Appendix II
Organizational Setting
II.A.1 Letters of Accreditation
Letters of Accreditation

Letters

The Johns Hopkins University
School of Medicine
School of Nursing
Bloomberg School of Public Health

- Occupational Medicine
- General Preventive Medicine
- Industrial Hygiene
- Health Finance and Management
June 25, 2004

Dr. William R. Brody
Office of the President
Johns Hopkins University
3400 North Charles Street
Baltimore, Maryland 21218

Dear President Brody:

At its sessions on June 23-24, 2004, the Middle States Commission on Higher Education acted to reaffirm the accreditation of Johns Hopkins University. The Periodic Review Report is due June 1, 2009.

Enclosed for your information is a copy of the Statement of Accreditation Status for your institution. The Statement of Accreditation Status (SAS) provides important basic information about the institution and its affiliation with the Commission, and it is made available to the public upon request. Accreditation applies to the institution as detailed in the SAS; institutional information is derived from data provided by the institution through annual reporting and from Commission actions. If any of the institutional information is incorrect, please contact the Commission as soon as possible.

Please check to ensure that published references to your institution's accredited status (catalog, other publications, web page) include the full name, address, and telephone number of the accrediting agency. Further guidance is provided in the Commission's policy statement Principles of Good Practice in Institutional Advertising, Student Recruitment, and Representation of Accredited Status, a copy of which is enclosed.

The Commission on Higher Education expects evaluation team reports to be distributed to all constituencies named on the cover page of team reports: faculty, administration, trustees, and students. Furthermore, the Commission expects any action taken by the Commission to be shared with appropriate campus constituencies.

Please be assured of the continuing interest of the Commission on Higher Education in the well-being of Johns Hopkins University. If any further clarification is needed regarding the SAS or other items in this letter, please feel free to contact Ms. Jean Avnet Morse, Executive Director.

Sincerely,

[Signature]

Judith L. Gay
Chair

/crl

m:0168

The Middle States Commission on Higher Education accredits institutions of higher education in Delaware, the District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, the U.S. Virgin Islands, and other locations abroad.
STATEMENT OF ACCREDITATION STATUS

JOHNS HOPKINS UNIVERSITY
3400 North Charles Street
Baltimore, MD 21218
Phone: (410) 516-8000; Fax: (410) 516-8035
www.jhu.edu

Chief Executive Officer: Dr. William R. Brody, President

Institutional Information

Enrollment
(Headcount): 5,364 Undergraduate; 13,675 Graduate
Control: Private (Non-Profit)
Affiliation: n/a
Institution Type: Doctoral/Research-Extensive
Degrees Offered: Baccalaureate, Certificate, Master’s, First Professional, Doctorate
Distance Learning: Yes

National and Specialized Accreditation: Accrediting Board for Engineering and Technology, Inc.; Accrediting Commission on Education for Health Services Administration; Commission on Collegiate Nursing Education; Council on Education for Public Health; Liaison Committee on Medical Education; National Association of Schools of Music, Commission on Accreditation; National Council for Accreditation of Teacher Education; National League for Nursing Accrediting Commission.

Instructional Locations

Branch Campuses: None.

Additional Locations: 1625 Massachusetts Avenue, Washington, DC; 1717 Massachusetts Avenue, Washington, DC; Montgomery County Center, Rockville, MD; BAE, Nashua, NH; ITU, Vienna, VA; Mitre, Bedford, MA; Booz Allen Hamilton Corporate Headquarters, McLean, VA; Southern Maryland Higher Education Center, California, MD; Applied Physics Laboratory, Laurel, MD; Columbia Center, Columbia, MD; Downtown Center, Baltimore, MD; Dorsey Center, Elkridge, MD.

Other Instructional Sites: The Bologna Center, Bologna, Italy; Nanjing University, Nanjing, Jiangsu, China; Higher Education & Applied Technology (HEAT) Center, Aberdeen, MD; Villa Spellman, Florence, Italy.
Accreditation Information

Status: Member since 1921.

Most Recent Commission Action: In June 2004, the Commission reaffirmed accreditation. The Periodic Review Report is due June 1, 2009.


Next Periodic Review Report: June 1, 2009.

Date Printed: June 25, 2004 (not necessarily updated as of this date)

Definitions

Branch Campus - A location of an institution that is geographically apart and independent of the main campus of the institution. The location is independent if the location: offers courses in educational programs leading to a degree, certificate, or other recognized educational credential; has its own faculty and administrative or supervisory organization; and has its own budgetary and hiring authority.

Additional Location - A location, other than a branch campus, that is geographically apart from the main campus and at which the institution offers at least 50 percent of an educational program.

Other Instructional Sites - A location, other than a branch campus or additional location, at which the institution offers one or more courses for credit.
Principles of Good Practice in Institutional Advertising, Student Recruitment, and Representation of Accredited Status

All accredited postsecondary institutions, or individuals acting on their behalf, must exhibit integrity and responsibility in advertising, student recruitment, and representation of accredited status. Responsible self-regulation requires rigorous attention to the following principles of good practice, which are explicitly stated in or inferred from Characteristics of Excellence in Higher Education, the commission’s primary statement of standards:

e. grievance procedures;

f. faculty and primary administrators (full-time and part-time listed separately) with degrees held and the conferring institution;

g. institutional facilities readily available for educational use;

h. rules and regulations for conduct;

i. grading system and related policies;

j. tuition, fees, and other program costs;

k. opportunities and requirements for financial aid;

l. policies and procedures for refunding fees and charges to students who withdraw from enrollment.

4. In college catalogs and/or official publications describing career opportunities, clear and accurate information should be provided on:

a. national and/or state legal requirements for eligibility for licensure or entry into an occupation or profession for which education and training are offered;

b. any unique requirements for career paths, or for employment and advancement opportunities in the profession or occupation described.

5. Information on student learning outcomes should be available to prospective students.

6. Policies and procedures regarding transfer of credit and credit for extra-institutional college-level learning should be published and implemented.

Advertising, Publications, and Promotional Literature

1. Educational programs and services offered should be the primary emphasis of all advertisements, publications, promotional literature, and recruitment activities.

2. All statements and representations should be clear, factually accurate, and current. Supporting information should be kept on file and readily available for review.

3. Catalogs and other official publications should be readily available and accurately depict:

   a. institutional purposes and objectives;

   b. admission requirements and procedures;

   c. academic calendars and basic information on programs and courses, with required sequences and frequency of course offerings explicitly stated;

   d. degree and program completion requirements, including length of time normally required to obtain a degree or certificate of completion;
(2) programmatic (curriculum or unit accredited must be specified).

**Examples:**

Programs in (Civil Engineering and Aeronautical Engineering) are accredited by the Accrediting Board for Engineering and Technology, a specialized accrediting agency recognized by the (the U.S. Secretary of Education and/or Commission on Recognition of Postsecondary Accreditation)

The Department of Music at the University of [Name] is accredited by the National Association of Schools of Music, a specialized accrediting agency recognized by the (the U.S. Secretary of Education and/or the Council for Higher Education Accreditation).

Programs for the preparation of elementary, secondary, and special education teachers at the bachelor's and master's level, for the preparation of guidance counselors at the master's and specialist degree level, and for school superintendents at the specialist and doctoral degree level are accredited by the National Council for Accreditation of Teacher Education, a specialized accrediting agency recognized by the (the U.S. Secretary of Education and/or the Council for Higher Education Accreditation).

6. The accredited status of a program should not be misrepresented.

a. The accreditation granted by an institutional accrediting agency has reference to the quality of the **institution as a whole**. Since institutional accreditation does not imply specific accreditation of any particular program in the institution, statements like "this program is accredited," or "this degree is accredited," are incorrect and misleading. Institutions wishing to make a statement about the relationship of the degree or program to the institution as a whole should state that the program or degree is offered at an institution which is accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools, 3624 Market Street, Philadelphia, PA 19104, 215-662-5606. The statement should also make clear that this accreditation does not imply specialized accreditation of the programs offered.

b. "Free-standing" institutions offering programs in a single field, e.g., a school of art, engineering, theology, granted accreditation by a regional or national institutional accrediting agency alone, should clearly state that this accreditation does not imply specialized accreditation of the programs offered.

c. Institutions granted the status of Candidate for Accreditation must use the following statement if they wish to describe that status publicly:

Candidacy for Accreditation is a status of affiliation with a regional accrediting commission which indicates that an institution has achieved initial recognition and is progressing toward, but is not assured of, accreditation. It has provided evidence of sound planning and the resources to implement its plans, and appears to have the potential for attaining its goals within a reasonable time. Further, the institution should indicate the effective date (month and year) candidate status was granted.

7. Institutions shall not display the logo of the Commission on Higher Education, Middle States Association of Colleges and Schools, to indicate the accredited status of the institution.

---

*Adopted by COPA Members: April 1983
Issued as CHE policy: 1993,
Revised (Approved by Membership): April 1996,
Revised November 2002*
Dear President Brody:

This letter is to advise you of the action of the Liaison Committee on Medical Education (LCME) at its meeting on June 2-3, 1999, and to transmit to you the report of the team of evaluators who visited the Johns Hopkins University School of Medicine on February 28-March 4, 1999.

The LCME carefully reviewed the findings of the survey report and took the following actions:

1. Continued accreditation of the educational program leading to the M.D. degree for a seven-year term. The next full survey will take place during the 2005-2006 academic year.

2. Requested that the dean of the School of Medicine submit a report to both LCME Secretaries by May 1, 2001, on the following:

   a. The establishment of bylaws, as required by accreditation standards, that describe the manner in which the medical school is organized, including the responsibilities and privileges of administrative officers, faculty, students, and committees. The LCME's major concern here deals with the terms of reference of standing committees, especially their functions accounting for the educational programs. While accreditation standards do not prescribe the specific names, membership, and functions, there must nonetheless be such things; and explanation of the functions along the prescribed lines of evaluation would facilitate the necessary accountability (see below). (The applicable standards are found at page 14 of Functions and Structure of a Medical School.)

   b. The system for periodic evaluation of the objectives, content, and methods of pedagogy utilized for each segment of the curriculum, as well as for the entire curriculum—including the method and results of monitoring redundancies and deficiencies in the curriculum. (The applicable standards are found at page 13 of Functions and Structure of a Medical School.)

   c. The evaluation of educational program effectiveness based on assessment of the extent to which specified instructional objectives/outcomes are achieved, in particular the assessment of Hopkins graduates' performance during residency training in the domains of knowledge, skills, behaviors, and attitudes, with sufficient specificity to provide useful feedback about the achievement of learning outcomes.
William R. Brody, M.D., Ph.D.
June 8, 1999
Page 2

d. The results of the process complying with accreditation standards (see page 14, *Functions and Structure of a Medical School*) that defines the objectives of clinical education and establishes quantified criteria for the types of patient (real or simulated), the level of student responsibility, and the appropriate clinical settings necessary to accomplish these purposes. A system for monitoring the achievement of clinical educational goals must be developed, based on these criteria, and students must be evaluated in this framework.

e. Steps taken to establish consistent evaluation by direct observation of students' clinical skills and behaviors across the clerkships, including sufficiently early formative assessment to enable a student to make improvement before the end of the rotation. The response also should address how the school has achieved timely and consistent feedback to students on completion of each clerkship. (Applicable standards are given at page 15, under "Evaluation of Student Achievement" and "Academic Counseling," in *Functions and Structure of a Medical School*.)

f. Progress establishing greater coherence and continuity of care in the core primary care education experience of all students. (Applicable standards are give at page 13 of *Functions and Structure of a Medical School*.)

g. Progress expanding facilities for study and small-group conferences. (See page 18 of *Functions and Structure of a Medical School*.)

h. Copies of current agreements with clinical care facilities that state the nature of the relationship between the medical school and the clinical affiliates, the joint and several responsibilities of the partners, and the school's authority for the instruction of students. (Applicable standards are at page 19 of *Functions and Structure of a Medical School*.)

i. The status of the program to recruit underrepresented minority students, in keeping with the school's stated policies and practices on the diversity of its student body. (Page 16, *Functions and Structure of a Medical School*.)

Accreditation is awarded to the program of medical education on the basis of judgment that there is an appropriate balance between the student enrollment and the total resources of the institution, including the faculty, physical facilities, and the operating budget. If a proposal is developed to significantly modify the education program, or if there is to be substantial change in the student enrollment or the resources of the institution so that the appropriate balance is distorted, the LCME expects to receive prior notice of the proposed change. If the proposed program change and/or balance of resources is significant, the status of accreditation will be re-evaluated by the LCME.

A copy of this letter and the survey report are being sent to: Edward D. Miller, M.D., Vice President for Medicine and Dean, Johns Hopkins School of Medicine; and to Catherine D. DeAngelis, M.D., Vice Dean for Academic Affairs and Faculty.
This letter and the accompanying survey report are considered confidential by the LCME and its parent organizations. The medical school or the university may release it as institutional officials deem appropriate.

Sincerely,

[Signature]

Donald G. Kassebaum, M.D.
LCME Secretary, 1998-1999

enclosures

cc (with enclosures): Edward D. Miller, M.D., Vice President for Medicine and Dean
Catherine D. DeAngelis, M.D., Vice Dean for Academic Affairs and Faculty

cc: Harry S. Jonas, M.D., LCME Secretary, 1999-2000
July 15, 2003

Edward D. Miller Jr., M.D.
Dean, School of Medicine
CEO, Johns Hopkins Medicine
Johns Hopkins University
720 Rutland Avenue
Baltimore, MD 21205-2196

Dear Dean Miller:

At its meeting of June 4-5, 2003, the Liaison Committee on Medical Education (LCME) reviewed and accepted your report dated April 8, 2003 on: 1) details of those required courses and clerkships where training in primary care medicine is a principal objective; 2) a list of elective courses aimed specifically at primary care education, and the number of students taking them in academic year 2002-2003; and 3) student ratings of the adequacy of instructional time for primary care over the past three years.

No further reports are required. Your next full survey is scheduled for the 2005-2006 academic year.

Sincerely,

Robert H. Eaglen, Ph.D.
Assistant LCME Secretary, AAMC

c: Frank A. Simon, M.D., LCME Secretary, 2003-2004
October 30, 2003

Martha N. Hill, PhD, RN, FAAN
Dean
School of Nursing
Johns Hopkins University
525 North Wolfe Street
Baltimore, MD 21205-2110

Dear Dr. Hill:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on October 3, 2003 to grant accreditation of the baccalaureate and master’s degree programs in nursing at Johns Hopkins University for a term of five years, extending to December 31, 2008. You should plan for the next on-site evaluation to take place in the spring of 2008.

At its meeting, the Board determined that both programs met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, the Board requested that the programs submit a continuous improvement progress report at the mid-point of the accreditation term. That report should address the nursing programs’ continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is December 31, 2006. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the spring of 2007. For more information about the continuous improvement progress report, please refer to the CCNE procedures.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution’s chief executive officer as the Commission’s official report to Johns Hopkins University. We hope that both the results of your self-study process and the accreditation report will be useful to the continued growth and development of the nursing programs. Certificates of accreditation are enclosed.

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in your nursing programs or of any major organizational changes that may affect the programs’ administration, scope or quality. These reporting requirements are discussed further in the CCNE procedures.

Finally, please note that the Board also acted at its October 2003 meeting to revise the CCNE standards. The revised standards will be effective on January 1, 2005. As a result, any program hosting a CCNE on-site evaluation and/or submitting a report to CCNE after January 1, 2005, including the continuous improvement progress report referenced above, will be required to comply with the revised Standards for Accreditation of Baccalaureate and Graduate Nursing Programs. CCNE will be providing assistance to programs, as appropriate, as they transition to the revised standards. The revised standards are posted on the CCNE Web site at
www.aacn.nche.edu/accreditation, and will be distributed to all CCNE-affiliated programs next month.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the spring of 2003. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing programs.

Sincerely,

Charlotte F. Beason, EdD, RN, CNAA
Chair, Board of Commissioners

cc: President William R. Brody
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team
March 17, 2003

William R. Brody, PhD, MD
President
The Johns Hopkins University
242 Garland Hall
3400 North Charles St.
Baltimore, MD 21218

Dear Dr. Brody:

It is my pleasure to inform you that the Board of Commissioners approved the continuing accreditation of your nursing program at their meeting on February 26, 2003. The Commission approved the master's degree program for continuing accreditation and scheduled the next evaluation visit for Fall 2010. The Commission approved the baccalaureate degree program for continuing accreditation and scheduled the next evaluation visit for Fall 2010. The details of the accreditation visit and the decision put forth by the Commission have been sent to the head of your nursing program.

The National League for Nursing Accrediting Commission, and its predecessor, the National League for Nursing, have stood for standards of excellence for all types of nursing education for over 50 years. By choosing to be accredited by NLNAC, you and your faculty have demonstrated your commitment to the highest standards of nursing education. Your successful accreditation shows that your school does indeed meet these high standards.

Congratulations on this outstanding achievement. We look forward to continued successes for your nursing program.

If I or the staff can be of any assistance to you please do not hesitate to contact me.

Sincerely,

Barbara R. Grumet
Executive Director
May 17, 2002

Clifford S. Mitchell, MD, MPH
Director, Occupational Medicine Residency
Johns Hopkins Bloomberg School of Public Health
Occupational Medicine Residency Program
615 North Wolfe Street, Rm WB602
Baltimore, MD  21205

Dear Dr. Mitchell:

The Residency Review Committee for Preventive Medicine, which is composed of representatives of the American Board of Preventive Medicine and the AMA Council on Medical Education, has reviewed the information submitted concerning the following residency:

Preventive Medicine
Johns Hopkins University School of Hygiene and Public Health
Program A
Johns Hopkins University School of Hygiene/Public Health
Baltimore, MD

Program 3802377072

Based on all of the information available to it at the time of its recent meeting, the Residency Review Committee accredited the program as follows:

Status: Continued Full Accreditation
Length of Training: 2
Maximum Number of Residents: 12
Residents per Level: 6-6
Effective Date: 4/4/2002
Approximate Date of Next Site Visit: 04/2007  FS

The Residency Review Committee for Preventive Medicine approved Continued Full Accreditation. In its review, the Committee identified the following areas in which the program should be further improved:

1. Although steps have been taken to ensure the integration of the broad core of knowledge in the first year masters of public health program, the development of the curriculum has not reached a point where it designates a progression of responsibility for each trainee.

2. The program director is encouraged to further develop the minutes of the Residency Advisory Committee and should designate the affiliate status of each member.

3. The program director should implement mechanisms to improve didactic instruction in clinical preventive medicine in the practicum year and strengthen instruction and safety, occupational and mental health, and health education and promotion.
4. Specific written goals and objectives should be in place for each major resident experience.

The request to increase the resident complement to 12 positions was approved.

The program will be reviewed in approximately 5 years following a site visit by a member of the ACGME field staff.

This office must be notified of any major changes in the organization of the program, including discontinuation of rotations to participating institutions, as well as changes in leadership. When corresponding with this office, please identify the program by number and name as indicated above.

Sincerely yours,

Larry D. Sulton, Ph.D.
Executive Director
Residency Review Committee for Preventive Medicine
(312)464-5404
lds@acgme.org

CC: Robert S. Lawrence, MD
November 24, 1999

Miriam H. Alexander, MD  
Director, General Preventive Medicine Residency  
Johns Hopkins University School of Public Health  
615 North Wolfe Street, Rm 2025  
Baltimore, MD  21205-2179

Dear Dr. Alexander:

The Residency Review Committee for Preventive Medicine, which is composed of representatives of the American Board of Preventive Medicine and the AMA Council on Medical Education, has reviewed the information submitted concerning the following residency:

Preventive Medicine  
Johns Hopkins University School of Hygiene and Public Health  
Program  
Johns Hopkins University School of Hygiene/Public Health  
Baltimore, MD  
Program 3802311015

Based on all of the information available to it at the time of its recent meeting, the Residency Review Committee accredited the program as follows:

Status: Full Accreditation  
Length of Training: 2  
Maximum Number of Residents: 29  
Residents per Level: 11-18  
Approximate Date of Next Site Visit: 10/2004  
FS

I am pleased to notify you that the Residency Review Committee for Preventive Medicine approved full accreditation to train 29 residents. The Program Director is requested to submit a progress report, IN TRIPLICATE, by February 1, 2000, which provides the following information:

1. Please describe the Pan-American Health Organization Experience, including the length of this experience and the program's plan for monitoring resident progress in achieving the stated goals and objectives for this training.

2. Please provide the CV's for all field supervisors.

3. Page 417 of the Program Information Forms is incomplete. Please provide complete information listing the rotations.

The Committee will review the program in five years following a site visit by a member of the ACGME-field staff.
It is the policy of the ACGME and of the Residency Review Committee that each time an action is taken regarding the accreditation status of a program, the residents must be notified.

This office must be notified of any major changes in the organization of the program, including discontinuation of rotations to participating institutions, as well as changes in leadership. When corresponding with this office, please identify the program by number and name as indicated above.

Sincerely yours,

Larry D. Sulton, Ph.D.
Executive Director
Residency Review Committee for Preventive Medicine
(312) 464-5404

CC: American Medical Association
    The American Board of Preventive Medicine
    Alfred Sommer, MD, MHS
    Edward D. Miller, Jr., MD
    John H. Beernink, MD
    Miriam H. Alexander, MD
March 19, 2001

Alfred Sommer
Professor
School of Hygiene and Public Health, Room 1041
Johns Hopkins University
615 North Wolfe Street
Baltimore MD 21205

Dear Dr. Sommer:

This letter confirms the one-year extension of accreditation by the Related Accreditation Commission for the program(s) identified below. Acceptance of this extension by The Johns Hopkins University is acknowledged*. 

Accredit to September 30, 2006. A request to ABET by January 31, 2005 will be required to initiate a reaccreditation evaluation visit. The reaccreditation evaluation will be a comprehensive general review.

Industrial Hygiene M

It is the obligation of the officer responsible for ABET accredited programs at your institution to notify ABET of any significant changes in program title, personnel, curriculum, or other factors which could affect the accreditation status of a program during the period of accreditation.

Sincerely,

Daniel B. Hodge
Accreditation Director

cc: Joseph Cooper, President
David L. Swift

* The following codes identify the type of program accredited:
  a  - associate degree program
  b  - baccalaureate degree program
  m  - master's degree program, basic level
  M  - master's degree program, advanced level
  d  - day program
  e  - evening program
  w  - weekend program
  C  - co-op
May 31, 2005

William J. Ward, Jr., MBA
Director
MHS Program in Health Finance and Management
School of Hygiene and Public Health, Hampton House
Johns Hopkins University
624 North Broadway, Room 406
Baltimore, MD 21205

Dear Mr. Ward:

At the recent meeting of the Commission on Accreditation of Healthcare Management Education, the Accreditation Council voted to accept the 1st year Progress Report submitted by the MHS Program in Health Finance and Management at Johns Hopkins University.

As you were informed, in accordance with the Policies and Procedures Manual, all criteria must be fully met within two years of the accreditation decision. The Program is required to submit a Year Two Progress Report detailing documented progress toward meeting those criteria not yet judged by the Commission to be "Completed".

The Year Two Progress Report will be due by February 1, 2006. The next site visit is scheduled to take place in Spring 2007.

The following assessments or comments were made with regard to criteria-related recommendations:

**RECOMMENDATION #1:** Program should revise its mission statement to indicate how it relates to and capitalizes on the research strength of the department and school.

*Completed* - The Program has made the suggested changes in its Mission Statement.

**RECOMMENDATION #2:** Program should revise its goals and objectives to be more measurable and outcomes oriented.

*Insufficient Progress* – While the Program has listed objectives, they need to develop objectives that are measurable outcomes and not statements of processes to be undertaken.

**RECOMMENDATION #3:** The Program should develop a formal and systematic process to periodically adjust its mission, goals and objectives in response to changes observed in the environment.

*Insufficient Progress* – The Program has initiated change in their processes by convening an internal group to monitor and adjust their mission and goals. However, they need to formalize the process by annually convening the groups suggested in their progress report to systematically continue this activity.
RECOMMENDATION #4: Program should continue and intensify marketing efforts that have begun since the self-study year to generate a larger applicant pool.

Completed – The Program has expanded its marketing efforts as recommended.

RECOMMENDATION #5: The Program and Department should determine how to expand the Program’s dedicated core management faculty complement, preferably by the addition of tenure-track faculty with expertise in one or more of the management disciplines.

Insufficient Progress – While the Program reports that two additional individuals have been hired within the Department, the extent of their involvement in Program activities is unclear from the information presented.

RECOMMENDATION #6: The Program should modify promotional and marketing materials to clearly delineate the specifics of the program and identify its CAHME accreditation.

Completed - Program materials have been modified as recommended.

RECOMMENDATION #7: The Program should modify course syllabi to include missing elements.

Completed – Submitted syllabi contain required components.

RECOMMENDATION #8: Additional course content should be added to give more emphasis to consumer uses of IT.

Completed – The revised course contains the recommended elements.

RECOMMENDATION #9: The Program should include more robust coverage of economic concepts such as supply and demand, market economics, and cost effectiveness analysis in the curriculum.

Insufficient Progress – The submitted course does not cover economic analysis as applied to organizations and markets.

RECOMMENDATION #10: The Program should include coverage of business law in the curriculum content.

Completed – Recommended business law content has been added to the curriculum.

RECOMMENDATION #11: The Program should include coverage of policy analysis, development, and evaluation in the curriculum.

Insufficient Progress – The one of the two syllabi submitted provides content on policy issues. However, policy development, policy evaluation, and policy analysis models are not evident in the required curriculum.
**RECOMMENDATION #12:** The Program should include coverage of health behavior, health promotion and health education, social determinants of health, disparities in health status, and community and organizational strategies for promoting healthier communities, behaviors and lifestyles in the curriculum.

**Completed** – Students are now required to take the on-line course, Fundamentals of Health Education and Health Promotion, which contains the recommended materials.

**RECOMMENDATION #13:** The Program should define the competencies students are expected to master during the administrative residency.

**Completed** – The Program has identified the behavioral objectives and competencies required of students during their second year in the Program.

**RECOMMENDATION #14:** The Program and Department should determine how to expand the Program’s dedicated core management faculty complement, preferably by the addition of tenure-track faculty with expertise in one or more of the management disciplines.

**Insufficient Progress** – While the Program reports that two additional individuals have been hired within the Department, the extent of their involvement in Program activities is unclear from the information presented.

**RECOMMENDATION #15:** The Program should develop and implement a plan to recruit minorities to the faculty and/or expose students to minority practitioners.

**Completed** – The Program has made good progress in implementing this recommendation.

The Commission thanks the Program for its timely submission and looks forward to the Year Two Progress Report detailing documented progress toward meeting those criteria not yet judged by the Commission to be “Completed”.

Sincerely,

[Signature]

S. Robert Hernandez, DrPH
Chair, Accreditation Council