**SLIDE 1**

Welcome to this presentation brought to you by the Office of Institutional Effectiveness at Bowling Green State University. In this presentation, we will provide an overview of the internal processes and guidelines for programs governed by external specialized accrediting agencies or specialized accreditation.

**SLIDE 2**

There are two types of accreditation - institutional and specialized. Institutional accreditors, such as those referred to as "regional" accreditors, examine the college or university as a whole educational institution. Bowling Green State University is regionally accredited by the Higher Learning Commission or HLC. Conversely, specialized accreditors evaluate specific educational programs against nationally established standards.

Specialized accreditation refers to organizations that establish standards related to a specific profession.  Many degrees (for example, English, history, etc.) are in fields that do not have specialized accrediting bodies. Some degrees that prepare students for specific professions (for example, educator preparation, nursing, business, music, etc.) do have accrediting bodies. In some cases, graduation from an accredited program is required for students to obtain professional licensure or certification.

Academic programs seek specialized accreditation for a variety of reasons, including a desire to meet professional standards, to ensure that students are eligible for licensure and certification, and to assure students, graduates, and employers of program quality.  Programs with specialized accreditation have been determined to meet the professional standards of their field through rigorous self-study and evaluation by the accrediting body. 

**If we may use an analogy, think of it this way: regional or institutional accreditation would be akin to a primary care physician who takes care of the whole body and has broad training in healthcare. Specialized accreditation would be akin to medical specialists who focus on a certain area of medicine in which they have advanced training or treat specific conditions or ailments, like a** cardiologist who deals with only heart-related ailments or a rheumatologist who deals only with arthritis-related ailments.

**SLIDE 3**

A number of BGSU programs have been reviewed and accredited by one or more specialized accrediting organizations. A list of these accrediting agencies (as of the date of this recording) is provided on this slide.

**SLIDE 4**

Let us say a few words now about specialized accreditation parties responsibilities.

Many accreditation agencies are moving towards an expectation that programs adopt a continuous improvement model focusing on student outcomes/competencies. This approach takes time, careful consideration, planning, and monitoring on a regular basis. There are units within BGSU that can assist faculty, administrators, and BGSU personnel with various aspects of implementing a continuous improvement evaluation plan and the assessment of student outcomes/competencies necessary for accreditation. Additionally, open communication and early action by all involved in the accreditation process is necessary given the increased need for external reporting about accreditation activities to state and national agencies.

Program faculty, Unit/Program Accreditation Liaison/Coordinators, college deans, the Office of Institutional Research (OIR), and the Office of Institutional Effectiveness (OIE) fulfill critical roles in the process of specialized accreditation filing (whether this filing be at the initial level or at the re-affirmation or continuation of accreditation level).

* The program faculty and the Unit/Program Accreditation Liaison/Coordinator engage in the appraisal of their academic program with a focus on continuous improvement.
* OIR is the official primary data source for the institution. All data used in specialized accreditation materials must be vetted through OIR.
* The Unit/Program Accreditation Liaison/Coordinator leads the accreditation process and all accreditation activities (e.g., [this includes] completing self-study and accreditation reports, visits from accreditation teams, etc.).
* The dean reviews and endorses reports and other communications prior to submission to OIE.
* OIE reviews and approves all specialized accreditation reports and evidence prior to their external submission; OIE serves as the institutional contact between the President/Provost’s offices, and Unit/Program Accreditation Liaison/Coordinator. When a virtual or on-campus visit is required as part of the accreditation process by the specialized accreditation body, OIE is responsible for coordinating time and date availability with the President/Provost’s offices.

**SLIDE 5**

There are many sequential activities entailed in the process of initial or continuing accreditation by specialized accreditation agencies. The main activities include: Preparation for the self-study and data requests, completion of the self-study, team visit scheduling, reception of the team’s accreditation report of findings, if needed an accreditation rejoinder followed by the determination of a final accreditation outcome and hereafter, annual updates. In this part of our presentation, let us take a closer look at the institutional expectations for the fulfillment of each of these components.

**SLIDE 6**

A meeting between the Unit/Program Accreditation Liaison/Coordinator and the OIE Designee (i.e., Assistant Director of Institutional Accreditation and Program Review) must occur early in the accreditation cycle (ideally **two years** before the self-study is due to the accreditors) to discuss data and institutional assistance. The OIE Designee may assist the Unit/Program Accreditation Liaison/Coordinator with the following:

* providing templates (e.g., standardized text/narratives for contextual information, BGSU assessment, etc.)
* formatting (e.g., hyperlinking, automatic table of contents, appendices, charts, graphs, etc.)
* verifying institutional data sources accuracy
* reading and copyediting the report for compliance with agency requirements and standards (including addressing any weaknesses or concerns from the last visit), HLC requirements and standards as applicable, adherence to BGSU’s policies and procedures, compliance with the BGSU Writing Style Guide, spelling and grammatical errors.

At least **3 weeks before data are needed,** the Unit/Program Accreditation Liaison/Coordinator submits a data request form to the Office of Institutional Research (OIR). Data requests to OIR can be submitted online at the link listed on the slide <https://www.bgsu.edu/institutional-research/RequestForms.html>

All primary institutional data, used in accreditation reports (e.g., initial self-studies, continuing self-studies, annual updates, etc.) should come from the Office of Institutional Research (OIR). Institutional data from the OIR may be requested using the  [Data Request Form](https://www.bgsu.edu/institutional-research/RequestForms.html) on OIR homepage: <https://www.bgsu.edu/institutional-research/RequestForms.html>. All data used within accreditation reports **must** be vetted by OIR.

OIE may also provide secondary institutional data gathered from Academic Performance Solutions (APS). Academic Performance Solutions (**APS**) is a decision-support platform that enables individuals across institutional departments to easily access data and peer benchmarks around course offerings, faculty workload, course completion rates, department-level costs, and other key performance indicators. APS is available to current BGSU Deans, A-Deans, Department Chairs and Directors. For access or for more information about APS, contact OIE Associate Director at [institutionaleff@bgsu.edu](mailto:institutionaleff@bgsu.edu)

Student Learning Outcomes & Graduation Survey Data: Student learning outcomes data and data collected from the BGSU Graduation Survey may be requested from the Office of Academic Assessment (OAA). Please contact the office at [assessment@bgsu.edu](mailto:assessment@bgsu.edu).

**SLIDE 7**

The dean will review the study and evidence files prior to internal submission and review by OIE and provide feedback and endorsement to the Unit/Program Accreditation Liaison/Coordinator.

OIE reviews and approves all reports and documents, requests changes be made to the self-study, and briefs the Provost on the content of the self-study if challenges surface.

NOTE: If OIE requests changes be made to the self-study, the final, corrected/modified version of the self-study must be re-reviewed and approved again by OIE **before** it is submitted.

The study and evidence files must be provided to OIE for internal review **no more than 1 month (or earlier) in advance of the external submission due date**. Self-studies and evidence may **NOT** be submitted to specialized accreditation **withou**t OIE’s formal endorsement. This endorsement is communicated via a Self-Study Approval Status Letter (SSASL), issued from OIE to the respective program director with copy to the Dean/Associate Dean.

**SLIDE 8**

Please note that some accreditation systems require multiple institutional contacts (e.g., President, Provost, Dean, Institutional Research Representative, etc.) to sign off on the submitted materials. If this is the case, more time (than 1 month) may be needed to review the self-study and evidence. The President and/or Provost will not sign off on submitted materials for accreditation until review by the Office of Institutional Effectiveness is completed.

**SLIDE 9**

The Unit/Program Accreditation Liaison/Coordinator is responsible for coordinating accreditation team visits, scheduling meetings with the necessary institutional contacts, collaborating with OIE to schedule meetings with the President and/or Provost as needed. The Unit/Program Accreditation Liaison/Coordinator is also responsible for informing OIE of the overall accreditation schedule and for providing a brief summary of “talking points” to help prepare the President and Provost for the visit.

OIE Designee **will not finalize the schedules** until after reviewing and approving the completed self-study and corresponding evidence. The President and Provost Offices will not allow holds on their calendars without verification by the OIE Designee.

Typically, the accreditation agency communicates directly with the Unit/Program Accreditation Liaison/Coordinator, Dean, Provost, and/or President about accreditation visit outcomes and/or significant findings. However, in some cases information related to accreditation is only shared with the Unit/Program Accreditation Liaison/Coordinator. To ensure that accreditation information is accurate, the Unit/Program Accreditation Liaison/Coordinator is responsible for communicating with and providing copies of any communications regarding accreditation (i.e., change in accreditation status, team visit outcomes/reports, reaffirmation letter, and/or significant findings) to OIE. **This information must be housed within OIE for the broader purpose of compliance with the Higher Learning Commission.**

The Office of Institutional Effectiveness should be notified **immediately** regarding any changes in specialized accreditation status. The university’s Accreditation Liaison shall be responsible for informing the Higher Learning Commission and/or ODHE of any pending or final actions by a USDOE-recognized accrediting agency to suspend, revoke, withdraw, or terminate a program’s accreditation and to impose probation or an equivalent status.

**SLIDE 10**

Annual updates or reports required by respective specialized accreditation agencies must be reviewed by OIE prior to external submission. Copies of these annual reports must be housed in OIE for accreditation compliance.

Under rare circumstances, programs may find it necessary to seek accreditation through a different agency. Examples include: a new agency that has more stringent standards or greater benefits to students; or, the current agency fails to provide the services for which it was contracted (e.g., delays in reaccreditation).

Programs should notify OIE and the Provost’s office to alert them of the unit’s intent to transfer accreditation from one agency to another and provide documentation as to the reasons for the requested change. This would also allow OIE to maintain an accurate listing on its website of all specialized accreditation held by BGSU.

The unit’s accreditation contact then should meet with OIE Designee to discuss and coordinate submission of termination letter to existing agency, and initiation of accreditation with the new agency.

The remaining process for transferring accreditation to a new accreditor follows the same processes as described in the previous slides herein.

**SLIDE 11**

This concludes our video presentation. If any questions, feel free to reach out to us at [institutionaleff@bgsu.edu](mailto:institutionaleff@bgsu.edu) Additional helpful contacts are listed on this slide. We thank you for watching.