of progress.)

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D. If ‘Needs Improvement’ is selected, please provide an action plan, including timeline and checkpoints for improvement, where applicable.
V. Standards for Faculty

| Standard No. 23 - Faculty and Staff, Quantitative Factors |
| Guidelines 23.1 - 23.3 |
| Standard No. 24 - Faculty and Staff, Qualitative Factors |
| Guidelines 24.1 – 24.3 |
| Standard No. 25 - Faculty Evaluation |
| Guidelines 25.1 – 25.4 |
| Standard No. 26 - Faculty Self-Assessment |

A. Factors for Assessment (Please provide objective assessment information and data, where possible)

- Is the overall faculty/student ratio currently adequate? Is the overall faculty/student ratio in the near future adequate?
- Is the faculty/student ratio for the professional experience area of the curriculum adequate?
- Is the overall faculty/student ratio for the professional experience area of the curriculum in the near future adequate?
- Is the extent of professional, secretarial, and clerical staff available appropriate for the professional program(s) offered?
- Does the diversity among the faculty satisfy college or school goals?
- Evaluate the educational support system available to practitioners used as voluntary faculty.
- What evidence exists that the college or school contributes to the advancement and promotion of the profession?
- Does the college or school foster an environment that encourages research and scholarly activities, including the scholarship of teaching and the scholarly concern for the profession?
- Evaluate the faculty workloads. Is there an appropriate balance of work among the faculty? For the pharmacy practice faculty, is there an appropriate balance between classroom and professional experience teaching? Are sufficient time, opportunity, and support provided by the college or school to enable faculty scholarship?
- Are the faculty development efforts individualized in keeping with expectations for promotion/tenure, the department/division goals, and the college or school mission?
- Are faculty (including voluntary, co-staff or co-funded faculty) evaluated in accord with stated responsibilities? Do faculty routinely participate in a process of self-evaluation?
- Evaluate the efficacy of leadership and mentorship provided to the faculty by the Dean, and other administrative leaders (e.g. Chairs).
- Do senior faculty mentor junior faculty? If so, evaluate the effectiveness of the program.
- Evaluate faculty morale. Indicate the basis and factors used in this evaluation.
- Describe how the assessment activities of the college or school are staffed.
- Does the college or school have a designated administrative leader for programmatic evaluation?
- Evaluate the adequacy of faculty and staff for programmatic evaluation.
- Evaluate the overall sensitivity and contributions of faculty toward self-assessment of outcomes.
- How do alumni/practitioners participate in the program (other than in the pharmacy practice
• As mentors? Computer chatroom resources? Career pathway counseling? Advisors?
  • Evaluate the extent to which educational technology is utilized by faculty.

B. Suggested documentation in support of assessment

• List of faculty members (included in evaluation supplement)
• List of preceptors for the introductory and advanced pharmacy practice experiences
• List of staff resources (e.g. telecommunication, audiovisual, and computer personnel)
• List of faculty development programs
• Promotion and tenure criteria and processes
• Teaching portfolios, if applicable
• Other documentation that demonstrate support of meeting the standard

C. Evaluate the college or school’s progress within the area of Standards for Faculty. (The college or school’s self-assessment should support the statement of progress.)

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D. If ‘Needs Improvement’ is selected, please provide an action plan, including timeline and checkpoints for improvement, where applicable.
A. Factors for Assessment (Please provide objective assessment information and data, where possible)

- Evaluate the collection and services of the library and learning resources available on-campus and off-campus
- Are the facilities and resources readily accessible and adequate for all students to gain experience in the retrieval of drug information?
- Are the library resources sufficiently devoted to the support of both education and research?
- Is there a periodic review of learning resources? If so, who conducts the review?
- Evaluate the adequacy of the physical facilities to house the collection and to provide sufficient study, reading and computer space for students and faculty.
- Evaluate remote access technologies that permit utilization of library information and resources from off campus sites, including professional experience training sites.
- Evaluate the program in place to teach students, faculty and preceptors the effective use of library and educational resources.
- Is there representation of pharmacy on the library committee? Is there a faculty liaison or committee to assist the library? What is the working relationship between the college or school of pharmacy and the library?

B. Suggested documentation in support of assessment

- List of serial holdings in the library
- List of search databases available to faculty and students
- List of computer technology available to faculty and students
- List of educational databases available to faculty and students
- List of full text journals electronically available
- List of courses/activities throughout the curriculum that students learn about the educational resources
- Other documents that demonstrate support for meeting the standard

C. Evaluate the college or school’s progress within the area of Standards for Library and Learning Resources. (The college or school’s self-assessment should support the statement of progress.)

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D. If ‘Needs Improvement’ is selected, please provide an action plan, including timeline and checkpoints for improvement, where applicable.
VII. Standards for Physical and Practice Facilities

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<tr>
<th>Standard No. 28 - Physical Facilities</th>
<th>Guidelines 28.1 – 28.5</th>
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<tbody>
<tr>
<td>Standard No. 29 - Practice Facilities</td>
<td>Guidelines 29.1 – 29.5</td>
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A. Factors for Assessment (Please provide objective assessment information and data, where possible)

- Are the physical facilities adequate to achieve the mission?
- Is space adequate in amount and quality to support the professional program in pharmacy? Student organizations and activities?
- What are the present strengths and limitations in the physical plant and equipment? Are these limitations affecting the development of the program in pharmacy?
- Are the classrooms appropriately configured to support the curriculum and the teaching methods employed?
- Evaluate the technologic resources available.
- Are the laboratory and animal facilities adequate to the needs of the curriculum?
- Assess the quality of the practice sites. Identify the factors used in this assessment.
- Evaluate the adequacy of the practice facilities in terms of number, the ability to provide individualized instruction, and to deliver the introductory and advanced pharmacy practice experiences (both core and selective experiences) of the curriculum? Evaluate the longevity of the administrative relationships that exist among the college or school and its practice affiliates.
- How does the quality of the practice sites assist in the development of the competencies of the students?
- Evaluate the quality control procedures of the pharmacy practice sites.
- Do the quality control procedures include delineation of outcome expectations for student performance in stated competencies? What assessment tools are used for measurement?

B. Suggested documentation in support of assessment

- Layout of the facilities
- List of practice sites (types and preceptors)
- Agreements or statements of understanding with practice affiliates.
- Quality control review council and list of members.
- Other documentation that demonstrate support for meeting the standard
C. Evaluate the college or school’s progress within the area of *Standards for Physical and Practice Facilities*. (The college or school’s self-assessment should support the statement of progress.)

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D. If ‘Needs Improvement’ is selected, please provide an action plan, including timeline and checkpoints for improvement, where applicable.
VIII. Standard for Financial Resources

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<th>Standard No. 30 - Financial Resources</th>
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<td>Guidelines 30.1 – 30.2</td>
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A. Assessment

- Evaluate the adequacy of the programmatic budget allocated to support the professional program, non-traditional pathway, practice experiences, and program assessment.
- Evaluate the adequacy of the procedures used in preparing and managing the operating budget.
- Identify the strengths and weaknesses of the current level and pattern of support, sources of support, and areas of expenditure.

B. Suggested documentation in support of assessment

- Financial Summary
- Provide an analysis of federal government support, state government support, and private giving.
- Provide a 3-year projection of the financial summary, accounting for projected changes

C. Evaluate the college or school’s progress within the area of Standards for Financial Resources. (The college or school’s self-assessment should support the statement of progress.)

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D. If ‘Needs Improvement’ is selected, please provide an action plan, including timeline and checkpoints for improvement, where applicable.

Section 3. Comprehensive Summary.

Provide a brief summary of the principle strengths and areas for improvement or further development as identified by the self-study. For areas needing improvement, briefly outline the action plan to address the identified issues.