



**Commission on Accreditation
of
Allied Health Education Programs**

Annual Report

July 1, 2004 -- June 30, 2005

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From the President...

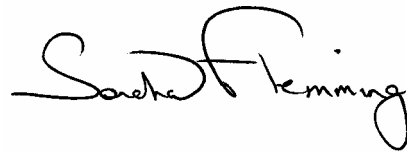
As always, the year that ended June 30, 2005 was a busy one for CAAHEP!

The Board of Directors took several steps in our ongoing efforts to streamline our processes and improve service to our accredited programs and to our Committees on Accreditation. We decided to implement a new policy (effective March 2004) to add two more meetings for consideration of accreditation actions. That resulted in a schedule of six meetings a year, three face-to-face and three telephone conference calls. So, the fiscal year 2004-2005 was the first full year using the new schedule and it allowed us to consider and vote on a total of 466 accreditation recommendations from our CoAs, all in a much timelier manner than in previous years.

Also, since the new schedule eliminated the October face-to-face meeting, we voted to use the money that had previously paid for that meeting to expand the attendance at our January meeting. So, January 2005 marked our first ever "Leadership Meeting," a joint session that included the Board of Directors and the Chairs of our Committees on Accreditation. We used that meeting to "fine tune" the Vision and Mission statements and to develop a new strategic plan to set future directions for CAAHEP.

As a planning session, the January meeting was most productive. But it served an even greater purpose for many of us. As one of the participants said, "[t]he involvement of CoAs gave input and made our voices heard by the Board – it built the sense of a single organization."

The proposed revisions to the Vision and Mission statements were discussed and approved by the full Commission at their meeting in April 2005. Now, of course, our challenge is to meet all of the ambitious goals and objectives laid out in that new strategic plan. We've already made progress on several of them, but there remains much to do. Luckily, CAAHEP continues to be blessed with committed and talented volunteers in our leadership ranks, so I have no doubt that we will reach those goals in the coming years.



Sondra Flemming,
CAAHEP President
4/2002 – 4/2005

From the Treasurer...

CAAHEP continues to be in sound financial shape. In recent years, through careful budgeting and sound investing, we have been able to add several new programs and services while still ending each year with an excess that allowed us to build our reserves. FY 2004-05 was no exception. We were able to add \$31,873 to our reserves.

This increase in reserves is what allowed the CAAHEP Board of Directors to make the decision in January 2005 to purchase a building rather than go on paying rent. (But that transaction won't show up in the financial reports until FY 2005-06).

These two pages will give you an overview of the status of our investment accounts as well as our overall activities for the year ended June 30, 2005 (compared to the year ended June 30, 2004).



Lindsay Rettie

The composition of investments at June 30, 2005 and 2004

	FY 2005	FY 2004
Common Stock	\$ 326,878	\$ 303,300
Corporate Bonds	298,295	176,785
U.S. Treasury Note	99,801	--
Certificates of Deposit	300,000	500,000
TOTAL	\$1,024,974	\$ 980,085

Statement of Activities Years Ended June 30, 2005 and 2004

	June 30, 2005	June 30, 2004
Revenue	\$ 684,929	\$ 646,307
Net gain (loss) on investments	18,995	44,343
Total Revenue	\$ 703,924	\$ 690,650
Total expenses	\$ 672,051	\$ 619,601
Net Increase	\$ 31,873	\$ 71,041

**COMMISSION ON ACCREDITATION OF
ALLIED HEALTH EDUCATION PROGRAMS**

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2005 AND 2004

	<u>2005</u>	<u>2004</u>
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 300,257	\$ 388,566
Accrued investment income	3,807	4,381
Accounts receivable	295	-
Prepaid expenses	<u>19,602</u>	<u>32,074</u>
Total current assets	<u>323,961</u>	<u>425,021</u>
INVESTMENTS	<u>1,024,974</u>	<u>980,085</u>
PROPERTY AND EQUIPMENT		
Office furniture and equipment	46,744	43,935
Less accumulated depreciation	<u>(40,147)</u>	<u>(36,491)</u>
Net property and equipment	<u>6,597</u>	<u>7,444</u>
DEPOSIT ON BUILDING	<u>25,000</u>	<u>-</u>
Total assets	<u>\$ 1,380,532</u>	<u>\$ 1,412,550</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 5,304	\$ 1,075
Accrued vacation	10,800	7,100
Deferred revenue	<u>233,880</u>	<u>305,700</u>
Total current liabilities	249,984	313,875
UNRESTRICTED NET ASSETS	<u>1,130,548</u>	<u>1,098,675</u>
Total liabilities and net assets	<u>\$ 1,380,532</u>	<u>\$ 1,412,550</u>

“Double the pleasure, double the fun ... Double the work product!”

How does an organization manage to accomplish twice as much work in the same amount of time? CAAHEP “discovered” that secret while working with a Strategic Planning expert three years ago. He suggested that the Board of Directors divide itself into committees that would handle the “routine” work of the organization so that more Board time could be spent on true “high impact governance.”

During FY 2004-05 these committees met regularly and the results were so positive, the Board has asked the Bylaws Committee to “institutionalize” this new structure through Bylaws amendments.

The three committees of the Board are:

***Performance Oversight**

***Planning and Development**

***Governance**

***Accomplishments of the Performance Oversight Committee:**

1. The design and dissemination of:

- A new Liaison report form which now focuses on policy changes, current issues and information sharing as opposed to simply reporting back how many accreditation recommendations the Committee on Accreditation (CoA) reviewed.
- The Committee on Accreditation Activity Report (CAAR). This report is an annual report that is completed by each CoA for the purposes of providing the CAAHEP Board with information about the CoA’s current business status as well as issues that each CoA may or may not be grappling with.
- An assessment tool for Liaison Performance. This tool will be in use beginning with the Fiscal Year beginning July 1, 2005.
- A uniform tool for POC members to use when reviewing submitted CAAR reports in the future.

2. The compilation of data. For example:

- Each Liaison report that was submitted during the fiscal year was reviewed by the POC and pertinent observational data was compiled into a report. The observational data focused on topics that the CoAs were struggling with and therefore seeking comment and/or assistance/opinions from CAAHEP.

- The CAAR was distributed in Fall 2004 and submitted to the POC in January 2005. The POC then reviewed each CAAR and compiled into a report the information that was received from each CoA. This information was then used to assist in the planning of activities for the coming year.
- They continued to review the data collected as a result of the three face-to-face meetings CAAHEP holds each year. The information received from the completed evaluations for the July Workshop, January Leadership Meeting, and the April Annual Meeting is then used for planning the upcoming year's meetings.
- They continued to review the results of the Accreditation Process Assessment which is included in each letter of accreditation to each program director.

3. The review of CAAHEP Policy:

- Recommended a revision of CAAHEP's policy 5.08 Public Use of CAAHEP Accreditation Status by Programs and Sponsoring Institutions to insure that the full name, address and phone number of CAAHEP is included every time a reference is made by a program to its accreditation status. This policy change was presented to and passed by the BOD in January 2005.
- Recommended procedures to accompany CAAHEP's Policy on Initial Accreditation (5.04). This recommendation was presented to and adopted by the BoD and CoA representatives in January 2005.

4. Communication with CoAs:

- Initial Accreditation Quarterly Status Report. This individualized report details the programs that are currently in an initial status of accreditation and when their initial accreditation is set to expire for each CoA.
- Accreditation Process Assessment Survey Summary. CAAHEP is now sharing with each CoA that has submitted accreditation recommendations for a specific meeting a summary of results received from the CAAHEP Accreditation Process Assessment. The results shared are those specific to the program's experience and satisfaction with the CAAHEP accreditation process via the CoA. These summaries are sent 6 times per year.
- Meeting Highlights. This brief CAAHEP Memorandum provides each CoA as well as non-CAAHEP Board Liaisons with highlights from each CAAHEP Board Meeting. It is disseminated 6 times per year (after each Board meeting).

***Accomplishments of the Planning and Development Committee**

The Planning and Development Committee came up with a great idea in 2004-05 – expanding the January planning meeting of the Board of Directors to include the chairs of all the Committees on Accreditation. That great idea was then implemented by the Committee, a most successful planning session was held and a new strategic plan was developed. Reprinted here are the revised Vision and Mission statements (as approved by the full Commission in April 2005) and the Goals and Objectives developed by the CAAHEP leaders gathered in Orlando, Florida in January 2005.

CAAHEP Strategic Plan – 2005

Mission: To assure quality health professions education that serves the public interest

Vision: To be the premier agency for programmatic accreditation services

Values: CAAHEP processes, actions and strategies are guided by

- *Integrity*
- *Collaboration*
- *Accountability*
- *Consensus*

CAAHEP Constituencies:

- *External* – Public, applicants/students, employers, certifying bodies, and government agencies
- *Internal* – CoAs , educational institutions, sponsoring organizations, and professional associations

GOALS & OBJECTIVES

- 1. Promote “best practices” in accreditation**
 - 1.1. Monitor effectiveness of outcomes-based standards
 - 1.2. Maximize use of electronic media and emerging technologies for day-to-day accreditation processes and data collection and analysis
 - 1.3. Continuously streamline the self-study and site visit process

2. Strengthen CAAHEP

- 2.1. Nurture and support current and future CoAs
- 2.2. Increase the number of health sciences disciplines accredited through CAAHEP
- 2.3. Develop and implement a CAAHEP marketing plan
- 2.4. Obtain external funding for projects

3. Establish “Accreditation University”

- 3.1. Provide services to CAAHEP current and future constituencies
- 3.2. Develop accreditation materials and products
- 3.3. Offer accreditation training including online and consultation services

4. Maintain and expand collaboration

- 4.1. Maintain recognition by CHEA
- 4.2. Explore the need and interest for collaboration with other health professions accrediting agencies
- 4.3. Assess the nature, extent and quality of existing collaborations with constituencies

***Accomplishments of the Governance Committee**

The Governance Committee has two areas of primary responsibility: 1) assuring that the Board of Directors is functioning in the most effective way possible and 2) overseeing the relationship with and performance of the Executive Director.

The first step in the process of improving Board function was the development of Board Governing Principles, an effort to spell out as clearly as possible the role of the Board and the values by which it operates.

BOARD GOVERNING PRINCIPLES

The CAAHEP Board of Directors, as CAAHEP’s governing body serves as the steward and guardian of CAAHEP’s values, vision, and mission. In performing this role the Board:

- Reviews and acts on the accreditation recommendations of the Committees on Accreditation (COAs).
- Plays a leading, proactive role in CAAHEP strategic and operational planning, setting strong, clear strategic directions and priorities for all of the CAAHEP’s operating units and programs.
- Serves as the preeminent driver of CAAHEP’s growth and development.
- Monitors CAAHEP operational performance against clearly defined performance targets.
- Ensures that CAAHEP’s image and relationships with key stakeholders are positive and contribute to corporate success.

- Makes sure that CAAHEP possesses the financial and other resources necessary to realize its vision and carry out its mission fully.
- Attempts to ensure that the Board's composition is diverse and that its members possess the attributes and qualifications required for strong governance.
- Ensures that Board members are fully engaged in the governance process and that the resources they bring to the Board are fully utilized in governing.
- Takes accountability for its own performance as a governing body.
- Works in close partnership with the Executive Director/CEO and ensures that clear CEO performance targets are set and that CEO performance is periodically evaluated.

A major part of the Governance Committee's oversight of the relationship with the Executive Director is an annual performance evaluation which the Committee circulates to the entire Board and then formulates recommendations based on the compiled results. In addition, the Committee reviewed and updated the position description for the Executive Director.

Accreditation Actions: July 2004 – June 2005

A few Highlights for the Fiscal Year just ending,

- The CAAHEP Board reviewed and acted upon 466 accreditation recommendations from 17 CoAs. To date, this is the largest number of programs that CAAHEP has reviewed in one year.
- Athletic Training forwarded 53 recommendations for initial accreditation.
- Medical Assisting forwarded 95 recommendations for continuing accreditation.
- One hundred ten (110) more programs received continuing accreditation than initial accreditation.
- The number of programs acted upon by the CAAHEP BoD this year is almost identical to last year: 466 compared to 451.

The following pages contain the informational charts for actions taken in 2004-05 and for the total number of accredited programs by profession and by status.

Accreditation Actions Taken in 2004-05

PROGRAMS	INITIAL	CONTINUING	PROBATION	WITHDRAWN and/or WITHHELD	TRANSFER OF SPONSORSHIP	TOTAL
Anesthesiologist Assistant	1					1
Athletic Trainer	53	25	5		1	84
Cardiovascular Technologist		8				8
Cytotechnologist	1	9				10
Diagnostic Medical Sonographer	26	35				61
Electroneurodiagnostic Technologist	1					1
Emergency Medical Technician-Paramedic	25	15	2		1	43
Health Information Management*		2				2
Health Information Technologist*	2	9				11
Medical Assistant	20	95	6	1		122
Medical Illustrator		2				2
Ophthalmic Medical Technician	1					1
Orthotic and Prosthetic Practitioner		2				2
Perfusion		1				1
Respiratory Therapist (advanced)	6	13	7	1	2	29
Respiratory Therapist (entry-level)		2		1	1	4
Specialist in Blood Bank Technology		1				1
Surgical Assistant	3					3
Surgical Technologist	22	52	4	2		80
TOTALS	161	271	24	5	5	466

Please Note: Not all CAAHEP recognized professions brought accreditation recommendations to the CAAHEP Board of Directors this Fiscal Year.

1. There are currently no CAAHEP accredited programs for Polysomnographic Technology or in the Exercise Sciences.
2. Health Information Management and Technology are no longer programs recognized within the CAAHEP System of Accreditation. This change became effective March 1, 2005.

**Total Number of Accredited Programs and their Accreditation Statuses
June 30, 2005**

At the end of fiscal year 2004-2005, CAAHEP had 2,132 accredited programs. Of the 22 program areas in which CAAHEP accredits, four currently have no accredited programs. Those professions are Exercise Science, Exercise Physiology, Personal Fitness Trainer and Polysomnographic Technology.

Additionally, as the fiscal year came to a close, CAAHEP had 578 programs in an initial accreditation status, 1511 in a continuing status, 33 programs on probation and 10 programs that are currently inactive. Of the programs that are currently in an initial status of accreditation, 161 of those programs or 28% received accreditation this fiscal year. Of the those programs that are currently in a continuing status of accreditation, 271 of those programs or 18% received accreditation this fiscal year. Additionally, of the 33 programs that are currently on probation, 24 of those programs or 72% were placed on probation during this fiscal year.

Professions	Initial Status	Continuing	Probation	Inactive	<u>Total</u>
Anesthesiologist Assistant	1	2			3
Athletic Trainer	182	138	5		325
CardiovascularTechnologist	7	22			29
Exercise Science	0	0			0
Exercise Physiology	0	0			0
Cytotechnologist	1	46		1	48
Diagnostic Medical Sonographer	42	92	1	1	136
Electroneurodiagnostic Technologist	3	9			12
Emergency Medical Services Professions	81	119	3		203
Kinesiotherapist	6				6
Medical Assistant	89	415	6	2	512
Medical Illustrator		5			5
Ophthalmic Medical Technician	3	11		1	15
Orthotic & Prosthetic Practitioner	2	5	0	1	8
Perfusionist	1	20			21
Personal Fitness Trainer	0	0			0
Polysomnographic Technologist	0	0			0
Respiratory Therapist (advanced)	21	293	12	1	327
Respiratory Therapist (entry-level)	3	47	2		52
Surgical Assistant	5				5
Specialist in Blood Bank Technology		13			13
Surgical Technologist	131	274	4	3	412
Totals	578	1511	33	10	2132

VOLUNTARY WITHDRAWALS: JULY 2004-JUNE 2005

Each year programs choose to voluntarily withdraw from the CAAHEP system of accreditation. The number of programs requesting voluntary withdrawal has been decreasing somewhat steadily over the last several years. In fiscal year 2002-03, 58 programs requested voluntary withdrawal, in fiscal year 2003-04, 46 programs requested voluntary withdrawal while this year only 38 programs chose to leave the CAAHEP system.

Medical Assisting had the largest number of voluntary program withdrawals with 12; however, Medical Assisting also has the largest number of CAAHEP accredited programs.

The number of programs that exercised the right to voluntarily withdraw this year is summarized in the table below by profession.

PROGRAMS	VOLUNTARY WITHDRAWALS
Cytotechnology	1
Diagnostic Medical Sonography	1
Electroneurodiagnostic Technology	1
Health Information Administration	4
Medical Assistant	12
Medical Illustration	1
Ophthalmic Medical Personnel	2
Respiratory Therapist (advanced)	4
Respiratory Therapist (entry-level)	2
Surgical Technologist	10
TOTAL VOLUNTARY WITHDRAWALS	38

INITIAL EXPIRATIONS JULY 2004-JUNE 2005

Programs that are in an initial accreditation status can either be moved to a continuing status of accreditation, be placed on probation or have their initial accreditation status expire. When an initial status expires, the program is no longer CAAHEP accredited.

This year four (4) programs were allowed to expire.

Programs	Number Allowed to Expire
Respiratory Therapist (entry-level)	1
Surgical Technologist	3

CAAHEP Leadership ~ 2004-05

A volunteer organization is only as effective as its volunteer leaders and here are the folks who provided such valuable service and leadership in 2004-05.

COMMISSIONERS (and their sponsoring organizations)

Deborah Adams	American Board of Cardiovascular Perfusion
Martin Allard	Society of Cardiovascular Anesthesiologists
Lynn Anderson	Joint Commission on Allied Health Personnel in Ophthalmology
William Andrea	Association of Medical Illustrators
Michael Armacost	National Association of State EMS Directors
James Atkins	Committee on Accreditation of Educational Programs in the EMS Professions and American College of Cardiology
Thomas Barnes	American Association for Respiratory Care
Bruce Bartel	American Society of Extra-Corporeal Technology
Wendy Blume	National Network of Health Career Programs in 2-Year Colleges
Marie Buckley	Joint Review Committee on Education in Cardiovascular Technology
George Burton	American College of Chest Physicians
Karen Byrne	American Association of Blood Banks
Linda Cantu	American Board of Cardiovascular Perfusion
Debra Cason	National Association of Emergency Medical Services Educators
Jule Cherosky	Recent Graduate Commissioner
Mary Chivington	American Society of Echocardiography
Jeff Davis	Society of Invasive Cardiovascular Professionals

Mark Edwards	National Commission on Orthotic and Prosthetic Education
Sondra Flemming	National Network of Health Career Programs in 2-Year Colleges
Susan Fuchs	American Academy of Pediatrics
Dan Gerard	National Association of Emergency Medical Technicians
David Gibson	Association of Schools of Allied Health Professions
Cecil Givens	Commissioner for Hospital Based Programs
Paul Goldiner	Association for Anesthesiologist Assistants Education
Barbara Guidos	American Society of Cytopathology
Cameron Harris	Board of Registered Polysomnographic Technologists
Richard Hernandez	Commissioner for Vocational-Technical Programs
Samuel Hissong	American College of Radiology
Jacqueline Hooper	Association of Schools of Allied Health Professions
William Horgan	Accreditation Committee-Perfusion Education
Grover Jeffcoat	American Board for Certification in Orthotics and Prosthetics, Inc.
Linda Johnson	U.S. Department of Veterans Affairs Programs
Judy Jondahl	American Association of Medical Assistants
Kathleen Jung	Accreditation Review Committee for the Medical Illustrator
Noelle Kehrberg	Association of Schools of Allied Health Professions
Angela Kiernan	Commissioner for At-Large - Two Year Institutions
Kathryn Kuntz	Joint Review Committee on Education in Diagnostic Medical Sonography
Joseph Long	Accreditation Review Committee on Education in Surgical Technology
Fred Luchette	American College of Surgeons
Sherry Makely	Commissioner for Hospital Based Programs
Sal Martino	American Society of Radiologic Technologists
Fumisuke Matsuo	American Clinical Neurophysiology Society

Cynthia Mattice	Committee on Accreditation of Education for Polysomnographic Technologists
LeAnn Maupin	Society for Vascular Ultrasound
Brad Maxwell	Accreditation Review Committee for the Anesthesiologist Assistant
Robert McCoach	American Academy of Cardiovascular Perfusion
M. Lacheeta McPherson	National Network of Health Career Programs in 2-Year Colleges
Marilee Means	Cytotechnology Programs Review Committee
Kathryn Mendoza	National Surgical Assistant Association
Elizabeth Meng	American Society of Electroneurodiagnostic Technologists
James Mitchell	Public Member Commissioner
Mike Niederpruem	American College of Sports Medicine
Carolyn O'Daniel	American Association for Respiratory Care
Howard Odom	American Society of Anesthesiologists
David Ogella	American Academy of Cardiovascular Perfusion
Michael Oros	American Academy of Orthotists & Prosthetists, Inc.
John Padgett	Commissioner for Proprietary Institutions
Richard Pan	American Medical Association
Gregory Paulauskis	Committee on Accreditation for Respiratory Care
Dan Points	National Network of Health Career Programs in 2-Year Colleges
Kristina Port	Committee on Accreditation of Education in Electroneurodiagnostic Technology
Lee Ann Prihoda	Committee on Accreditation of Specialist in Blood Bank Technology Schools
Jerry Purvis	Committee on Accreditation of Educational Programs for Kinesiotherapy
James Ramsey	Perfusion Program Directors Council
Marj Reif	Curriculum Review Board of the American Assoc of Medical

Lindsay Rettie	Assistants Endowment Association of Schools of Allied Health Professions
Stephen Rodgers	Public Member Commissioner
Mitchell Seeman	American Orthopaedic Society for Sports Medicine
Edward Shepherd	U.S. Department of Defense Programs
Aaron Shukla	Committee on Accreditation for Ophthalmic Medical Personnel
Jeff Smith	American Academy of Anesthesiologist Assts
Nancy Smith	American Society of Cytopathology
Jean Spitz	Society of Diagnostic Medical Sonography
Walter Thompson	Committee on Accreditation for Education in the Exercise Sciences
Gregory Trachiotis	Society of Thoracic Surgeons
John Trufant	Association of Schools of Allied Health Professions
J. Martin Tucker	American College of Obstetricians & Gynecologists
Paula Turocy	Joint Review Committee on Educational Programs in Athletic Training
Steve Valand	National Network of Health Career Programs in 2- Year Colleges
Clifford VanMeter	American Association for Thoracic Surgery
Jon VonderHaar	American Kinesiotherapy Association
Robert Wagoner	National Registry of Emergency Medical Technicians
Cynthia Weber	American Academy of Family Physicians
Kerry Weinberg	Joint Review Committee on Education in Diagnostic Medical Sonography
Alice Wilcoxson	National Athletic Trainers Association, Inc
Rose Ann Zumstein	Association of Polysomnographic Technologists

Board of Directors
2004-05

Officers

Sondra Flemming, President

Gregory Paulauskis, Vice President

Susan Fuchs, Secretary

Lindsay Rettie, Treasurer

Board Members

James Atkins

David Gibson

William Horgan

G.A. "Bud" Jeffcoat

James Mitchell

Dan Points

Marj Reif

Stephen Rodgers

David (Jeff) Smith

Steve Valand

Leadership of the Committees on Accreditation
2004-2005

Accreditation Review Committee for the Anesthesiologists Assistant

Chair - Brad Maxwell

No Staff

Joint Review Committee on Educational Programs in Athletic Training

Chair - Paula S. Turocy

Staff – Lynn Caruthers

Joint Review Committee on Education in Cardiovascular Technology

Chair - Jeff Davis

Staff - Richard T. Walker

Cytotechnology Programs Review Committee

Chair - Marilee M. Means

Staff - Debby MacIntyre

Joint Review Committee on Education in Diagnostic Medical Sonography

Chair - Kathryn Kuntz

Staff - Amanda Glassing

Committee on Accreditation for Education in Electroneurodiagnostic Technology

Chair - Janet Ghigo

Staff - Kristina A. Port

Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions

Chair - Arthur Cooper

Staff - Richard T. Walker

Committee on Accreditation for the Exercise Sciences

Chair - Walter R. Thompson

Staff - Mike Niederpruem

Committee on Accreditation of Education Programs for Kinesiotherapy

Chair - Lorelee Hansen

Staff - Jerry W Purvis

The Curriculum Review Board of The American Association of Medical Assistants Endowment

Chair - Rebecca L. Gibson

Staff - Judy A. Jondahl

Accreditation Review Committee for the Medical Illustrator

Chair - Kathleen Jung

No Staff

Committee on Accreditation for Ophthalmic Medical Personnel

Chair - John Fisher

Staff - Amanda Glassing

National Commission on Orthotic and Prosthetic Education

Chair - Bryan Malas

Staff - Robin Seabrook

Accreditation Committee-Perfusion Education

Chair - William J Horgan

Staff - Theresa Sisneros

Committee on Accreditation of Education for Polysomnographic Technologists

Chair - Cynthia Mattice
Staff - Richard Rosenberg

Committee on Accreditation for Respiratory Care

Chair - Becki Evans
Staff - Richard T Walker

Committee on Accreditation of Specialist in Blood Bank Technology Schools

Chair - LeeAnn Prihoda
Staff - Sharon Huey

Accreditation Review Committee on Education in Surgical Technology

Chair - Joseph Long

Subcommittee on Accreditation for Surgical Assisting

Chair - Jeff Bidwell
Staff to both the Committee and the Subcommittee - Cindy Collinsworth

Nominating and Elections Committee

2004-05

Alice Wilcoxson, Chair
Thomas Barnes
Joseph Long
LaCheeta McPherson

Standards Committee

2004-05

William W. Goding, Chair
Debra Cason
Cecil Givens
Stanton Nolan
Jennifer Anderson Warwick

Arrivals and Departures

At the 2005 Annual Meeting the Commissioners approved the membership of six new sponsoring organizations. We are delighted to welcome to the CAAHEP system:

A new sponsor for the Joint Review Committee on Education in Diagnostic Medical Sonography:

***Society for Vascular Surgery**

An additional sponsor for the Committee on Accreditation for Education in Electroneurodiagnostic Technology:

***American Society of Neurophysiologic Monitoring**

And FOUR new sponsors for the Committee on Accreditation for the Exercise Sciences:

***American Alliance for Health, Physical Education, Recreation and Dance**

***American Association of Cardiovascular and Pulmonary Rehabilitation**

***Medical Fitness Association**

***National Academy of Sports Medicine**

But even as we welcome these new member organizations, we also bid farewell to two Committees on Accreditation and their sponsoring organizations.

Effective March 1, 2005, the Council on Accreditation for Health Information and its sponsoring organization, the American Health Information Management Association, left CAAHEP to form a free-standing accrediting body to be known as the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).

Also leaving us at the end of Fiscal Year 2004-05 was the Committee on Accreditation for Ophthalmic Medical Personnel and their sponsoring organizations, the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) and the Association of Technical Personnel in Ophthalmology (ATPO).

Other news in 2004-05...

****Becoming a truly Outcomes Based System**

By the end of 2004-05 CAAHEP had made remarkable progress toward the goal of being a truly outcomes-based accreditation system. A few years back, the Board of Directors established 2007 as the deadline for all of the CAAHEP Standards to be revised and all CAAHEP Committees on Accreditation to be operating with the outcomes-based Standards format. With two years to go, only three sets of Standards remain in the “old” format (a fourth set, for Athletic Training, is not being revised because that Committee has decided to leave the CAAHEP system in 2006). Four sets of revised Standards were approved in 2004-05: Anesthesiologist Assistant, Exercise Science Professional, Exercise Physiologist (Clinical and Applied), and Kinesiotherapist.

**** CAAHEP Goes Hollywood**

Well, maybe not Hollywood, but we did make it to PBS! One major project for 2004-05 was the development and airing of a public service ad about allied health and accreditation. The monitoring report indicated that the program “was aired 1,096 times in 57% of all U.S. households, reaching a gross audience of 4,825,500 viewers.” The video is still “running,” available on the CAAHEP website and can also be borrowed from the CAAHEP office in VHS format (an excellent tool for career days, etc.).

**** And Speaking of Hollywood, the Award Goes to...**

One of the highlights of the 2005 Annual Meeting was the Awards Luncheon, emceed again this year by Commissioner Jack Trufant. We honored three outgoing Board members: James Atkins, David Gibson and Bud Jeffcoat, we paid special homage to outgoing president, Sondra Flemming and last, but definitely not least, the CAAHEP Exceptional Service Award went to Kirby Cox, a past president of CAAHEP and co-founder of the National Network of Health Career Programs in Two-Year Colleges (NN2).

CAAHEP Staff

2004-05

Kathleen Megivern – Executive Director

Lori Schroeder – Director of Accreditation Services

Jeanne Desmond – Database Manager

Anne Dienethal – Administrative Assistant

Effective November 1, 2005, CAAHEP has moved from Chicago to:

**1361 Park Street
Clearwater, FL 33756
727-210-2350 / Fax 727-210-2354
www.caahep.org**