Committee on Accreditation of the American Library Association

Accreditation Process, Policies, and Procedures (AP3)

Fourth Edition, June 2015
Editorial update September 2022

https://ala.org/aboutala/offices/accreditation/
225 North Michigan Avenue, Suite 1300
Chicago, IL 60601-7616 USA

Contents

Accreditation terminology

The following key terms are used throughout this document and in the *Standards for Accreditation of Master's Programs in Library and Information Studies*.

CHEA	The Council for Higher Education Accreditation. Officially recognizes the American Library Association as the accrediting agency for master's-level programs in library and information studies.
CoA	The Committee on Accreditation - The committee that administers accreditation for the American Library Association (ALA).
Comprehensive Review	Periodic review of a program by the CoA to evaluate a program's compliance with the *Standards*. The review process includes submission of a Self-Study, an on-site review by an External Review Panel, and a CoA accreditation decision.
ERP	The External Review Panel - A group of two to six library and information faculty and practitioners appointed by the CoA through the Office for Accreditation to visit a program and verify information in the Self-Study. Panelists are also vetted by the program to avoid any conflicts of interest.
ERP Chair	Refers to the chairperson of the External Review Panel (ERP).
LIS	Library and Information Studies - In the context of ALA-CoA communications, LIS has this specific reference. In other contexts, including some ALA-accredited programs, LIS may refer to Library and Information *Science*.
OA Director	Refers to the director of the ALA Office for Accreditation.
Program	Refers only to the course of study leading to a master's degree. A school may offer degree programs not accredited by the ALA, such as undergraduate, other master's, post-master's, or doctoral programs. The ALA CoA accredits programs, not schools, colleges, or institutions.
Program Head	Refers to the chief executive of the program, often with the title of dean, director, or chair.
Academic Unit	Refers to the unit such as a school or college offering one or more programs in library and information studies.
Self-Study	Document (formerly called Program Presentation) and accompanying materials prepared by the program as part of the comprehensive review process. This document describes the program; how it meets the ALA *Standards for Accreditation*; analyzes its strengths, weaknesses, and challenges; and sets forth the program's plans and goals for future development and continued compliance with the *Standards*.

Standards	Refers to *Standards for Accreditation of Master's Programs in Library and Information Studies*, the essential features of accredited library and information studies programs. The *Standards* are developed by the COA and approved by the ALA Council.
Visit or site visit	Refers to the part of a comprehensive review in which members of an ERP visit the school and institution to validate and augment the information contained in the Self-Study. Most visits are conducted as on-site visits in which members of the ERP travel to the program location. This document is written from that perspective. However, alternative approaches, such as virtual visits, may also be used, following consultation with the Program Head, the OA Director, and the ERP Chair.

A comprehensive glossary of accreditation terminology is available on the Office for Accreditation website https://www.ala.org/accreditedprograms/standards/glossary.

Revised August 12, 2022

Preface

The *Accreditation Process, Policies and Procedures* (AP3) manual is used in conjunction with the *Standards for Accreditation of Master's Programs in Library and Information Studies* to guide the American Library Association (ALA) accreditation process. It is provided primarily for use and reference by program and institutional representatives, members of the ALA Committee on Accreditation (CoA, the Committee), and External Review Panelists. It should be understood that policies drive process and that procedures are steps in the process. Previous editions of this manual were published in 2003, 2006, and 2012.

This August 2022 revision of the fourth edition is effective immediately.

This document is regularly reviewed for revision by Office for Accreditation staff. Substantive (not just editorial) changes to process, policy or procedure are approved by CoA and communicated by the Office through notifications on the Office for Accreditation web pages, in the *Prism* newsletter, and via email to program leadership. Updates that are editorial in nature are not reported.

Questions about the accreditation process as administered by the American Library Association's Committee on Accreditation should be directed to accred@ala.org.

I. Overview of ALA accreditation

I.1 The role of accreditation

Accreditation is a voluntary, nongovernmental, and collegial process of self-review and external verification by peer reviewers, designed to provide quality assurance for the benefit of the institution inviting the review and the profession and the public it serves. In higher education, accreditation has two goals: 1) to ensure that post-secondary educational institutions and their academic units, schools, or programs meet appropriate standards of quality and integrity; and 2) to improve the quality of education these institutions offer.

The two types of postsecondary education accreditation are institutional and specialized. Institutional accreditors evaluate and accredit an institution as a whole. Each institutional accrediting agency is responsible for accrediting institutions within a specified region. For this reason, institutional accreditation is sometimes referred to as regional accreditation. The Council on

Specialized accreditors evaluate and accredit professional and occupational education at the unit or program level. Each accrediting agency is responsible for the academic units or programs in its specialty. As a specialized accreditor, the American Library Association's (ALA) Committee on Accreditation (CoA) accredits programs leading to a master's degree in the area of studies defined in the Standards for Accreditation of Library and Information Studies Programs While CoA recognizes that there are many information disciplines that provide important contributions to the education of a professional librarian and that professional education in librarianship may contribute to the skills and accomplishments of information professionals outside of librarianship, the accreditation process overseen by CoA was entered into by ALA and CoA "… in order to acknowledge the central role of the CoA accreditation process to the recognition of librarianship as a distinct and autonomous profession…" (ALA-CoA Memorandum of Understanding).

Accreditation has several benefits. It assures the public that individuals who have graduated from accredited schools or programs have received a quality education. It assures students that an accredited program meets the standards of the profession. Institutions of higher education benefit from self and peer evaluation and through the opportunity for continuous improvement. Accreditation does not result in ranking of programs. Rather, it respects the uniqueness of each program while ensuring that all accredited programs meet the same standards.

The accreditation process involves the continuous assessment and evaluation of a program and the enhancement of the program's operations using standards. This process, through self-evaluation and peer review, is designed to foster collegial relations among educators and members of the profession. Accreditation indicates that a program demonstrates a commitment to quality and that the program seeks to continue that commitment.

The accreditation process and activities of the ALA's CoA are founded on principles of accreditation (see section I.3). In the spirit of continuous improvement, the standards, these

procedures, and the documents for ALA accreditation are periodically revised and updated as part of the effort to ensure optimal benefit to the profession and the public.

The ALA is recognized as the accrediting organization for library and information studies by the Council for Higher Education Accreditation (CHEA) which affirms with a periodic comprehensive review and interim reporting that the standards and processes of the accrediting organization are consistent with its expectations for academic quality, improvement and accountability. The ALA is also a member of the Association for Specialized and Professional Accreditors (ASPA) and follows its *Code of Good Practice.*

I.3 The American Library Association's Committee on Accreditation

In 1924 the ALA created the Board of Education for Librarianship to carry out accreditation of programs of education for librarianship. The Board became the Committee on Accreditation (CoA) in 1956.

The ALA-specified CoA charge "to be responsible for the execution of the accreditation program of the ALA, and to develop and formulate standards of education for library and information studies for the approval of Council" (*ALA Handbook of Organization*). In meeting this charge, the CoA is guided by the following principles:

- The accreditation of library and information studies (LIS) educational programs is coordinated through a single agency that represents the interests of the members of the profession
- Accreditation enhances the quality of library and information services through the improvement of the professional education available for librarians and related information professionals
- The spirit of accreditation lies in its constructive and continual evaluation and assessment of LIS educational programs.

The CoA has developed an accreditation process that seeks to achieve the following objectives:

- To respond to the content and emphasis of the *Standards*
- To incorporate suggestions of the LIS educational community and the LIS profession
- To conform to good practices in the accreditation process in accord with provisions set forth by the Council for Higher Education Accreditation (CHEA) and the Association of Specialized and Professional Accreditors (ASPA).

I.3.1 Scope of the CoA

The CoA accredits master's programs in library and information studies that are offered under the degree-granting authority of regionally accredited institutions located in the United States (US), including Puerto Rico, in the United Kingdom (UK), and in Canada by agreement with the Canadian Federation of Library Associations (CFLA).

As a prerequisite to the accreditation of programs, the ALA requires that the institution be accredited by its appropriate regional accrediting agency in the US. This requirement does not

apply in Canada or the UK, which do not have a regional accrediting system. A Program Head must immediately inform the Office for Accreditation of any change in institutional accreditation status.

The CoA is responsible for overseeing the development of standards for accreditation of master's degree programs in library and information studies. The development of standards is a broadly based, inclusive process involving members of the profession and the public. The CoA continually reviews the standards at its regularly scheduled meetings and works through a Standards Review Subcommittee to determine when revisions are necessary.

I.3.2 External recognition of the ALA CoA

The Council for Higher Education Accreditation (CHEA) officially recognizes the American Library Association as the accrediting agency for master's-level programs in library and information studies, scoped to programs in Canada, the United Kingdom, and the United States (including Puerto Rico). The ALA is also a member of the Association for Specialized and Professional Accreditors (ASPA) and follows its *Code of Good Practice*.

I.4 The Committee on Accreditation's structure and organization

The CoA is composed of 12 members appointed by the ALA president-elect in the role of chair of the Committee on Appointments (*ALA Bylaws*, Article VIII, Section 2). Ten members are personal members of ALA who are appointed to represent educators and practitioners. One of these members is Canadian appointed in consultation with the Canadian Federation of Library Associations. Another is a Dean/Director/Chair (Program Head) appointed in consultation with the Association for Library and Information Science Education (ALISE). Two members of the CoA must be appointed from the public at large to represent the public interest and cannot be from the profession.

A Memorandum of Understanding guides appointments in order to protect the integrity of the process.

The CoA uses *Robert's Rules of Order*, in the latest edition, to govern its work (ALA Bylaws, Article XII).

I.4.1 Terms of appointment

Members of the CoA (except public members not of the profession cannot be ALA members, are eligible to two two-year terms), are appointed for four-year terms and may *not* be re-appointed. Only personal members of ALA are eligible for appointment.

Public members are appointed from the public at large and represent the public interest. They are appointed for two-year terms and may be re-appointed once. Public members cannot be librarians or information professionals. A public member cannot have studied library and information studies; cannot be currently or formerly professionally employed in a library, information center, or related industry (for example, as a material or systems vendor); and cannot be a current or former member of the ALA or any other library association. Public members

cannot be employed in an institution at which there is a program accredited by the ALA or in an institution that has a program with Precandidacy or Candidacy status.
The chair of the CoA is appointed by the ALA president-elect for a one-year term and may be reappointed once. When a vacancy occurs on the CoA before the end of the member's term, the vacancy "shall be filled by appointment by the Executive Board until the expiration of the conference year in which the vacancy occurs, at which time appointment to fill out the unexpired term shall be made" (ALA Bylaws, Article VIII, Section 7b).

I.4.2 Conflict of interest policy

It is the responsibility of each CoA member to disclose any personal, financial, or professional interest that might create a conflict with that member's ability to carry out fairly and objectively the responsibilities of a CoA member. Typical situations requiring member disclosure and CoA review include:

- Current or recent employment by or consulting arrangements with an institution of higher education that offers or proposes to offer master's degrees in library and information studies;
- Close personal relationships with individuals at an institution with an LIS program;
- Current or recent student status at an institution with an LIS program.

Each member's disclosure is reviewed by the CoA at least once a year and also as disclosures are presented. Generally, any conflicts of interest are resolved through the member's recusal from discussions or votes on the issue or program related to the conflict. CoA may request that a member recuse himself or herself due to a disclosed conflict of interest. On a case-by-case basis, the CoA may also consider and adopt additional measures to ensure that its work is not compromised by a potential or actual conflict of interest.

I.4.3 Voting by the CoA

I.4.3(a) Quorum

Seven (7) of the twelve (12) members of the CoA in attendance constitutes a quorum for business other than accreditation actions. Non-accreditation decisions require a simple majority of votes cast.

Accreditation actions require a quorum of at least eight (8) members of the CoA. An affirmative vote of two-thirds of votes cast is needed to pass a motion.

The CoA chair has the same rights and privileges as all other members have, including the right to make motions, to speak in debate, and to vote on all matters.

I.4.3(b) Accreditation actions

An accreditation action is a decision to grant or deny Initial accreditation status to a program; to grant Precandidacy, Candidacy, Continued, or Conditional status to a program; or to Withdraw accreditation from a program. Accreditation actions may be

made only at a regularly scheduled meeting of the COA and require a quorum of at least eight CoA members. Accreditation actions are based on the following:

- To grant Precandidacy status: Precandidacy application that meets all requirements as detailed in this document.
- To grant Candidacy status: Candidacy application that meets all requirements as detailed in this document and all the reports the program submitted since it was granted Precandidacy status.
- To grant Continued or Conditional status: Self-Study, External Review Panel Report, Program Response to External Review Panel Report (if submitted), all the reports the program submitted to the CoA since the last comprehensive review, and the meeting with CoA to close the comprehensive or progress review.
- To Withdraw accreditation:
    - If Withdrawal follows a comprehensive or progress review - Self-Study, External Review Panel Report, Program Response to External Review Report (if submitted), all the reports the program submitted to the CoA since the last comprehensive review, and the meeting with CoA to close the comprehensive or progress review.
    - If Withdrawal does not follow a comprehensive or progress review (see also AP3 I.14): All the reports the program submitted to the CoA since the last comprehensive review.

Accreditation actions require an affirmative vote of two-thirds of votes cast. Less than a two-thirds affirmative vote for Continued status results in Conditional status. Less than a two-thirds affirmative vote for Initial or release from Conditional accreditation results in denial or withdrawal, respectively. A motion to reconsider an accreditation action also requires a two-thirds affirmative vote.

Number of votes cast *(recusals and abstentions are not counted)*	Number of affirmative votes required to carry motion by two-thirds
12	8
11	8
10	7
9	6
8	6
7	5
6	4
5	4
4	3
3	2

I.4.3(c) Voting between meetings

The *ALA Bylaws*, Article VIII, Section 8, authorizes voting by email, conference call, and mail as long as all committee members are polled simultaneously. No accreditation actions may be made between regularly scheduled meetings.

I.4.3(d) Communicating with the CoA

Correspondence with the chair or any member of the CoA should be sent to the Office for Accreditation. The Office fulfills the secretarial function for the CoA and maintains all its records.

Any request for action by the CoA must be directed to the chair of the CoA, sent care of the Office for Accreditation at least six weeks before the next regular CoA meeting. This time frame will enable the CoA to consider the request for the agenda of the next meeting.

Revised November 16, 2017

I.5 The Office for Accreditation

The Office for Accreditation provides planning, leadership, and a secretarial function in implementing the ALA accreditation process. In fulfilling these roles, the Office serves multiple constituencies: the CoA, ALA members, the LIS profession, graduate programs, students, employers, and the general public.

I.5.1 Responsibilities of the Office for Accreditation

- Coordinating and supporting activities that are directly related to the accreditation of master's programs of education for library and information studies;
- Maintaining relationships with other accrediting agencies within the accreditation community, including CHEA and ASPA;
- Maintaining contact with programs. This may include programs that are in the process of undergoing a comprehensive review or those that are interested in seeking accreditation from the ALA;
- Providing information to graduate programs, potential students, employers, ALA members, the press, and the general public about the accreditation process, policies, and procedures, as well as the accreditation status of specific graduate LIS programs;
- Manage conflicts of interest that may compromise the integrity of the accreditation process;
- Providing publications, programs, and other activities to promote the awareness and enhance the knowledge of ALA members, other library and information associations, and the general public about the ALA accreditation process, trends in library and information studies education, and trends in higher education accreditation;
- Maintaining a schedule of comprehensive reviews and making it publicly available;
- Maintaining the Directory of ALA-Accredited Master's Programs in Library and Information Studies.

Revised April 26, 2019

I.5.2 Directory of ALA-accredited programs

A current directory of ALA-accredited master's programs in library and information studies is available in two formats on the Office for Accreditation website.

- Directory of ALA-accredited programs in a searchable database format
- Directory of ALA-accredited programs in pdf format

A historical list of all ALA-accredited programs accredited since 1925 is available on the Office for Accreditation website.

- Historical list of accredited programs

Revised April 26, 2019

I.5.3 Schedule of reviews

The Office for Accreditation maintains a schedule of comprehensive reviews that is available on its website. This schedule assures the profession and the public that the CoA reviews programs in a regular and timely manner.

I.6 Standards for Accreditation overview

The CoA develops standards for accreditation through a consensus-building process that involves various communities of interest, including educators, students, and library and information practitioners. Throughout the standards-development process, the CoA seeks, receives, and uses comments and suggestions from the communities of interest in both the United States and Canada. The 2015 *Standards for Accreditation of Master's Programs in Library and Information Studies* (the *Standards*) were adopted by the approval of the ALA Council on February 2, 2015. Previous standards were adopted in 1925, 1933, 1951, 1972, 1992, and 2008.

The *Standards* describe the essential features of programs of education that prepare library and information professionals. Within the context of the school's and program's rights and obligations regarding initiative, experimentation, innovation, and individual programmatic differences, these standards identify the minimum achievement consistent with the needs of the LIS profession as well as the indispensable components of library and information studies programs.

The *Standards* use qualitative rather than quantitative measures throughout and are indicative rather than prescriptive. The intent of the *Standards* is to foster excellence through the development of criteria for evaluating educational effectiveness and to protect the public interest. Members of the public have the right to know whether a given program of education is effective. Programs therefore are expected to make publicly available the results of their evaluation of education effectiveness.

Throughout the *Standards*, the requirements for evaluation include the assessment of outcomes, not only of educational processes and resources, but also of the successful use of those processes and resources to achieve established objectives. Furthermore, institutions seeking accreditation

of master's degree programs in library and information studies have an obligation to use the results of their evaluations for broad-based, continuous program planning, development, and improvement and to make those results public.

While the *Standards* provide the basis for self-evaluation and peer review of all accredited master's programs in library and information studies, their qualitative nature enables each program to be considered within its unique context. The *Standards* have been designed to encourage programs to initiate experiments in professional education without creating conflict with the policies and organizational structure of their own institutions.

The *Standards* and the current accreditation process emphasize the use of outcomes assessment by the programs accredited by the ALA. Many institutions have tools and resources that departments and programs can use to help develop and measure outcomes. An annotated list of selected outcomes assessment and evaluation tools is available in the Resources for LIS Administrators section of the Office for Accreditation website.

I.7 Accreditation statuses

The statuses of ALA accreditation are:

Precandidacy (See section I.8)	Precandidacy status indicates the institution's and program's commitment to achieving ALA accreditation. Precandidacy also provides the program and the CoA with a means to communicate formally about programmatic development. Programs with Precandidacy status do not appear in the directory of ALA-accredited programs. Reporting requirements: annual narrative progress report, annual statistical report Length of status: three years; a program may remain in Precandidacy up to three years. At the end of three years, the CoA may grant a one-time extension of up to three years
Candidacy (See section I.9)	Candidacy status indicates that the program is ready to begin the two-year process that culminates in the Self-Study, comprehensive review of the program, and the CoA's accreditation decision. Programs with Candidacy status do not appear in the directory of ALA-accredited programs. Reporting requirements: annual narrative progress report, annual statistical report Length of status: two years; a one-year extension before the comprehensive review is possible pending the approval of the COA
Initial accreditation (See section I.11)	Initial accreditation status indicates that a program has been accredited by the ALA following a period of candidacy status and comprehensive review. Initial accreditation applies retroactively for

	students who complete degree requirements within the 24 months prior to the date that Initial accreditation is granted. Reporting requirements: biennial narrative report (every other year), annual statistical report Length of status: seven years (or three years if a progress review is scheduled when Initial accreditation is granted)
Continued accreditation (See section I.12)	Continued accreditation status is granted to an accredited program that continues to demonstrate compliance with the Standards. Reporting requirements: biennial narrative report (every other year), annual statistical report Length of status: seven years
Conditional accreditation (See section I.13)	This status is assigned to a program that must make changes to comply with the *Standards* to enable accreditation beyond the date specified by the CoA. Programs with Conditional accreditation status remain accredited and are listed in the directory of ALA-accredited programs. This status may be conferred following the comprehensive review or following issuance of a Notice of Concern. Reporting requirements: plan for removal of conditional status (year one), annual narrative progress report, annual statistical report Length of status: three years
Withdrawn, Appeal Pending (See sections I.14 and IV)	This status is assigned to a program that has had its accreditation withdrawn by the COA and has filed an appeal. See section IV for information on the appeal process. A program with this status is listed in the directory of ALA-accredited programs with the status, "Withdrawn, Appeal Pending." While the appeal is in process, the program retains Conditional status with regard to student status and program reporting requirements. Reporting requirements: annual statistical report (if report due date is while appeal is in process) Length of status: until final determination of appeal
Withdrawn accreditation (See section I.14)	This category is assigned to a program that, effective on the date specified, is no longer accredited by the ALA. A program with this status is not listed in the directory of ALA-accredited programs. Reporting requirements: N/A Length of status: permanent

The Directory of ALA-Accredited Master's Programs in Library and Information Studies lists all programs with one of these statuses: Initial, Continued, Conditional, or Withdrawn, Appeal Pending. Once an appeal concludes, if the Withdrawn status stands, a program is listed only in the Historical List of Accredited Programs https://www.ala.org/accreditedprograms/directory/historicallist. A current directory is available from the Office for Accreditation homepage at https://www.ala.org/educationcareers/accreditedprograms/directory

I.7.1 Disclosure of accreditation status

As a public protection, including for prospective students, programs are to disclose ALA accreditation status on the program website landing page as one of the following: Candidacy; Conditional; Continued; Initial; Precandidacy; Withdrawn, Appeal Pending; or Withdrawn. Any program found to be misrepresenting its accredited status online or through public statements or in documents will be notified by the ALA Office for Accreditation to take immediate corrective action. Failure to correct misrepresentation of the accreditation status can lead to adverse action.

Effective by ALA-CoA decision June 24, 2022.

I.8 Precandidacy status

Precandidacy indicates the institution's and program's commitment to achieving ALA accreditation. This status provides a mechanism for the program to establish, measure, and meet goals and objectives in order to achieve Candidacy status and to comply with the *Standards*. Precandidacy also provides the program and the CoA with a means to communicate formally about programmatic development.

An institution that has a master's program in library and information studies that is not accredited by the ALA's Committee on Accreditation must go through Precandidacy and Candidacy status before receiving Initial accreditation from the CoA. As a prerequisite to the granting of Precandidacy or Candidacy status to a program, the ALA requires that the institution be accredited by its appropriate regional accrediting agency. This requirement does not apply in Canada, which has no regional accrediting system.

Resources for programs seeking Initial accreditation can be found on the Office for Accreditation website.

I.8.1 Eligible programs

As the first step in seeking accreditation from the ALA, the following programs are required to apply for Precandidacy status: 1) a new program at an institution that does not have an ALA-accredited program and/or 2) an existing program at an institution that does not have an ALA-accredited program.

I.8.2 Application requirements

An application for Precandidacy status must be submitted to the Chair of the CoA in care of the Office for Accreditation not less than 45 days before the CoA meeting at which the application will be considered. The Precandidacy application must include:

- A letter from the CEO of the institution requesting Precandidacy status for the program. In the case of a new program, this letter must also include documentation of institutional and state approval of, commitment to, and support for the new program. The letter must also contain a statement that the institution understands that Precandidacy status in no manner guarantees or implies that the program will move to Candidacy status or that it will be accredited at the end of the Candidacy period. A letter template is available on the Office for Accreditation website.
- A letter from the Program Head (dean of the program and/or school in which the program is located) requesting Precandidacy status for the program. The letter must also contain a statement that the program and/or school understands that Precandidacy status in no manner guarantees or implies that the program will move to Candidacy status or that it will be accredited at the end of the Candidacy period. A letter template is available on the Office for Accreditation website.
- A report of the program's status. This report must address how the program complies with the *Standards for Accreditation of Master's Programs in Library and Information Studies*. The report must address each standard and include statements of financial support for the program (including a copy of the program's current budget) and 3) a projected budget for the program during the Precandidacy and Candidacy periods. The names and positions of the persons responsible for developing and monitoring these reports must be included.
- A detailed plan for achieving candidacy status. Such plans must include clearly stated objectives, a calendar for reaching these objectives (for example, hiring a certain number of faculty each year, enrolling a certain number of students each year), methods of assessing whether the objectives have been met, and evaluation plans for the program. If the program does not have a Program Head, plans for selection and hiring to fill this position must be included.
- Format of the application:
    - Cover page with name of program, name of degree to appear on diploma, name of unit (college, school, department, etc.) in which program resides, name of institution, regional accreditor (for U.S. institutions), and date of submission of application;
    - Table of contents;
    - Glossary of terminology and abbreviations
    - List of appendices
    - Report and plan, organized by standards and on numbered pages
    - Format: numbered pages, figures, and appendices; text, charts, and tables in legible font and size

I.8.3 Review by the CoA

Precandidacy applications are reviewed at a regularly scheduled meeting. The Committee takes one of the following actions: 1) grant Precandidacy status, 2) grant Precandidacy status and immediately move the program into Candidacy status (this option would normally apply only to programs with established non-accredited programs), or 3) deny Precandidacy status. A decision to deny Precandidacy status to a program is not appealable.

I.8.4 Length of Precandidacy status

A program may remain in Precandidacy up to three years. At the end of three years, the CoA may grant one extension of up to three years. After six years in Precandidacy status without progress to Candidacy, the program will no longer be considered a precandidate and must wait two more years before reapplying for Precandidacy.

During the Precandidacy period, the institution, school, and program are encouraged to seek advice from individuals within the profession who have experience with accreditation. The Director of the Office for Accreditation may suggest possible contacts. The OA Director is also available to advise on the ALA accreditation process and on the development of reports that are to be submitted to the CoA.

Precandidate programs will receive all literature and mailings sent to accredited programs. Representatives of precandidate programs are welcome to attend all open meetings, training sessions, and workshops offered by the CoA or the Office.

Precandidate programs are not listed in the directory of ALA-accredited programs. Use of the ALA Accredited logo is not permitted.

As a public protection, including for prospective students, program and school communications that indicate that the program has Precandidacy status must include this statement:

> *The [degree name] program at [Name of school and institution] has been granted Precandidacy status by the Committee on Accreditation of the American Library Association. Precandidacy status is an indication that [name of school and program] has voluntarily committed to participate in the ALA accreditation process and is actively seeking accreditation. Precandidacy does not indicate that the program is accredited nor does it guarantee eventual accreditation of the program by ALA.*

I.8.5 Reporting to the CoA

The precandidate program is required to submit a detailed progress report to the CoA annually. This report should indicate what progress the program has made in reaching its objectives, obstacles it has encountered, and its plans to address these obstacles. This report is due in the Office for Accreditation on February 15 each year. The program is also required to submit the annual statistical information collected from all ALA-accredited programs. This report is due in the Office for Accreditation on February 15 each year.

The CoA reviews these reports and sends a response to the Program Head and chief academic officer (CAO) of the institution. This response is not an indication or checklist of steps that must be taken to achieve Candidacy status; rather, it is the CoA's response to the program's efforts to obtain Candidacy status.

Instructions regarding the format and content of annual progress reports can be found on the Office for Accreditation website.

I.8.6 Fees

Programs filing for Precandidacy status are required to submit a nonrefundable application fee (see section I.23.1 for the current fee schedule). Precandidate programs are also required to pay an annual fee while in Precandidacy. If the OA Director or other Office staff member is invited to visit the institution, the institution will be billed for travel-related expenses.

I.9 Candidacy status

Candidacy status indicates that the program is ready to begin the two-year process that culminates in the Self-Study, a comprehensive review of the program, and an accreditation decision by the CoA. When a program is granted Candidacy status, it then follows the comprehensive review process.

An institution that has a master's program in library and information studies that is not accredited by the ALA's Committee on Accreditation must go through Precandidacy and Candidacy status before receiving Initial accreditation from the CoA. As a prerequisite to the granting of Precandidacy or Candidacy status to a program, the ALA requires that the institution be accredited by its appropriate regional accrediting agency. This requirement does not apply in Canada, which has no regional accrediting system.

Resources for programs seeking Initial accreditation can be found on the Office for Accreditation website.

I.9.1 Eligibility requirements

In order to seek Initial accreditation from the ALA, precandidate programs are required to apply for Candidacy status. A precandidate program that is ready to proceed with the comprehensive review process must submit the application for Candidacy status at least two years before the anticipated site visit. A permanent full-time Program Head must be in place before a program can be granted Candidacy status.

I.9.2 Application requirements

An application for Candidacy status must be submitted to the Chair of the CoA in care of the Office for Accreditation not less than 45 days before the CoA meeting at which the application will be considered. The Candidacy application must include:

- A letter from the chief executive officer of the institution requesting Candidacy status for the program. The letter must also contain a statement that the institution understands that Candidacy status in no manner guarantees or implies that the program will be accredited or that accreditation is automatic at the end of the Candidacy period. A letter template is available on the Office for Accreditation website.
- A letter from the Program Head requesting Candidacy status for the program. The letter must also contain a statement that the program and/or school understands that Candidacy status in no manner guarantees or implies that the program will be accredited or that accreditation is automatic at the end of the Candidacy period. A letter template is available on the Office for Accreditation website.
- A report of the program's status. This report must address each element of the standards, illustrating the extent of current compliance and providing projections with timelines. A budget for the Candidacy period is required.
- Detailed plans for developing the Self-Study and preparing for the comprehensive review. These plans must include a calendar for developing the Self-Study and preparing for the review, and plans for evaluating the performance outcomes of the program.
- Format of the application:
    - Cover page with name of program, name of degree to appear on diploma, name of unit (college, school, department, etc.) in which program resides, name of institution, regional accreditor (for U.S. institutions), and date of submission of application;
    - Table of contents;
    - Glossary of terminology and abbreviations;
    - List of appendices;
    - Numbered pages, organized by standard.

I.9.3 Review by the CoA

The CoA reviews the application for Candidacy status at the next regularly scheduled meeting. The CoA takes one of the following actions: 1) to grant Candidacy status, 2) to keep the program in Precandidacy status, or 3) to deny Candidacy status. A decision to keep a program in Precandidacy status or to deny Candidacy status to a program is not appealable.

I.9.4 Length of Candidacy status

A program may remain in Candidacy status for two years. A one-year extension before the comprehensive review is possible pending the approval of the CoA. Following the comprehensive review, the CoA may vote to maintain a program's Candidacy status and schedule another comprehensive review.

During the Candidacy period, the institution, the school, and program are encouraged to seek advice from individuals within the profession who have experience with accreditation. The Director of the Office for Accreditation may suggest possible contacts. The OA Director is also

available to advise on the ALA accreditation process and on the development of reports that are to be submitted to the CoA.

Candidate programs will receive messages sent to accredited programs. Representatives of candidate programs are welcome to attend all open meetings, training sessions, and workshops offered by the CoA or the Office.

Candidate programs are not listed in the directory of ALA-accredited programs. Use of the ALA Accreditation logo is not permitted.

As a public protection, including for prospective students, program and school communications indicating that the program has Candidacy status and must include this statement:

> *The [degree name] program at [Name of school and institution] has been granted Candidacy status by the Committee on Accreditation of the American Library Association. Candidacy status is an indication that [name of school and program] has voluntarily committed to participate in the ALA accreditation process and is actively seeking accreditation. Candidacy does not indicate that the program is accredited nor does it guarantee eventual accreditation of the program by ALA.*

I.9.5 Reporting to the CoA

Each year the candidate program is required to submit a detailed progress report to the CoA. This report should indicate what progress the program has made in reaching programmatic objectives, obstacles that have been encountered, and its plans to address those obstacles. This report is due in the Office for Accreditation by February 15 each year. The program is also required to submit the annual statistical information collected from all ALA-accredited programs. This report is due in the Office for Accreditation by February 15 each year.

The CoA will review these reports and will send a response to the Program Head and chief academic officer (CAO) of the institution. This response is not an indication or checklist of steps that must be taken to achieve accreditation; rather, it is the CoA's response to the program's efforts to obtain accreditation.

If, on review of the annual reports, the CoA determines that the program is not yet ready to undergo a comprehensive review, it may grant a one-year extension of Candidacy status to the program for a total of three years of Candidacy.

Instructions regarding the format and content of annual progress reports can be found on the Office for Accreditation website.

I.9.6 Fees

Programs that are moving from Precandidacy to Candidacy are required to pay an application fee (see section I.23.1 for the current fee schedule). Candidate programs are also required to pay the same annual fee paid by accredited programs. If the OA Director or other Office staff member is invited to visit the institution, the institution will be billed for travel-related expenses.

I.10 Candidacy status and Initial accreditation of an additional program

A school with a program that is already accredited by the ALA and that is seeking Initial accreditation of an additional master's program must file an application for Candidacy status at least two (2) years before the date of the anticipated comprehensive review. The review of the candidate program may occur at the same time as the regularly scheduled comprehensive review of the currently accredited program (in-cycle) or at a different time (off-cycle) upon request of the school. Each candidate program must be reviewed by a separate External Review Panel and undergo an on-site comprehensive review even if the reviews are scheduled concurrently with another accredited program. The school is responsible for the fees and expenses for each of the additional programs being accredited.

Some indications that a course of study is a separate program from the accredited program include:

- Different criteria and processes for assessing student learning outcomes
- Different distinct criteria and/or procedural pathways for students through admissions enrollment, advising, commencement
- More than one degree title for the accredited program on transcripts, diplomas, bulletins, schedules, website, etc.
- Different limitations placed on transfer of credits in or between plans of study
- Different faculty assignments and loads
- Different criteria applied to faculty evaluation
- Different campuses with little to no student or faculty overlap
- Different administrative staff
- Different chief administrators

Resources for programs seeking Initial accreditation can be found on the Office for Accreditation website.

I.10.1 Requirements for Candidacy status for an additional program

An application for Candidacy status of an additional program must be submitted to the Chair of the COA in care of the Office for Accreditation. The Candidacy application must include:

- A letter from the chief executive officer (CEO) of the institution requesting Candidacy status for the additional program. The letter must also contain a statement that the institution understands that Candidacy status in no manner guarantees or implies that the program will be accredited or that accreditation is automatic at the end of the Candidacy period. A letter template is available on the Office for Accreditation website.
- A letter from the dean of the school in which the program is located and, if applicable, the head of the program (director or chair), the chief academic officer, and the chief executive of the institution requesting Candidacy status for the additional program. The letter must also contain a statement that the institution and the program and/or school understand that Candidacy status in no manner guarantees or implies that the program will be accredited or that accreditation is automatic at the end of the

Candidacy period. A letter template is available on the Office for Accreditation website.

If the comprehensive review of the additional program does not occur at the same time as a previously scheduled review (i.e., off-cycle), the application must also include a report describing how the additional program meets each element of the standards and a projected budget for the Candidacy period.

I.10.2 Review by the CoA

The CoA reviews the application for Candidacy status at the next regularly scheduled meeting. The Committee takes one of the following actions: 1) to grant Candidacy status or 2) to deny Candidacy status. A decision to deny Candidacy status to a program is not appealable.

I.10.3 Length of Candidacy status

A program may remain in Candidacy status for two years. A one-year extension before the comprehensive review is possible pending the approval of the CoA. Following the comprehensive review, the CoA may vote to retain a program's Candidacy status and schedule another comprehensive review.

The OA Director is available to advise on the ALA accreditation process and on the development of reports that are to be submitted to the CoA.

Candidate programs are not listed in the directory of ALA-accredited programs. Use of the ALA Accreditation logo is not permitted.

As a public protection, including for prospective students, program and school communications must indicate that the additional program has Candidacy status and must include this statement:

> *The [degree name] program at [Name of school and institution] has been granted Candidacy status by the Committee on Accreditation of the American Library Association. Candidacy status is an indication that [name of school and program] has voluntarily committed to participate in the ALA accreditation process and is actively seeking accreditation for an additional program. Candidacy does not indicate that the additional program is accredited nor does it guarantee eventual accreditation of the additional program by ALA.*

I.10.4 Reporting to the CoA

An annual statistical report is due by December 1, and a narrative progress report is due by February 15. The progress report should detail results of efforts underway in reaching programmatic objectives in relation to the *Standards*.

The CoA reviews these reports and sends a response to the dean and the chief academic officer (CAO) of the institution. This response is not an indication or checklist of steps that must be taken to achieve accreditation; rather, it is the CoA's response to the efforts to obtain accreditation.

If, on review of the annual reports, the CoA determines that the program is not yet ready to undergo a comprehensive review, it may grant a one-year extension of Candidacy status.

Instructions regarding the format and content of annual progress reports can be found on the Office for Accreditation website.

I.10.5 Fees

No application fee is required if the additional program is reviewed at the same time as the currently accredited program.

If the comprehensive review of the additional program occurs off-cycle, a nonrefundable application fee is required (see section I.23.1 for the current fee schedule). The program is responsible for all expenses related to the comprehensive review and the comprehensive review fee. If the OA Director or other Office staff member is invited to visit the institution, the institution will be billed for travel-related expenses.

I.11 Initial accreditation

An institution without an existing ALA-accredited program that seeks ALA accreditation for a master's program in library and information studies must progress through Precandidacy and Candidacy status before being granted Initial accreditation by the CoA. As a prerequisite to the Initial accreditation of a program, the ALA requires that the institution be accredited by its appropriate regional accrediting agency. This requirement does not apply to Canadian institutions.

At the end of the Candidacy period and following the comprehensive review of the program, the CoA makes an accreditation decision. The CoA takes one of the following actions: 1) to grant Initial accreditation, 2) to maintain the program's Candidacy status, or 3) to deny Initial accreditation. If Initial accreditation is granted, the CoA will schedule a comprehensive review with a visit in seven years or a progress review with a visit in three years. Programs with Initial accreditation status may be required to submit detailed annual narrative reports to the CoA to enable the committee to monitor the development of the new program.

A decision to maintain a program's Candidacy status cannot be appealed. If a program is maintained in Candidacy, the CoA will schedule a comprehensive review visit to occur within three years and will provide a detailed letter (Decision Document) that states its concerns.

If a program is denied Initial accreditation, the standards at issue as stated in the decision letter of response to the review are made public. If an appeal is filed, the standards at issue are not publicly disclosed until a final decision is made. Reapplication for Precandidacy status can be made two years following the date of the Decision Document denying Initial accreditation.

I.11.1 Retroactive period of Initial accreditation

Initial accreditation, when granted, applies retroactively for students who complete degree requirements in the 24 months prior to the date that initial accreditation is granted. For example,

if initial accreditation is granted in January of 2017, students who complete degree requirements in January 2015 or later are considered to have graduated from an ALA-accredited program.

I.11.2 Disclosure of accreditation status

As a public protection, including for prospective students, any reference to the program's ALA accreditation or display of the ALA Accreditation logo must include the following statement:

> *The [name of master's degree] program at [institution name] is accredited by the American Library Association Committee on Accreditation, with the status of Initial accreditation. The next comprehensive review visit scheduled for [Spring or Fall yyyy].*

Any program found to be misrepresenting its accreditation status through public statements or in documents will be notified by the ALA Office for Accreditation to take immediate corrective action. Failure to correct misrepresentation of the accreditation status can lead to adverse action.

I.12 Continued accreditation

Continued accreditation status is granted to accredited programs that continue to demonstrate compliance with the *Standards* following a comprehensive review. Continued accreditation status carries with it terms and responsibilities, including the submission of statistical and biennial narrative reports and, when called for, special reports.

The CoA schedules the next comprehensive review as part of its accreditation decision. For Continued accreditation, the next comprehensive review is normally scheduled seven years after the last comprehensive review, unless evidence or circumstance in the interim necessitates other action by CoA.

I.12.1 Disclosure of accreditation status

As a public protection, including for prospective students, each accredited program with a Continued or Conditional status is to disclose the ALA accreditation status and include the following statement:

> *The [name of master's degree] program[s] is accredited by the American Library Association Committee on Accreditation, with the status of [Continued or Conditional]accreditation. The next comprehensive review visit is scheduled for [Spring or Fall yyyy].*

Any program found to be misrepresenting its accreditation status through public statements or in documents will be notified by the ALA Office for Accreditation to take immediate corrective action. Failure to correct misrepresentation of the accreditation status can lead to adverse action.

I.13 Conditional accreditation

Conditional accreditation status indicates a need for significant and immediate action for improvement in order to be fully compliant with the *Standards*. This status may be conferred following the comprehensive review or following issuance of a Notice of Concern (see section I.16). Conditional status is noted in the print and electronic directories of accredited programs.

The CoA must place a program on Conditional accreditation status before it can withdraw accreditation. A decision to conditionally accredit a program requires a two-thirds affirmative vote.

In its Decision Document, the CoA identifies the sections of the *Standards* with which the program is out of compliance, and schedules either a comprehensive review or a progress review. Either review visit would normally occur three years after the program is placed on Conditional status, unless evidence or circumstance in the interim necessitates other action by CoA. A one-year extension is possible under extraordinary circumstances upon approval by CoA. The CoA also requests a meeting with the Program Head and institutional representatives to discuss the program's plans to remove the Conditional status.

A conditionally accredited program must have a plan for removal of Conditional status approved by CoA and must provide subsequent annual progress reports on that plan. The program should use the ERP Report, the CoA Decision Document, and previous correspondence from the Committee to identify the specific areas and issues of concern that will serve as a basis for the development of a plan to achieve compliance with the *Standards*.

At the end of the Conditional accreditation period and following the review of the program, the CoA makes one of the following accreditation decisions: 1) release the program from Conditional status and grant Continued accreditation, or 2) withdraw accreditation. Removal of Conditional status is an accreditation decision. As such, this decision requires a two-thirds affirmative vote and is determined during a regularly scheduled meeting of the CoA.

I.13.1 Disclosure of accreditation status

As a public protection, including for prospective students, any reference to the program's ALA accreditation or display of the ALA Accreditation logo must include the following statement:

> *The [name of master's degree] program at [institution name] is accredited by the American Library Association Committee on Accreditation, with the status of Conditional accreditation. The next comprehensive review visit is scheduled for [Spring or Fall yyyy].*

Any program found to be misrepresenting its accreditation status through public statements or in documents will be notified by the ALA Office for Accreditation to take immediate corrective action. Failure to correct misrepresentation of the accreditation status can lead to adverse action.

I.14 Withdrawal of accreditation

The COA must place a program on Conditional accreditation before accreditation can be withdrawn. A decision to withdraw accreditation for serious lack of compliance with the *Standards* may occur by 1) failure to obtain a two-thirds vote in favor of continuing accreditation of a program on Conditional status, or 2) a two-thirds vote to withdraw accreditation from a program on Conditional status.

A decision to withdraw accreditation normally follows a comprehensive or progress review, but can also result if a program fails to participate in the process, either by being unresponsive or by failing to meet financial obligations of the process.

A withdrawal decision and the standards at issue as stated in the decision letter of response to the review are made public seven days following notification to the program. If an appeal is filed, the program retains its listing in the Directory of ALA-Accredited Programs, with the status noted as Withdrawn, Appeal Pending. While an appeal is in progress, the program retains Conditional status with regard to student status and required program reporting. If an appeal is filed, the standards at issue are not publicly disclosed until a final decision is made.

Programs with Withdrawn accreditation status are listed only in the Historical List of Accredited Programs.

Any reference to the program's ALA accreditation status must include the following statement:

> *Accreditation of the [name of master degree] program at [institution name] has been withdrawn by the American Library Association Committee on Accreditation [OR voluntarily by the program], effective [effective date]. [An appeal is pending.]*

Use of the ALA Accredited logo is not permitted.

Any program found to be misrepresenting its accreditation status through public statements or in documents will be notified by the ALA Office for Accreditation to take immediate corrective action. Failure to correct misrepresentation of the accreditation status can lead to adverse action.

Program administrators are expected to notify faculty and enrolled/prospective students of the withdrawal of accreditation.

I.14.1 Voluntary withdrawal of accreditation

An institution may exercise its right to voluntarily withdraw its program from the accreditation process. To do so, the institution must notify the CoA in writing of this intent. The notification must be accompanied by a plan to inform students of the withdrawal from accreditation. The CoA will act on the notice of voluntary withdrawal at its next regularly scheduled meeting. Notice of an institution's withdrawal or intent to withdraw from the accreditation process appears as soon as possible in the directory of accredited programs.

I.14.2 Date of withdrawal

The date of withdrawal of accreditation is calculated from the date of the CoA meeting at which the program's intent to withdraw is presented or at which the CoA votes to withdraw accreditation. Accreditation of a program ends 24 months after the date of the CoA meeting at which the withdrawal action was taken.

I.14.3 Student status following withdrawal

When the CoA withdraws accreditation from a program, any student who is enrolled in the program before the withdrawal of accreditation and who completes the degree requirements within 24 months after the withdrawal date is considered to have graduated from an ALA-accredited program. In the event that the end of the twenty-four-month period falls within an

academic semester or quarter, the student has until the end of that semester or quarter to complete the program and graduate in order to graduate from an ALA-accredited program.

The term *enrolled* is defined as registration in graduate-level course work in library and information studies. This definition also includes all students previously enrolled in the accredited program who are still considered active under the institutional policy that exists at the time of the decision to withdraw accreditation.

The definition of *enrolled* does not include students who have been admitted to begin their study in the term after the date of the decision to withdraw or students enrolled in programs other than the specific program addressed in the decision to withdraw.

I.15 Accreditation decisions

Accreditation decisions are made at the CoA's regularly scheduled meetings. The decision about a particular program is made at the CoA meeting held at the ALA Midwinter Meeting or the ALA Annual Conference directly following the conclusion of the comprehensive visit of the program. Accreditation decisions are based on the Self-Study, the report of the ERP, the optional program response to the ERP Report, a meeting with the Program Head and the Chair, and a review of correspondence regarding regularly submitted biennial narrative and statistical reports as well as required special reports submitted since the last comprehensive review. No new materials (print or electronic) are accepted or considered by CoA at the meeting or within 30 days of the meeting.

Following this meeting, the CoA's decision is formalized into a Decision Document letter. The Office sends an electronic copy of the Decision Document to the Program Head, the dean of the school or college, and the CEO of the institution and sends the original by U.S. mail no later than 10 calendar days following the end of the ALA conference at which the decision was made.

The Committee's decisions are diagnostic, not prescriptive. Therefore, when the CoA has issues or concerns regarding compliance with the Standards, it will state the areas of concern and require reports that describe how the program plans or takes actions to achieve or maintain compliance. If accreditation is denied or withdrawn, the standards at issue as stated in the decision letter of response to the review are made public. If an appeal is filed, the standards at issue are not publicly disclosed until a final decision is made.

The Decision Document contains the following elements:

- The name of the institution and school;
- The name of all ALA-accredited programs offered by the school;
- Accreditation status of the program(s) and the date(s) when this status was granted;
- The date of the next comprehensive review;
- Issues or concerns regarding compliance with the standards, a list of required reports, and a schedule for submission of those reports.

The CoA schedules the next comprehensive review as part of its accreditation decision. For Continued accreditation, the next comprehensive review is normally scheduled seven years after the last comprehensive review.

Any standard on which a program has follow-up reporting (following a comprehensive review or interim reporting review) is made public by the Office for Accreditation in the Directory of ALA-Accredited Programs and as a part of the usual means (e.g., press release, Accreditation Decisions and Actions Taken reports, and *Prism*).*

** Effective for all programs beginning in May 2018*

Revised April 13, 2018

I.16 Notice of Concern

The Notice of Concern is formal communication with and notification to an accredited program and its institution that the CoA has serious concerns about the program's ability to comply with the *Standards.* This process provides the program the opportunity for both written and in-person communication with the CoA about the areas of concern. It also serves notice that the program may be placed on Conditional accreditation. A Notice of Concern is not issued to programs with Conditional accreditation, Precandidacy, or Candidacy status.

The CoA may issue a Notice of Concern to a program and its institution if changes occur between comprehensive reviews that could affect the program's continued compliance with the *Standards* and/or if special or biennial narrative reports do not address CoA's stated concerns about the program. Before issuing a Notice of Concern, the CoA provides the program the opportunity to address these concerns through special reports. If the CoA determines that the reports do not provide evidence of sufficient progress, it will issue a Notice of Concern as described below in section I.16.1.

The Notice of Concern does not change the accreditation status of the program and is considered confidential correspondence between the program, institution, and the CoA.

A program is required to submit special reports to CoA if a Notice of Concern is issued. Upon review of these reports, the CoA may take one of three actions: 1) withdraw the Notice, 2) reaffirm the Notice, or 3) place the program on Conditional accreditation and reschedule the comprehensive review or schedule a progress review.

I.16.1 Procedures

To issue a Notice of Concern, the CoA sends a letter to the program and the institution that specifies areas of concern, cites previous correspondence on these issues, and lists required reports and due dates. The Notice of Concern includes a statement that the program may have Conditional accreditation status conferred which could lead to a decision to withdraw its accredited status. The CoA may request a meeting with the Program Head and other appropriate representatives of the institution in order to be apprised of progress the program has made in addressing issues identified. A copy of this letter is also sent to the person to whom the Program Head reports and CAO of the institution.

If, upon review of subsequent reports and the meeting, the CoA determines the reports do not provide evidence that issues are being addressed or that sufficient progress is being made, the CoA will place the program on Conditional accreditation status (see section I.13).

I.16.2 Actions following a Notice of Concern

After receiving a Notice, the program must submit special reports by the dates established by the CoA. If requested in the Notice, representatives from the institution meet with the CoA to apprise of progress on addressing the issues identified. The Committee will review each report at its next regularly scheduled meeting. Following its review of a report, the CoA may take one of three actions: 1) remove the Notice of Concern, 2) reaffirm the Notice, or 3) place the program on Conditional accreditation and reschedule the comprehensive review or schedule a progress review. COA will send a letter to the Program Head and institutional representatives explaining its actions.

I.17 Appeal process

An appeal process is made available to safeguard the rights of institutions and programs that seek ALA accreditation. The only CoA decisions that may be appealed are withdrawal of accreditation or denial of Initial accreditation. Accreditation may be withdrawn for several reasons, including serious lack of compliance with the standards, failure to participate in the accreditation process, and failure to meet financial obligations associated with the accreditation process.

The appeal process for accreditation actions falls within the jurisdiction of the ALA Executive Board. Section IV describes the appeal process in detail.

I.18 Types of reports

Accreditation is an ongoing process that involves the continuous assessment and evaluation of a program and the enhancement of the program's operations using standards. Programs are required to submit the following documents as part of their commitment to the accreditation process and to allow the CoA to monitor accredited programs and programs with Candidacy or Precandidacy status. The CoA uses these documents in its efforts to monitor and evaluate a program's compliance with the *Standards*:

Statistical report	Statistical information is gathered annually. See section I.18.1.
Biennial narrative report	Biennial narrative reports enable the Program Head to inform the CoA and the Office of major developments related to the school or its program and to respond to previously asked questions from the CoA. These reports also demonstrate the ongoing nature of a program's planning, evaluation, and assessment processes. Programs are provided advance notice of when their biennial narrative report is due. See section I.18.2.
Special report	A special report addresses specific issues needing clarification or improvement as called for in the Decision Document. It may also

	involve a meeting with representatives of the program and the COA. The COA may also request a special report following its review of interim narrative and/or statistical reports. See section I.18.3.
Progress report	An annual progress report is required of programs with Precandidacy or Candidacy status and of programs with Conditional status after a plan for removal of Conditional status is reviewed by COA. See section I.18.4.
Self-Study	The Self-Study (formerly called Program Presentation) is a report prepared by the program as part of the comprehensive review process. This document describes the program; describes its compliance with the ALA *Standards for Accreditation*; analyzes the program's strengths, weaknesses, and challenges; and sets forth the program's plans and goals for future development and continued compliance with the *Standards*. See section II, Guidelines for the Self-Study and Comprehensive Review, for detailed information.

I.18.1 Statistical reporting

Annual statistical reporting is due annually to the Office for Accreditation by February 15. The CoA reviews the reporting to analyze trends in individual programs and in library and information studies education in general.

Annual statistical reports are due in the Office for Accreditation by February 15. The statistical elements requested include information such as student and faculty demographics and program finances. The CoA reviews these reports to analyze trends in individual programs and in library and information studies education in general. Programs are encouraged to add comments explaining any significant changes from previous years, formulas used to calculate FTEs, and any other information the program would like to clarify.

Also reviewed are trended statistics the program makes available on its website publicly on the top of the program website landing page: 1) Retention rate, 2) Average time to degree completion, and 3) Percentage of graduates holding positions relevant to the degree within 12 months of degree completion (which may include further graduate study). Data for all three statistics should reflect a minimum of 7 years. Those three statistics (data, not links to other pages or external links) are to be positioned first among a listing of any other data the program would like to include. These data are to be accessible via a clearly labeled link, positioned on the accredited program landing webpage. Links to reports generated by other university offices (e.g., Institutional Data or Offices of Assessment) may be provided. However, the program must summarize the relevant information and present it on its own webpage. Links to external sites or password-protected sites (e.g., *Library Journal*) may not be used.

Effective June 25, 2022.

The CoA reviews these statistics annually at its regularly scheduled spring meeting, usually in mid-April. Normally, the CoA only acknowledges review, but if data is incomplete or contains information that warrants explanation, the CoA may request immediate action or require a special report.

I.18.2 Biennial narrative report

The biennial narrative report enables the Program Head to inform the CoA and the Office about major developments related to the school's program(s) and to respond to CoA's questions. The report also demonstrates the ongoing nature of the school's planning, evaluation, and assessment processes as well as their effectiveness. This reporting is useful for developing the self-study for the periodic comprehensive review. Reports are due in the Office for Accreditation by February 15. A schedule of biennial narrative reporting due dates by institution is available on the Office for Accreditation website. Additionally, Decision Documents and letters to programs from the CoA in response to reporting include a list of upcoming reports and their due dates.

At its regularly scheduled spring meeting, the CoA reviews each biennial narrative report and responds to each program based on the information it contains. The COA sends its response to the Program Head. If the Program Head has concerns regarding the COA's response, he or she may respond with additional information or documentation for review at the COA's next regularly scheduled meeting. The Program Head may also request a meeting with the COA. This request must be made no later than six weeks before a regularly scheduled COA meeting. Instructions for formatting, content, and submission of biennial narrative reports can be found on the Office for Accreditation website.

I.18.3 Special report

A special report should be submitted electronically by the deadline indicated in the Decision Document or other correspondence from the COA. The Program Head should work with the OA Director regarding the content and format of the special report.

I.18.4 Progress report

Programs with Precandidacy or Candidacy status must submit an annual report to indicate what progress the program has made toward reaching its objectives, obstacles it has encountered, and its plans to address these obstacles. Programs with Conditional status must submit an annual progress report after a plan for removal of Conditional status is reviewed by the COA. Progress reports are due in the Office for Accreditation by February 15.

Instructions for formatting, content, and submission of progress reports can be found on the Office for Accreditation website.

I.19 Types of reviews

Each program seeking Continued or Initial accreditation must undergo periodic review by the COA. The two types of reviews are:

Comprehensive Review	The COA will schedule a comprehensive review for each program on a regular basis. The preparation for and completion of the process extends over approximately two years. Major components of a comprehensive review include the development of a Self-Study, a review by an External Review Panel, and the COA's consideration of the program's accreditation status. See section I.19.1.
Progress Review	The COA may schedule a progress review instead of a comprehensive review upon granting Conditional or Initial accreditation if it decides that a full comprehensive review is not necessary to gather enough evidence to make the next accreditation decision. A progress review is more focused than the comprehensive review and is intended to gather evidence about specific aspects of the program. See section I.19.2.

I.19.1 Comprehensive review

Major steps in the comprehensive review process include the following:

- Development of a Plan for the Self-Study;
- Development of the Self-Study;
- Review by an External Review Panel;
- Decision by the COA on the accreditation status of the program.

Throughout the comprehensive review process, the Director of the Office for Accreditation (OA) serves as the program's primary contact. The OA Director will respond to questions from the Program Head, make suggestions as appropriate, and consult with the ERP Chair. Additional details regarding specific steps involved in the comprehensive review process can be found in section II: Guidelines for the Self-Study and Comprehensive Review and section III: Guidelines for the External Review Panel.

I.19.2 Progress review

In some instances, the COA schedules a progress review instead of a comprehensive review upon conferring Conditional or Initial accreditation. A progress review is more focused than the comprehensive review and is intended to gather evidence about specific aspects of the program. COA may schedule a progress review upon granting Conditional accreditation if it determines that a comprehensive review is not necessary to gather enough evidence to make the next accreditation decision. COA may schedule a progress review upon granting Initial accreditation to ensure and verify sustained progress on any deficiencies documented.

A progress review visit is scheduled for three years following the most recent comprehensive review, unless evidence or circumstance in the interim necessitates other action by COA. The process includes development of a new Self-Study document and review by a Progress Review Panel (PRP), and culminates in an accreditation decision by the COA.

At least one year before the scheduled progress review, the Office for Accreditation notifies the program of the upcoming review. A three-member (including the Chair) PRP is appointed at that time. The PRP is appointed in the same manner as an External Review Panel (see section III.2). The new Self-Study should focus on the areas of concern identified by the COA, but must also address all elements of the *Standards*. Previous documentation and annual reports should be referred to when developing the new Self-Study. The OA Director and PRP Chair discuss with the Program Head a Plan for the Self-Study, due one year before the visit, and the Draft Self-Study due four months before the scheduled visit. The final Self-Study is due six weeks before the on-site visit.

The Office for Accreditation provides the PRP with copies of all reports and correspondence between COA and the program since the issuance of a Notice of Concern and/or since the program was placed on Conditional status. These documents are sent to the PRP four months before the review.

The site visit will be at least one, but no more than two, business days. PRP members meet with institutional representatives, students, alumni, and others as necessary.

The PRP submits a draft report for corrections of facts to the program and the Office three weeks after the visit. The program submits corrections of fact one week later (four weeks after the visit). The PRP Chair makes factual corrections and submits the final PRP report one week after receipt of factual corrections (five weeks after the visit).

The program may submit an optional response to the PRP report. The optional response is due one week after receipt of the final PRP report, or six weeks after the visit.

The Program Head and the PRP Chair meet with the Committee at the next regularly scheduled COA meeting held in conjunction with the ALA Midwinter Meeting or Annual Conference.

Following progress review of a program with Conditional accreditation status, the COA takes one of the following accreditation actions: 1) releases the program from Conditional status, grants Continued accreditation status, and schedules a comprehensive review in seven years, *or* 2) withdraws accreditation from the program.

Following progress review of a program with Initial accreditation status, the COA takes one of the following accreditation actions: 1) grants Continued accreditation and schedules a comprehensive review visit in seven years, *or* 2) grants Conditional accreditation status and schedules a comprehensive or progress review in three years.

I.20 Confidentiality and disclosure

The Office holds narrative reporting and correspondence with programs confidential. Annual statistical reporting data are published on the Office website reports and publications page. If accreditation is denied or withdrawn, the standards at issue as stated in the decision letter of response to the review are made public. If an appeal is filed, the standards at issue are not publicly disclosed until a final decision is made.

COA members sign a confidentiality agreement at the beginning of their terms. ERP members sign a confidentiality agreement at the beginning of each review to which they are assigned.

The following guidelines apply to the distribution of documents related to the accreditation process:

Self-Study	The COA encourages every school to make its Self-Study available publicly. The Office will make the Self-Study available for educational purposes with permission of the school.
External Review Panel report	The COA treats the report of the ERP as confidential, but encourages schools to make the report available publicly. If the school makes public only excerpts of the report, the Office, on behalf of COA, may elect to make the entire report public.
Decision Document	The COA treats its Decision Document letter as confidential correspondence. No modification to it may be made by anyone except the COA. The COA encourages the school to broadly distribute the accreditation decision and the reasons behind the decision.
Annual Statistical reporting	The Office makes a trended summary of annual statistical reporting publicly available.

I.21 Complaints

I.21.1 Complaints against an accredited program

Master's programs in library and information studies that are accredited by the ALA operate in the public interest with due regard for the rights and responsibilities of the faculty, students, and other people related to the implementation of these programs. The COA occasionally receives requests to investigate allegations that an ALA-accredited program is not in compliance with the *Standards for Accreditation*. The COA considers such a request if it provides:

- Documentation of a specific, substantive, and/or continuing violation of one or more of the standards;
- Documented evidence that all appropriate grievance and corrective procedures of the institution in which the accredited program is located have been exhausted;
- A statement that there is no active or pending litigation related to the complaint; and
- The identity of the complainant.

Complaints against accredited programs should be sent to the Director of the Office for Accreditation. The OA Director reviews the complaint and, if the basic requirements have been met, contacts the complainant to obtain permission to reveal his or her identity to the school and to release the complaint to the school. The COA cannot act on an anonymous complaint. The complaint is then forwarded to the school and program with a request for a response **within 30 days**.

Following receipt of the program's response, the COA considers the matter at its next regularly scheduled meeting. The COA's action is limited to determining whether the documentation

demonstrates the potential for noncompliance with the standards. If the COA determines that the potential for noncompliance exists, it will then make a decision regarding further action. COA may ask the program for a special report, schedule a comprehensive review, or take other action. Both the complainant and the school are notified in writing of the COA's decision.

At each regularly scheduled meeting of the COA, the OA Director reports on the status of all complaints that have been received or that remain unresolved.

I.21.2 Complaints against the COA

The COA and the Office for Accreditation have an obligation to respond to any complaint against the COA brought by any party involved in the accreditation process and that may arise as part of the accreditation process. Any such complaint should be in writing, signed, and submitted to the Office for Accreditation. The OA Director will, in consultation with the Chair of the COA, determine the facts surrounding the issue and attempt to resolve the matter(s) in a fair and equitable manner. Complaints that cannot be resolved through this process will be considered and acted on at the next regularly scheduled meeting of the COA. The complainant will receive written notice of the COA's decision in this regard.

I.22 Institutional or programmatic changes

A school with an ALA-accredited program or a program with Candidacy or Precandidacy status that is considering organizational and/or programmatic changes that might have a significant impact on the ALA-accredited program is expected to communicate these plans to the OA and to the COA before implementation via the biennial narrative or annual progress report or in a separate correspondence.

The proposed changes should provide assurances of continued compliance with the *Standards*. The COA may decide that the circumstances described present the need for review and reconsideration of accreditation. In this case, the program will be advised of the type and schedule of review to be undertaken.

Any change in organizational structure and/or executive administration relevant to the accredited program must be communicated in writing to the Office for Accreditation **within 30 days**. Examples of organizational or executive administration changes that must be reported include, but are not limited to:

- The placement of an ALA-accredited program in a different administrative unit;
- Chief executive officer of the institution, e.g., president;
- Head of the accredited program, e.g., dean, director, chair;
- Chief academic officer of the institution, e.g., provost.

Revised April 13, 2018

I.23 Fees

Among the responsibilities of accredited programs is the payment of fees to support the accreditation process. The COA reviews fees regularly and makes adjustments if needed. Programs are notified of any fee change six (6) months before the billing date. See section I.23.1 for the current fee schedule.

The Office for Accreditation is responsible for assessing and collecting fees as follows:

Precandidacy fee	A program applying for Precandidacy status must submit an application fee with the application. Precandidate programs must pay an annual fee while in Precandidacy. The annual Precandidacy fee is normally billed no later than October 15.
Candidacy fee	A program applying for Candidacy status must submit an application fee with the application. An annual fee is assessed each year that the program is in Candidacy. The annual Candidacy fee is normally billed no later than October 15.
Annual accreditation fee	Accredited programs pay an annual accreditation fee. The annual accreditation fee is normally billed no later than October 15.
Comprehensive or progress review fee	Programs pay an accreditation fee for each comprehensive or progress review. In addition, the school is responsible for all review-related expenses, including, but not limited to, preparation and distribution of documents; conference calls and other communication modes such as internet access; and travel, lodging, and meals for any on-site visit by members of the ERP. The ALA Office for Accreditation invoices the program for panel expenses and comprehensive review fees after the visit has occurred. Comprehensive or progress review fees are billed approximately 60 days following the visit. It is important to the integrity of the accreditation process that no payment be made by the program directly to panelists. Although expenses for the review are ultimately paid by the program, the process requires panelists to submit all receipts for out-of-pocket expenses to the Office for Accreditation for reimbursement. It is acceptable, after consultation with the ERP Chair, for the program to arrange and directly pay for transportation, lodging, and meals on site. It should be noted that panel members receive no honorarium or other consideration for their time and service.
Appeal filing fee	A program that chooses to file an appeal after receiving an accreditation decision of Withdrawn accreditation or Denial of Initial accreditation must submit a non-refundable appeal filing fee along with the document upon which the appeal is based.

Late fee	A late fee is normally assessed for any statistical, biennial narrative, or special report received in the Office for Accreditation after the assigned deadline. If a report is more than 14 calendar days late without explanation, the Office will send a late notice to the program and to the institution's Chief Executive Officer. The COA may exercise its right to defer action on or not accept any report received fewer than 14 calendar days before the next regularly scheduled COA meeting.

I.23.1 Schedule of fees

Accredited programs are responsible for the payment of fees to support the accreditation process. Programs are notified of any fee change six months before the billing date.

Precandidacy status	
Precandidacy application fee	$1,000
Annual fee	$2,000
Candidacy status	
Candidacy application fee	$1,000
Candidacy annual fee	$1,100
Continued, Conditional or Initial accreditation status	
Annual fee (current)	$1,100
Annual fee (effective for October 2018 billing)	$1,155
Accreditation review fees	
Comprehensive review fee	$1,000
Progress review fee	$1,000
Appeal filing fee	$2,500
Late fee (assessed for any report received after the assigned deadline)	$250

I.23.2 Other expenses

If the OA Director or other staff member of the Office for Accreditation is invited to visit the campus for any reason, the school is responsible for all travel, lodging, and meal expenses. However, if the OA Director or other staff member chooses to accompany an ERP to the school as an observer, the Office pays the expenses of this visit.

II. Guidelines for the Self-Study and the Comprehensive Review

II.1 The comprehensive review process

From the early planning stages to consideration and a decision by the Committee on Accreditation, the comprehensive review process lasts approximately two years. This section provides an overview of the entire process. The comprehensive review includes the development of a Plan for Self-Study, preparation of the Self-Study document, review by an External Review Panel (ERP), and an accreditation decision by the COA. Details regarding the work of the ERP can be found in section III.

The COA schedules the next comprehensive review as part of its accreditation decision. For Continued and Initial accreditation, the next comprehensive review is normally scheduled seven years after the last comprehensive review, unless evidence or circumstance in the interim necessitates other action by COA. For conditional accreditation, the next comprehensive review or progress review is normally scheduled for three years after the last comprehensive review, unless evidence or circumstance in the interim necessitates other action by COA.

The Director of the Office for Accreditation serves as the primary contact for the program with regard to accreditation concerns and requirements throughout the comprehensive review period. Approximately two years before review visit, the Office notifies the Program Head of the scheduled review. Following this notification, the institution and school invite a review. At this time, the Program Head advises the OA of possible specific dates for the visit and of any special areas of emphasis for the comprehensive review and Self-Study. Requests for special background characteristics and/or expertise among the panel members may be made at this time.

The COA, through the OA, proposes an ERP Chair approximately 18 months before the visit. The proposed ERP Chair is evaluated by the Program Head and faculty and may be rejected for cause (see Conflict of Interest policy, section III.4); if a conflict is identified, an alternate ERP Chair is then proposed. When an ERP Chair has been approved and has agreed to serve, the OA establishes dates of the site visit and related deadlines. These dates are considered firm.

Comprehensive review visits may be conducted at the program's location(s) or via other agreed-upon alternative approaches. Programs that wish to propose an alternative approach to the visit (e.g., a virtual visit) should discuss the matter with the OA Director at this time. Alternative visits require a negotiated agreement between the COA, the Program Head, and the Chair.

As part of the comprehensive review, the Program Head submits the following documents:

- A Plan for the Self-Study due one (1) year before the scheduled review visit;
- A draft Self-Study due four (4) months before the review visit; and
- A final Self-Study due six (6) weeks before the review visit.

The ERP Chair and the OA Director review the Plan for the Self-Study. All ERP members and the OA Director review the draft Self-Study. The OA Director should be included in conversations and copied on correspondence between the ERP Chair and the Program Head on matters pertaining to the Self-Study and the site visit.

The appointment of the other members of the ERP occurs approximately one year before the visit and follows a process similar to the appointment of the ERP Chair. The panel is composed to reflect the program's context and areas of concentration/career pathways offered. The Program Head and faculty have the right to review the proposed panelists for conflicts of

interest. The OA Director is the final authority on the size and composition of the panel. See section III.2: Composition of the External Review Panel.

One representative of the Canadian Federation of Library Associations (or an alternative professional library and information organization) is permitted to observe reviews of Canadian programs. His or her role is to observe how the panel operates, not to influence its evaluation of the program.

A comprehensive review includes a visit and report by an ERP. Panel visits occur over two business days; typically, the panel arrives one or two days early to review on-site documentation and to tour facilities.

The ERP submits a draft ERP Report due three weeks after the visit. The final ERP Report is due five weeks after the visit. The ERP Chair is responsible for overseeing the development of the panel's report and editing it for consistency. The Program Head should submit factual corrections to the draft ERP Report and may submit an optional response to the final ERP Report. Specific details on the responsibilities of the ERP Chair and members and development of the panel's reports are found in section III: Guidelines for the External Review Panel.

Revised June 3, 2019

II.1.1 Conflicts of interest

The COA seeks to avoid any and all conflicts of interest (see section I.4.2) that may compromise the integrity of its accreditation process. To this end, ERP Chairs, ERP members, and any observers are asked to provide information regarding potential conflicts of interest (see section III.4). Information regarding such conflicts is also sought from the Program Head and faculty of the program under review.

II.1.2 Change in review dates

The next comprehensive review visit is scheduled for seven (for Initial or Continued accreditation) or three years (for Conditional accreditation) following the previous review, or a progress review in three years may be scheduled upon conferring Conditional or Initial accreditation. The COA will consider requests to change a comprehensive or progress review date: 1) in order to coordinate the ALA review with an institutional, regional, or other specialized review; or 2) in extreme circumstances. Evidence or circumstances in the interim between comprehensive reviews may necessitate rescheduling of the review visit by COA.

Written requests for changes must be sent to the COA at least two years before the scheduled review or as soon as possible following an emergency. The COA will consider the request at its next regularly scheduled meeting. Any COA decision to change a review date is based on the total COA workload. Postponements must be consistent with the Committee's obligation to assure the public and the profession that the accredited status of a program reflects current and accurate information.

II.1.3 Comprehensive review timeline

24 months before the visit	• The Office sends a letter to the Program Head advising of the scheduled visit and requesting a letter of invitation from the CEO of the institution seeking review of the program; • The Program Head provides the Office with a set of three dates of two-day duration (usually Monday-Tuesday) for a potential on-site visit by the External Review Panel; • The Program Head may identify areas that will be the focus of the Self-Study and/or suggest specializations of the ERP members.
18 months before the visit	• The COA selects the ERP Chair; • The OA Director informs the Program Head of the selection; • The Program Head evaluates the selected ERP Chair with the faculty for potential conflicts of interest; • If no conflicts are identified the Program Head approves the Chair. If a conflict is identified, the OA Director submits an alternate name to the Program Head; • The OA Director discusses potential dates for the on-site review with the appointed Chair. Having selected dates from those put forth by the school, the OA Director notifies the school of the dates for the on-site review. These dates are firm; • The school begins development of a plan for its Self-Study.
12 months before the visit	• The school submits its Plan for the Self-Study to the OA Director and the Chair; • The OA Director, Chair, and Program Head review the plan during a conference call. At this time the ERP Chair helps identify additional sources of evidence beyond those put forth in the plan. • The OA Director presents COA-approved reviewers for the panel to the Program Head for clearance of conflicts of interest.
4 months before the visit	• The school submits a draft of the Self-Study for review by the OA Director and ERP members. The OA Director, ERP Chair, and Program Head review the draft through a conference call.

6 weeks before the visit	• The school submits the final Self-Study to the External Review Panel and the Office.
Site visit	• The External Review Panel visits the Program.
2 weeks after the visit	• The ERP Chair submits a draft of the ERP Report to the Director.
3 weeks after the visit	• The ERP Chair submits the draft of the ERP Report to the Program Head.
4 weeks after the visit	• The school submits any corrections to facts in ERP Report to the ERP Chair and the OA Director.
5 weeks after the visit	• The ERP Chair submits copies of the final ERP Report to the OA Director and the Program Head.
6) weeks after the visit	• School may submit an optional response to the ERP Report.
Next regularly scheduled COA meeting	• The COA meets with the ERP Chair, Program Head and/or other representatives of the school; • The COA makes an accreditation decision.
10 calendar days after meeting with COA	• The Office sends the COA Decision Document to the Program Head and the CEO of the institution within 10 calendar days of the end of the COA meeting at which the decision was made.

II.2 Self-Study overview

Accreditation by the ALA Committee on Accreditation (COA) emphasizes the process of continuous self-evaluation and assessment within the context of the *Standards for Accreditation of Master's Programs in Library and Information Studies (Standards)*; it also includes the preparation of a Self-Study (formerly called a Program Presentation) that summarizes the outcomes of this process. The self-evaluation and assessment process and the Self-Study are prerequisites for the COA to confer accreditation status on master's program(s) of library and information studies. The purpose of these guidelines is to help programs to develop their self-study documents. The guidelines are based on the *Standards* in their entirety, including the Introduction and Afterword, and on procedures and policies adopted by the COA.

As stated in section I, the *Standards* identify the indispensable components of accredited library and information studies programs, foster excellence, and respect schools' rights and obligations regarding initiative, experimentation, innovation, and individual program differences. Thus,

these guidelines contain few absolute requirements. It should be noted, however, that the *Standards* state that there must be ongoing assessment not only of educational processes and resources, but also of the successful use of those processes and resources to achieve established objectives expressed as student learning outcomes. The *Standards* also require the use of the results of assessment evaluation for broad-based, continuous program planning, development, and improvement. Demonstration and documentation of this ongoing process of assessment, planning, and continuous improvement must be evident in every Self-Study.

The Self-Study includes information derived from ongoing self-analysis, evaluation, and assessment regarding faculty and student achievements as well as educational outcomes that demonstrate the program's success in attaining its objectives and its continued compliance with the *Standards*. The document must describe the program at the present time and analyze challenges, strengths, and weaknesses of the program(s). It must explain the genesis of those challenges, strengths, and weaknesses and, most importantly, identify the program's plans and goals for future development, self-evaluation, and assessment.

II.3 Purpose of the Self-Study

The Self-Study has three purposes:

- To document how the program(s) is in compliance with the *Standards*;
- To describe how the school plans to maintain the accredited program(s) and to continue compliance with the *Standards*;
- To serve as an ongoing planning and assessment tool for the school and program(s).

The COA expects that the Self-Study will be helpful to the school and program. Schools are encouraged to distribute the Self-Study widely and publicly. The Self-Study helps the program's own faculty, students, and administrative officers understand the processes, successes, and challenges it needs to address in its future development.

The Self-Study must consider the *Standards* in their entirety, addressing each standard and its elements in order, with the Introduction in mind. The document may also contain sections that focus on specific aspects of the program, such as distance education and curriculum revisions.

The COA expects an analytic approach to writing the document. The use of samples, summaries, and tabular data is strongly encouraged. A judicious selection of materials, examples, and focused summaries can make the Self-Study a succinct and coherent statement about the program(s) presented for accreditation. Such a document enables the ERP to conduct the review effectively and the COA to reach appropriate decisions.

II.4 Outcomes assessment

The *Standards* and the current accreditation process emphasize ongoing planning, self-evaluation, and the use of program-level outcomes assessment by ALA-accredited programs. Each school and program will have its own ways of expressing its goals, determining desired outcomes, and measuring its accomplishments. The results of developing and evaluating outcomes assessments will be a unique set of measures of what constitutes success for that

school and program. Many institutions have tools and resources that departments and programs can use to help develop and measure outcomes. These resources are often available on university websites. An annotated list of selected outcomes assessment and evaluation tools is available on the Office for Accreditation website.

Under the *Standards*, programs should use outcomes assessment as part of the ongoing planning and evaluation process. This process consists of setting a mission, defining goals, enumerating objectives, identifying appropriate measures and benchmarks, comparing what has been achieved to what was intended, and using what is learned to make improvements. Outcomes assessment provides the Program Head and faculty with information to make useful decisions about program improvement and to develop strategies for continuous improvement. These measures indicate how a program's achievements can be assessed, and they also provide evidence that program objectives are being achieved.

The process of outcomes assessment ultimately results in revision of the objectives and goals of a school and program. The outcomes can, and should, affect future decision-making and planning. Effective outcomes assessment means that the school and program have established and use broad-based, continuous program planning, development, assessment, and improvement.

As part of the accreditation process, the program, the ERP, and the COA should ask these questions about outcomes assessment:

- What mechanisms does the program already have in place to measure outcomes?
- What outcomes of the program provide evidence that the program is satisfactorily achieving its objectives?
- What resources does the program use to achieve the objectives of the program, and how are they organized to that end?
- Do the school and program provide reasonable assurance of continued resources and adequate organization so that it can continue to achieve its purposes and continue to conform to the *Standards*?

II.4.1 Sources of data for measuring outcomes

Goals, objectives, and assessment practices should not be so specific and inflexible that the school and program cannot respond to changes or unexpected events. Not all outcomes measures need to be objective or easily quantifiable; they must, however, be verifiable.

Look for outcomes measures first in existing documents about the program, its resources, and its external environment. Examples of sources of data for demonstrating attainment of objectives include student achievements (grades, projects, appointments, awards and recognition, job placements, etc.), alumni surveys, faculty accomplishments, employer feedback, and departmental or program evaluations. Assessment measures for the curriculum come from testing for success in attaining course and program objectives, school objectives, or institutional objectives for skills, thinking and practice in the discipline, and preparations for lifelong learning. The development of measures for teaching might begin with answering questions such as: What methods of presentation accommodate various learning styles? How are students

encouraged to practice and apply their learning? Resources on systematic outcomes measurement are available on the Office for Accreditation website.

II.5 The Plan for the Self-Study

The comprehensive review process begins with a notice from the Office for Accreditation advising the school of the scheduled comprehensive review of the program. This notification occurs approximately two (2) years before the ERP's planned visit. During the next few months, the Program Head works with the OA Director to select specific dates for the visit. The COA approves an ERP Chair from a list of highly qualified and experienced reviewers. After the program clears the proposed ERP Chair for any conflicts of interest, the Office invites the reviewer to chair. Appointment to ERP Chair can be made after the reviewer declares no conflicts of interest and confirms availability for the preparations and visit. Following appointment of the ERP Chair, the program begins developing a plan for its Self-Study.

At least one year before the site visit, the Program Head submits the Plan for the Self-Study to the OA Director and the ERP Chair for review. The main purpose of the plan is to ensure that the preparation for program review is done in a timely, thorough, and effective manner. In writing the plan, the school decides whether to give special focus in the Self-Study to specific areas, such as an initiative or a comprehensive curriculum review. The Plan is most effective when the school takes a future-oriented approach, often building on strategic planning documents, vision statements, biennial narrative reports to the COA, and other such items that the school already has or is planning for the near future.

The plan is discussed by the Program Head, the OA Director, and the ERP Chair in a conference call. During the conference call, the ERP Chair and the Program Head begin to work on preliminary scheduling of the visit activities.

The Plan for the Self-Study should be detailed enough to:

- Outline the process the school and program will follow as it prepares for the accreditation review (e.g., committee structure, faculty and staff assignments, responsibility for developing the documents required);
- Describe any special areas of emphasis for the comprehensive review;
- Describe the layout of the document;
- Include a timeline that allows the school to submit a complete draft Self-Study four (4) months before the site visit date and a final Self-Study at least six (6) weeks before the site visit date;
- List by standard the evidence that will be used in the Self-Study to indicate compliance with the *Standards* and how the evidence will be presented: in the text of the document as tables, charts, graphs, or links; as appendices; or on-site only. See section II.7.4: Organization and format of the Self-Study for a list of examples of evidence that is typically needed to indicate compliance with the Standards.

The Plan should indicate whether other reviews, such as university, state or regional, are scheduled around the time of the COA review. The COA encourages schools to coordinate these reviews in order to optimize resources that are dedicated to external evaluation.

The Plan should include and describe plans for the presentation of collected data necessary for the review, including both direct and indirect measures of student learning outcomes. It should also describe the groups and individuals who will create the Self-Study and how it will be done. Representatives of all constituencies should be involved in developing the Self-Study. The Plan can also be used to begin to determine the degree to which the program is in compliance with the *Standards*.

Revised June 3, 2019

II.6 Development of the Self-Study

A special committee convened by the program to develop the Self-Study usually plans and oversees the entire process. It is expected that faculty, staff, students, and alumni, and other constituent groups will also participate in the development of the Self-Study. Many programs work with an external editor to ensure that the final Self-Study is clear and accurate.

In determining the best approach to the organization of the Self-Study and what to include, the Standards provide the best framework. The narrative provides analysis of the supporting evidence as it relates to each of the standard elements. Evidence is developed by conducting assessment and evaluation of specific objectives, benchmarks, and/or targets that measure program-level student learning outcomes. The evidence needs to demonstrate continuous planning and evaluation processes. It is beneficial to approach the comprehensive review as a planning and evaluation activity that is essential for the improvement of the school and program as well as for the creation of the Self-Study. The document should demonstrate how the comprehensive review process fits within the school's and program's ongoing planning and outcomes-assessment processes.

When preparing the Self-Study, refer to previous narrative reports submitted to the COA and all COA correspondence since the last comprehensive review, including responses to previous narrative reports and requests for special reports. Address all issues or questions raised by the Committee in that correspondence. Continually building on previous narrative reports can reduce the amount of time needed to develop the Self-Study. Faculty will not need to devote as much time to writing the Self-Study because documentation and evidence will have been developed and gathered through the biennial narrative reports.

The Program Head provides a draft of the Self-Study to the OA Director, the ERP Chair, and all members of the ERP four months before the site visit. The purpose of the review of the draft Self-Study by the ERP is to provide constructive feedback so that the final Self-Study tells the program's story in the most persuasive way possible and enables the ERP to evaluate the program most effectively.

The draft should be as close as possible to the final version in content and format. It is reviewed and discussed in a conference call with the Program Head, the OA Director, and the ERP Chair. The purpose of the call is to better ensure that the final Self-Study will fully address the *Standards* and that its development is proceeding in accordance with the Plan for the Self-Study presented and discussed one year before the visit. The ERP Chair shares the panel feedback on the conference call with the Program Head and the OA Director and may also share the feedback in writing.

The review visit may be postponed for up to one year if the ERP Chair and/or Director of the Office for Accreditation determine that the Plan for the Self-Study, the draft of the Self-Study, or the final Self-Study does not meet the requirements specified in AP3.

Revised June 3, 2019

II.7 Organization and format of the Self-Study

The Self-Study should be organized as follows:

- Title page: Self-Study, institution name, department and/or school name, name of the degree program being considered for accreditation, name of the degree that appears on the diploma, and date of submission of document;
- Required basic information about the program and its context (See section II.7.1);
- Table of contents;
- Glossary of terminology and abbreviations;
- List of tables and figures;
- Index of appendices; include document titles and file names;
- Concise explanation and supporting evidence of compliance with each of the standards in order (see sections II.7.2, II.7.3, and II.7.4);
- Synthesis and overview (see section II.7.5)

II.7.1 Required information

One copy of the Declaration form, signed by the chief academic officer (CAO) of the institution and the CAO of the master's program in library and information studies, must be submitted to the Office for Accreditation along with the Self-Study. The Office sends the Declaration form to the Program Head upon receipt of the draft Self-Study.

List the following on a single page and place it immediately following the title page:

- The full name of the unit organized and maintained by the institution for the purpose of graduate education in library and information studies. This unit is referred to in the Introduction to the *Standards* as the "school of library and information studies";
- The name and a brief description of the degree program(s) being presented for accreditation by the COA;
- The name and current title of the dean of the school, and, if applicable, the chair of the LIS program;
- The full name of the institution, with names and titles of the chief executive officer (CEO) and the CAO, including the institutional administrator to whom the dean of the school reports;
- The name of the regional accrediting agency that accredits the institution;
- The current status of the institution with regard to regional accreditation;
- The title and version of the *Standards* addressed in the Self-Study (i.e., *Standards for Accreditation of Master's Programs in Library and Information Studies*, 2015).

II.7.2 Addressing the *Standards for Accreditation*

The *Standards* recognize and foster the individuality of institutions, schools, and programs and the many ways to identify programmatic excellence in library and information studies. At the same time, the *Standards* "identify the indispensable components of library and information studies programs" (*Standards*, Introduction). Thus, every Self-Study must address the common characteristics of LIS programs as described in the *Standards* in light of the mission, goals, and objectives of the institution, school, and program.

The COA requires that the Self-Study address compliance with each standard and its elements in order. The COA does not, however, require that all self-studies be alike. The document must be concise yet complete and include narrative statements that are supported by clearly identifiable evidence and data.

Because individuals who are not completely familiar with the program, school, and institution will evaluate the program, the document should present information in such a manner so that readers external to the program are able to identify the relevant information and evidence when evaluating the Self-Study against the *Standards*. The document should include descriptions and analysis of the program and areas of strength, challenge, and change. Statements on future activities belong at the end of each Standards chapter or at the end of the Self-Study.

The Self-Study must demonstrate the ongoing planning, evaluation, and assessment used by the school and program to ensure continued compliance with the *Standards*. The document must provide evidence that the program is meeting the mission, goals, and objectives of the program, school, and institution. The relationship between the mission, goals, and objectives of the program should be related to those of the school and the institution.

II.7.3 Presenting evidence

The Self-Study must contain analysis and evidence that demonstrates compliance with the *Standards*. The program should give careful consideration to the kinds of evidence to include in the Self-Study. Section II.7.4 provides examples of some of the evidence needed; it is not exhaustive. The examples are presented for the purpose of stimulating thought regarding the evidence a school will choose to support its demonstration of compliance with the *Standards*. It is also likely that each school will have forms of evidence unique to its own mission, program, and institution. The items in section II.7.4 represent areas:

- That the program will want to address in its Self-Study;
- That the ERP frequently inquires about and has expectations of receiving answers;
- About which the Committee on Accreditation frequently has questions.

Not all evidence need be present in the Self-Study. Evidence such as samples of student records*, student projects, meeting minutes, and/or faculty publications may be made available on site to the members of the ERP. Other evidence, such as syllabi, curriculum vitae, institutional policies, faculty handbooks, and admissions criteria, should be made available in electronic format as appendices. In all cases, it should be clearly stated where the information is presented: in the text of the document, in appendices, or on site. The Self-Study should be carefully edited

so that evidence appears in one primary location with cross-references at other points as appropriate.

** Note regarding confidentiality of records from the Family Education Rights and Privacy Act (FERPA), Section 99.35(b)(1), Redisclosure of education records by Federal and State officials: "The final regulations also allow State and Federal officials to redisclose education records under other exceptions listed in § 99.31(a), including disclosures to an accrediting agency."*

II.7.4 Examples of evidence that might be used to indicate compliance with the 2015 *Standards for Accreditation*

This list provides examples of some of the evidence that is typically needed; it is not exhaustive. The examples are presented for the purpose of stimulating thought regarding the evidence a school will choose to support its demonstration of compliance with the standards. It is also likely that each school will have forms of evidence unique to its own mission, program, and institution.

The strongest evidence to support compliance with the standards will be based on data collected over time, indicative of participation of the program's constituents, and suggestive of decisions that are based on the data collected. The use of tabular summaries for presentation of the evidence is suggested since tables are consistently organized, convenient to read, and easier for the reader to interpret than lengthy descriptive text.

I. Systematic Planning

- Publicly available statements of program mission, goals, and objectives
- Explanation and/or graphic describing the program's planning process.
- Program's written strategic or long-range plan
- Explanation with examples of how data is used in the planning process to improve the program
- List with descriptions of constituents that the program serves
- Examples of how planning policies are communicated to program constituents
- Examples of how program goals are consistent with parent institution values and culture
- Statements of institutional mission, goals, objectives and strategic planning
- Map, list, and/or statements of program-level objectives expressed as student learning outcomes, with attention to Standards 1.2.1 through 1.2.8
- Table or chart that identifies the direct and indirect measures used to assess program-level student learning outcomes; include both quantitative and qualitative measures
- Statements on the relationship between program goals and objectives and the value of teaching and service to the field
- Examples of how data are used in decision-making to improve the program, including examples for any specialized concentrations that are part of the ALA-accredited program (Standards I.2.3)*
- Examples of data that is used in the evaluation of the program's success in achieving its mission, goals, and objectives
- Examples of how evaluation results are systematically used for program improvement

- Examples of how program constituents are involved in program evaluation.

* *Effective beginning with program reviews with visits in fall 2018.*

II. Curriculum

- Syllabi for all active courses
- Table of course numbers and descriptions, including locations and/or forms of delivery
- Table of course rotation schedule, spanning the years since the last review through what is planned for the future
- Table of areas of concentration/career pathways with required and elective courses
- Brief descriptions of experiential opportunities
- Descriptions of the curriculum development planning and review processes, including the people involved; examples of systematic planning process
- Sample student plans of study
- Representative samples of student work, including papers, presentations, projects, portfolios, and capstone results
- Student and/or employer assessment of internship or practicum experiences
- Results of student follow-up surveys regarding the effectiveness of the educational experiences
- Evidence of the rate and types of employment of program graduates
- Documentation of the use of relevant knowledge and competency statements in the development and review of the curriculum
- Table of courses and educational opportunities mapped to relevant elements in Standard II
- Examples of the data used to make decisions about the curriculum
- Examples of how the evaluation of the curriculum is used to improve the program

III. Faculty

- Curricula vitae for all faculty (tenured/tenure-track and non-tenure track) engaged in the ALA Accredited Program
- Table of all faculty (full time, part time, shared, and adjunct) with names, status (tenure and non-tenure track, percent of appointment, etc.), teaching load, courses taught, delivery mode, research areas, and service engagement indicating contributions to program objectives
- Faculty personnel and governance policies and procedures and the institution's and the school's policies on recruitment and retention of a diverse faculty; specific data reflecting implementation of the policies would be appropriate
- The school's faculty evaluation policy, data reflecting its implementation, and data reflecting the use of the results of evaluations with a chart indicating examples of rewarding faculty who demonstrate excellence in teaching, research and service, including evidence of active participation of faculty in relevant organizations
- Materials relating to faculty development opportunities
- Descriptions and representative samples of faculty research and other scholarly activities

- Evidence of the decision making process by providing the supporting data relating to the evaluation of the faculty and how the results are systematically used for program improvement and planning

IV. Students

- The program's policies for recruiting, admission, placement, and retention of students
- The program's policies on recruiting and retaining a diverse student body
- Data reflecting implementation and evaluation of above policies
- Examples of materials used in student recruitment
- Policies and procedures for waiving any admission standard or prerequisite
- Financial aid policy and data reflecting assistance made available
- Description of student advising procedures
- Progression and graduation data
- Descriptions of student organizations and activities
- Sample student plans of study
- Table of direct and indirect measures used to evaluate student learning outcomes
- Table of direct and indirect measures used to evaluate individual student learning
- Examples of how the evaluation of student learning is used to improve the program

V. Administration, Finances, and Resources

- Organizational charts for the program, the school/college of which the program is a part, and the institution as a whole
- Description of relationships of program and school/college to the institution with regard to autonomy, support and resources
- Minutes of meetings of faculty, committees, advisory boards and other relevant groups that provide evidence of administrative structures, decisions made, and plans promulgated by the program
- Descriptions of institution-wide opportunities for faculty, staff, and student participation
- Documentation that leadership ensures opportunities for student involvement in the field such that each can graduate prepared for employment
- Lists of faculty, staff, and student appointment/election to school, collegiate, and university administrative and academic entities
- Materials and data on the school's financial structure: budgets, budget analyses, and data reflecting the use of the analyses for decision making
- Information on availability of funds for research, professional development, travel, leaves with pay, and student financial aid
- Criteria used to award professional development, travel, leaves, and other forms of funding to individual faculty, staff and students
- Comparative data on budgets and funding over 5 to 10 years to show trajectories of support
- Information on administrative personnel: demographics, salaries, curricula vitae, and other data compared to similar units in the institution

- The school's evaluation policy for administrative personnel, data reflecting its implementation, and data reflecting the use of the results of evaluations
- Maps, floor plans or descriptions of physical facilities, including off-campus and satellite facilities
- Description of ADA compliance for all facilities where the program holds face-to-face instruction, student professional organization meetings, in-person orientations, and program social events
- Documentation that leadership ensures student health and safety
- Information on the library that supports the school and program: assessment of library services, budget, collections, services, usage data
- Information on library support and access to materials, user instruction, and other resources for distance education students and faculty
- Descriptions of technology resources: support services, computer labs and equipment, faculty and staff computing equipment, network resources
- Information on technology support for distance education students and faculty
- Description of institutional facilities available to faculty, students, and staff
- Descriptions of faculty, staff and student use of the facilities available for technology, instructional, and continuing education related to teaching and learning in the program
- Information on how resources such as libraries, technology support, and instructional support are evaluated and how participants contribute to such assessments

Revised April 27, 2018, and June 3, 2019

II.7.5 Synthesis and overview

The final section of the Self-Study synthesizes the principal character, strengths, limitations, and challenges of the school and program. This summary concisely reiterates the evidence for compliance with the *Standards*. It may also describe unique features, and the culture and context of the program, school, or institution in order to improve understanding of the program.

II.7.6 Format requirements

The Self-Study should be prepared in accordance with a recognized style manual. In alignment with ALA practices, the COA recommends *The Chicago Manual of Style*, although the program is free to choose a different style manual as long as it is followed consistently throughout.

The draft Self-Study and the final Self-Study should be prepared electronically as follows:

File containing the Self-Study (no appendices) with:

- Table of contents
- Numbered pages
- Margins and font selection that follow the guidelines of the chosen style manual

And

Separate file(s) containing the appendices with:

- A table of contents for the appendices, listing document name, file name, and brief description, e.g., Appendix A, appendix_a.doc/xls/pdf, etc., SLIS Committee Structure.
- Appendices may be combined in one file or provided as separate files in a folder labeled "Appendices." If appendices are combined in one file, the table of contents listings must hyperlink to the corresponding appendices.
- Electronic file names should be concise and indicative of the content of the document, e.g., appendix_a. doc/xls/pdf, etc., self study.doc/pdf, etc.

Instructions regarding electronic submission of the draft Self-Study and the final Self-Study are sent to the program approximately three months before the due dates.

Revised June 3, 2019

II.8 Responding to the ERP Report

The ERP Report is detailed in section III.7. Programs have two opportunities to respond to the ERP Report, which is submitted after the site visit has been completed. In both cases, responses are optional.

II.8.1 Optional response to correct errors of fact in the draft ERP Report

The draft ERP Report, due three weeks after the site visit, is sent from the ERP Chair to the Program Head and the OA Director. The program then has one week (seven calendar days) to provide correction to errors of fact in the draft report. This optional response goes only to the ERP Chair (and panel) and the OA Director and is not seen by the COA. Examples of facts include names, titles, dates, statistical information, etc. After the ERP Chair receives the program's optional response to correct errors of fact, the ERP has one week (seven calendar days) to submit the final ERP Report to the Program Head and the Office for Accreditation. The final ERP Report becomes a part of the permanent comprehensive review documentation and is read by the COA.

II.8.2 Optional response to the final ERP Report

After the final ERP Report is received, the program has one week (seven calendar days) to submit a response. The purpose of this optional response is to provide additional evidence to that in the Self-Study, to refute or bolster information presented in the ERP Report, to provide an update on program developments since the site visit, or to respond to impressions or omissions in the ERP Report. The response should be limited to 10 double-spaced pages, including appendices. This optional response becomes a part of the permanent comprehensive review documentation and is read by the COA.

II.9 Timeline for development of the Self-Study

(See II.1.3 for comprehensive review schedule timeline.)

24 months before scheduled site visit	• The program invites COA to review the program. • Areas of emphasis for comprehensive review and three (3) sets of dates for the review are submitted to the Director.
18 months before site visit	• ERP Chair is appointed.
12 months before site visit	• The Program Head sends a plan for the Self-Study to the OA Director and the Chair. • Conference call with the Program Head, the OA Director, and the ERP Chair to discuss Plan.
4 months before site visit	• The Program Head submits a draft of the Self-Study to be reviewed by the OA Director and each ERP member. • The ERP Chair and the OA Director consult with the Program Head regarding the draft to ensure that the Self-Study addresses the standards and contains sufficient information and evidence to conduct an effective review. • The ERP Chair and the Program Head begin drafting an agenda for the visit.
6 weeks before site visit	• The ERP Chair notifies the Program Head of documents needed on site for the review. • The Program Head submits the final Self-Study to be reviewed by the OA Director and each ERP member. • The ERP Chair and the Program Head finalize the agenda for the site visit.
No later than 10 weeks before the COA meeting	Site visit
3 weeks after site visit	• The ERP Chair sends a draft of the ERP Report to the Program Head, the panel members, and the Director. Each recipient is invited to offer corrections of fact to the report.
4 weeks after site visit	• The Program Head sends any factual corrections to the ERP Report to the ERP Chair and the Director.
5 weeks after site visit	• The ERP Chair sends the final ERP Report to the Program Head, the Director, and all ERP members.
6 weeks after site visit	• The Program Head sends an optional response to the ERP Report to the OA Director and the ERP Chair. The ERP Chair sends copies of the response to each ERP member.

At the next regularly scheduled COA meeting	• The ERP Chair and the Program Head and/or other representatives of the school meet with the COA. • The COA considers all the information and makes the accreditation decision.
10 days after the COA decision	• The Office sends the COA Decision Document to the Program Head and the CEO of the institution within 10 calendar days of the end of the COA meeting at which the decision was made.

Revised June 3, 2019

II.10 The site visit schedule **The site visit typically spans three days with panelists landing the day before the primary activities which include meetings, interviews, and class visits. Panel members review records not available virtually, tours facilities, and meet with constituent groups. The program provides a lockable work room for the ERP central to program operations. Technical and nutritional support is provided for the work room according to guidance from the ERP chair.**

Site visits need occur at least 10 weeks before the meeting with CoA to close the review in order to allow time forpanelists to finalize their report, the program to respond in writing if desired, and the Committee time to review all documents before the meeting. The deadline for a site visit is generally mid-November for fall visits and mid-April for spring visits.

The ERP Chair works with the Program Head to develop a mutually agreeable schedule based on the needs of the ERP and the program. See section III.5: Role and responsibilities of the ERP for more information.

II.11 Meeting with the Committee on Accreditation to close the comprehensive review

At the conclusion of the comprehensive review and prior to making an accreditation decision, the COA meets with the Program Head and the ERP Chair to close the review. The meeting lasts approximately 45 minutes and is held at the ALA Midwinter Meeting or Annual Conference directly following the site visit. The meeting is closed to facilitate candid discussion.

Prior to meeting with the Program Head and ERP Chair, the COA prepares questions related to the program's compliance with the Standards for Accreditation. The questions are based on the Self-Study document, the ERP Report, the program's optional response to the ERP Report, and all interim reports since the previous accreditation decision. No new materials (print or electronic) are accepted or considered by COA at the meeting or **within 30 days** of the meeting.

Purpose of the meeting:

- To provide the opportunity to the Program Head to update the COA on program developments since the site visit or clarify information in the Self-Study or the program's response to the ERP Report;

- To provide the opportunity to the ERP Chair to clarity information in the ERP Report;
- To provide the opportunity for the Program Head to respond to questions from COA members that result from their examination of the comprehensive review documentation and reports leading up to the review. The purpose of the questioning is to confirm compliance with the Standards.

Attendees of the meeting:
- The Committee on Accreditation. Any COA member having a conflict of interest with the program is not present for the meeting, deliberations, or voting;
- The Program Head; other representatives of the program or institution may also attend at the discretion of the Program Head;
- The ERP Chair or other designated member of the ERP;
- Office for Accreditation staff.

Order of the meeting:
- Introductions of meeting attendees, facilitated by the chair of the COA;
- Opening remarks by the Program Head (optional, 10 minutes maximum). The Program Head may speak from electronic or printed notes, but may not make a presentation (no Powerpoint presentations, etc.) or distribute handouts;
- Questions from COA members to the Program Head or ERP Chair relating to specific documentation and its relationship to the Standards;
- Closing remarks by the Program Head (optional, 2 minutes maximum);*
- Closing remarks by the chair of the COA.

After the Program Head and ERP Chair leave the room at the conclusion of the meeting, the COA deliberates before making an accreditation decision. The COA communicates its accreditation decision in a letter to the Program Head, with copies to the dean of the school or college and to the CEO of the institution.

**Effective beginning with reviews with visits in spring 2017 for meeting with COA at the 2017 Annual Conference.*

Revised April 21, 2017

III. Guidelines for the External Review Panel

III.1 The Nature of Higher Education Accreditation

The collegial nature of accreditation as a voluntary, nongovernmental, and collegial process of self-review and peer review in higher education endeavors to to ensure that post-secondary educational institutions and their units, schools, or programs meet appropriate standards of quality and integrity, and 2) to improve the quality of education these institutions offer.

For a description of American Library Association (ALA) accreditation, refer to section I: Overview.

III.2 Composition of the External Review Panel

An External Review Panel (ERP) typically consists of five members. As much as possible, the composition of the panel reflects any requests for areas of special expertise. Panel members are selected through a cooperative process involving the Program Head, the Committee on Accreditation (COA), and the Office for Accreditation. Each panel includes individuals active in academia and in practice. The OA Director has the final authority on the size and composition of the panel.

One representative of the Canadian Federation of Library Associations (or an alternative professional library and information organization) is permitted to observe reviews of Canadian programs. The observer is not a member of the ERP and shall not influence the evaluation of the program. The observer participates with the approval of the program. The observer is expected to follow the guidelines for conflicts of interest, as stated in section III.4, and confidentiality, as stated in section III.5.4. The ALA is not responsible for the expenses of the observer.

Revised April 26, 2019

III.3 Site visit schedule

A site visit occurs over two business days, most often Monday and Tuesday. Typically, the ERP arrives on Saturday to review records, tour facilities, and meet with constituent groups on Sunday.

Site visits must occur at least 10 weeks before COA's meeting at the ALA Midwinter Meeting or Annual Conference to allow the ERP to finalize its report, the program to respond in writing if desired, and the Committee time to review all documents before the meeting. This deadline is generally mid-November for fall visits and mid-April for spring visits.

III.4 Conflict of interest policy for the ERP

The ALA COA seeks to avoid any and all conflicts of interest that may compromise the integrity of its accreditation process. To this end, ERP members are asked to disclose any information that might create a conflict with the ability to carry out fairly and objectively his or her responsibility as a member of the ERP for the program under review.

Typical conflicts of interest that may preclude someone from serving on an ERP include: 1) current or recent employment by or consulting arrangements with the program under review or its parent institution; 2) close personal relationships with individuals at the program under review or its parent institution; 3) current or recent student status at the program under review or its parent institution; 4) any other interest that he or she believes might prevent objectivity or cause a reasonable person to believe he or she is biased.

The Program Head and faculty of the program are also asked to provide information regarding possible conflicts of interest.

ERP members who have questions regarding the policy should consult the Office for Accreditation for clarification.

III.5 Role and responsibilities of the ERP

The ERP plays a critical role in the accreditation process. It is appointed by and reports to the COA. The ERP serves as the COA's agent during the site visit. The ERP's tasks include the analysis of the Self-Study, the verification of evidence presented in the Self-Study, the collection of additional evidence through the site visit, and the presentation of its findings to the COA in the form of an ERP Report. The COA uses this report in making decisions about accreditation of the program.

The ERP has a responsibility to report areas of both strength and limitations, any areas that may not be in compliance with the *Standards*, and to identify areas for improvement. The ERP's evaluation must of necessity be founded on the *Standards*, although areas of strength and innovation may and often do reach beyond the requirements as articulated by the *Standards*.

The Office for Accreditation website has a number of resources for External Review Panelists to help with the responsibilities of panel members. There are additional resources available for the ERP Chair.

III.5.1 Responsibilities of the ERP Chair

COA appoints the Chair of the ERP approximately 18 months before the scheduled visit. The Chair's responsibilities include the following:

- Consulting with the Program Head to facilitate the development of an effective Self-Study (See section II: Guidelines for the Self-Study and Comprehensive Review) ;
- Consulting with the Program Head and the OA Director regarding the size of panel needed for the review; program size, number of faculty, number of students, and campus locations are all part of what is considered;
- Assigning specific tasks and responsibilities to all ERP members, including any off-site members of the panel;
- Consulting with the Program Head to ensure advance notice to students, faculty, and other interested parties of the panel's visit and to arrange information sessions on the accreditation and review process;
- Scheduling and conducting one or more planning conference calls with the entire panel after receipt of the Self-Study;
- Working with the program representative to make lodging, meeting facility, meal, and local transportation arrangements that meet the needs of the ERP;
- Planning the site visit schedule. Particular attention should be paid to ensure that each full-time faculty member is interviewed by at least one panel member and that students have ample opportunity to express their views, in confidence, to the panel members;
- Arranging access to appropriate on-site documents, facilities, classes, and institutional personnel;
- Arranging access to appropriate electronic documents, campus networks, and online courses;
- Coordinating communication among ERP members before, during, and after the site visit;

- Scheduling and conducting conference calls with the entire panel during the site visit, if there are any off-site panelists, to discuss issues related to the visit;
- Avoiding purely social activities with the Program Head, students, faculty, and other interested parties during the site visit;
- Planning and conducting the exit briefing with representatives of the program and the institution;
- Consulting with the OA Director should any serious problem arise;
- Ensuring that process is followed and professional decorum is maintained throughout the visit;
- Coordinating the development of the ERP Report;
- Submitting the draft and final ERP Reports to the school and the Office for Accreditation by the stated deadlines;
- Attending the COA meeting wherein the Committee makes the accreditation decision in order to represent the panel and respond to COA questions.

III.5.2 Responsibilities of ERP members

Panel members are appointed approximately one year before the visit. The work of the ERP members begins when they receive assignments from the Chair, review their assigned chapter(s) of the draft Self-Study, and provide feedback to the Chair, approximately four months before the visit. Intense work starts when panelists receive and begin analysis of the Self-Study that is sent to them six weeks before the site visit. Work continues through the visit and the development and submission of the ERP Report to the COA.

Responsibilities of ERP members include the following:

- Participating in one or more training sessions before the site visit;
- Reviewing the *Standards* carefully before reading the Self-Study;
- Maintaining confidentiality throughout the process in accordance with section III.5.4 and the signed confidentiality agreement;
- Preparing for and participating in panel conference calls or electronic discussions to plan the work of the panel;
- Reviewing assigned chapter(s) of the draft of the Self-Study and providing feedback to the Chair;
- Reading and analyzing the entire Self-Study carefully and thoroughly;
- Completing draft of assigned report sections before the site visit;
- Completing assignments scheduled before and after the site visit in a timely manner;
- Preparing questions and areas for further observation and evidence gathering during the site visit;
- Notifying the ERP Chair of additional evidence or documents that should be reviewed on site;
- Working cooperatively with the ERP Chair and other members of the panel throughout the process;
- Keeping a log of the people interviewed to ensure that all parties are interviewed and to use as a reference when writing the report;

- Interacting diplomatically with all program and institutional personnel, students, and other constituents;
- Avoiding making comparisons of the program being reviewed to other programs;
- Avoiding making pronouncements regarding the program's compliance with the standards or possible accreditation decision;
- Avoiding other commitments during the site visit;
- Completing assigned sections of the ERP Report as scheduled by the ERP Chair.

III.5.3 General recommendations

Maintaining collegial relationships and a professional demeanor throughout the review process is important. Accreditation is a voluntary process. It is founded on the premise of continuous self-evaluation and improvement as well as on respect for the individuality and uniqueness of each program and institution.

Panelists are cautioned against providing friendly advice or making comparisons to their own or other institutions. Even though such information may be well intended, the role of the ERP member is as an observer and evaluator; the time taken to describe other institutions diminishes the time available to evaluate the program being reviewed. The possibility of such advice and recommendations being interpreted as requirements for accreditation is of significant concern.

III.5.4 Confidentiality

All information related to the accreditation of programs is strictly confidential. This includes, but is not limited to, all reports; Self-Studies; files; correspondence, including the Decision Document; and discussions. Each ERP member must sign a confidentiality agreement at the beginning of each review to which he or she is assigned.

The following guidelines apply to people serving on an External Review Panel:

- Confidential information must be used solely in conjunction with duties performed as a member of the External Review Panel;
- Any material or other information related to the accreditation process must be disposed of in a manner that protects confidentiality;
- Any request received by a panelist for information regarding the accreditation process or the program must be forwarded to the Office for Accreditation or to the respective program.

III.6 Site visit exit briefing

Site visits conclude with an exit briefing that is an explanation of the panel's findings and *preliminary* conclusions, combined with the formalities of a courteous departure. The briefing is held with the Program Head, appropriate institutional representatives (e.g., CAO, CEO), and all panel members. The Program Head and the ERP Chair agree on which university administrators will attend this meeting. Other personnel, such as faculty, may attend if the ERP Chair and the Program Head deem it appropriate. The ERP Chair leads the exit briefing, but may ask panel members to address an issue within their area of expertise.

III.6.1 Purpose of the exit briefing

The exit briefing:

- Allows the panel to present an overview of its findings and preliminary conclusions
- Offers a final opportunity for the panel to verify or obtain information
- Offers an opportunity for institutional representatives to ask questions
- Allows the ERP and institutional representatives to enjoy a collegial conclusion of the visit

The exit briefing is *not,* however:

- A time for panel members and the Program Head or other institutional representatives to argue or to raise objections to the panel's tentative conclusions;
- An occasion for the panel, Program Head, or administrators to "discover" important information about the program or panel's findings.

III.6.2 Content of the exit briefing

The panel meets before the exit briefing to determine content and identify specific topics to address. The ERP Chair should then meet with the Program Head to alert him or her to the areas that will be covered in the exit briefing, particularly regarding any concerns of the panel.

The ERP Chair needs to be careful to signal any possible problems or areas of concern and not gloss over them simply to offer temporary harmony during the exit briefing. The ERP Chair and panel should not give the impression in this meeting that no problems were found and then identify important problems or concerns in the panel's written report.

The exit briefing should include the following, in this suggested order:

1. Brief thanks to the head of the program, faculty, institutional representatives, and all those who met with the panel;
2. Description of the purpose of the exit briefing, emphasizing that this is a summary of the panel's preliminary findings and tentative conclusions. Final statements cannot be made until all material is organized, reviewed, and incorporated into the written report;
3. Statement that the panel submits its report to the COA and that the COA, not the panel, makes the final accreditation decision;
4. Summary of program strengths;
5. Discussion of areas of concern as preliminarily identified by the panel. Reiterate that these are preliminary, that the program will have opportunities to respond to the panel's report, and that COA will make the final decision;
6. Review of program strengths and areas for improvement. Emphasize that these are observations to provide a sense of the visiting panel's impressions, but are neither final nor comprehensive.
7. Summary of what will happen after the panel leaves:
    a. The ERP Chair will send a draft of the ERP Report to the program and the Office for Accreditation;

b. The program may then respond with corrections to factual errors in the draft ERP Report;
c. The ERP Chair will submit the final ERP Report to the program and to the COA via the Office for Accreditation;
d. The program has the option of submitting a written response to the ERP Chair and the COA;
e. The Program Head and ERP Chair will meet with COA at the next ALA conference to answer the Committee's questions;
f. The COA will make the accreditation decision.

III.7 The ERP Report

The COA uses the ERP Report in conjunction with the Self-Study. Thus, the ERP Report should address key points from the *Standards* based on evidence as outlined in II.7.4, but it should not recapitulate the information contained in the Self-Study or quote large passages from the *Standards*. References to pages in the Self-Study should be made instead.

Panelists' observations and evaluations must be founded on the *Standards* and must provide an objective assessment of the program supported by evidence presented within the Self-Study and/or gained as part of the site visit. Evidence can take the form of student achievements (grades, projects, appointments, awards and recognition, job placements, etc.), interviews, surveys of program stakeholders, quotes from program publications or communications, and similar documents.

The report should be written in a manner that provides analytical, evaluative, and constructive information about the program's compliance with the *Standards*. It should lead the reader to draw conclusions about the strengths, limitations, and challenges of the program. The report should be balanced in order to help improve the quality and effectiveness of the program and the school. Even if criticism is warranted, the panel should also recognize the strengths of the program and school.

III.7.1 Content of the report

The ERP Report should include the following sections:

III.7.1(a) Introduction

The introduction provides a brief description of the visit and of the individuals interviewed during the visit, along with a description of any other means (i.e., web-based questionnaires, phone interviews, personal interviews, etc.) by which the panel collected information.

III.7.1(b) Analysis

This section of approximately 20 pages analyzes the program within the context of the *Standards*. Organized by standard, this section provides an analysis, based on data and evidence, of the extent to which the program demonstrates compliance with each standard. The panel has a responsibility to report areas of both strength and limitation, as

well as areas, if any, that may not be in compliance with the *Standards*, and to identify areas for improvement.

Analysis of facts, trends, strengths, and identification of concerns should be based on data and other information obtained through the Self-Study and the on-site visit. This analysis should be supported with evidence as suggested in section II.7.4. The ERP does not make recommendations as to whether or not the program should be accredited.

The report should not include specific statements regarding the program's compliance with the *Standards*, either individually or as a whole (for example, "The program does not comply with Standard I."). Rather, the report should help the reader draw conclusions about the program's compliance with the *Standards* and should use the *Standards* as the point of reference. If the panel finds that information on which to base its analysis is incomplete or missing, this should be noted. Comparisons with other programs are inappropriate and should not be included.

III.7.1(c) Summary

The report should end with a brief summary statement. The summary statement should highlight strengths, limitations, and/or challenges for the program.

III.7.2 Format of the ERP Report

The report should adhere to the following format:

- The ERP Report should be prepared in accordance with a recognized style manual;
- Set margins to a minimum of 1 inch;
- Double-space the report;
- Use consecutive page numbers throughout the report and be consistent in their placement;
- Prepare a title page that includes all information in the sample in section III.7.3;
- Write the report in the third person; for example, "The External Review Panel notes that….";
- Use terminology that is gender-neutral. ALA policy calls for use of the term "Chair" for the panel leader. Social or gender-related titles such as Mr. or Ms. should not be used. Academic titles (Dr.) may be used. Use of gender-specific words should be avoided, as should diminutives;
- When referring to the *Standards*, use either *Standards* or *Standards for Accreditation*;
- Be sure the names of the university, college, school, department, the program, and titles of individuals are correct. These names should be used throughout the report;
- Properly cite references to the Self-Study and/or other information sources;
- If information that came from an individual is used, include the person's name and title;
- Include page references in the text for quotations and when paraphrasing;
- Avoid confusion between various drafts and the final report. Date the drafts, use a different title page for each report, and include a header or footer stating, for example, "Draft for correction of factual errors" or "Final ERP Report."

III.7.3 ERP Report title page

The title page of the ERP Report should list the following information. The draft ERP Report should be clearly labeled as such.

- External Review Panel Report (or External Review Panel DRAFT Report)
- [Degree name] program
- [Department, School or College Name],
- [Institution name]
- Conducted on behalf of the American Library Association Committee on Accreditation
- [Panelist names]
- [Report date]

III.7.4 Deadlines

3 weeks after the visit	The ERP Chair sends a draft of the ERP Report to the Program Head, the panel members, and the Office for Accreditation via email attachment requesting receipt confirmation. Each recipient reviews the draft report and offers corrections to any factual errors.
4 weeks after the visit	The Program Head provides factual corrections (if any) to the draft ERP Report to the ERP Chair and the Office for Accreditation by email. The ERP Chair works with the ERP to revise the draft report as needed to incorporate factual corrections and to produce the final report.
5 weeks after the visit	The ERP Chair sends the final ERP Report to the Program Head, Office for Accreditation, and all ERP members via email attachment requesting receipt confirmation.

III.8 Timeline for Self-Study review and ERP Report

See section II.1.3 for a timeline of the comprehensive review.

4 months before scheduled visit	• The Program Head submits a draft of the Self-Study to be reviewed by the OA Director and each ERP member. • The ERP Chair gathers panelists' input on the draft Self-Study. • The ERP Chair and the OA Director consult with the Program Head regarding the draft to ensure that the Self-Study addresses the *Standards* and contains sufficient information and evidence to conduct an effective review. • The ERP Chair initiates planning of assignments and scheduling for the site visit.

	• The ERP Chair and the Program Head begin drafting an agenda for the visit and discussing the documents and other evidence needed for the on-site review.
6 weeks before scheduled visit	• The Program Head submits the final Self-Study to be reviewed by the OA Director and each ERP member. • ERP members begin their review and analysis of the Self-Study; • The ERP Chair notifies the Program Head of any additional documents or evidence needed for the review. • The ERP Chair and the Program Head consult on the agenda for the site visit. • The ERP Chair assigns responsibilities to all panel members.
	Site visit
3 weeks after site visit	• The ERP Chair sends a draft of the ERP Report to the Program Head, the panel members, and the OA Director. Each recipient is invited to offer corrections to any factual errors in the draft report.
4 weeks after site visit	• The Program Head sends any corrections of factual errors in the draft ERP Report to the ERP Chair and the OA Director; • The ERP Chair works with the ERP to revise the draft report as needed to incorporate factual corrections and to produce the final report.
5 weeks after site visit	• The ERP Chair sends the final ERP Report to the Program Head, the OA Director, and all ERP members.
6 weeks after site visit	• The Program Head has the option to send a response to the ERP Report to the OA Director and the Chair. The ERP Chair sends copies of the response to the ERP members.
At the next regularly scheduled COA meeting	• The ERP Chair and the Program Head and/or other representatives of the school meet with the COA. • The COA considers all the information and makes an accreditation decision.
6 weeks after the COA decision	• The OA Director sends copies of the Decision Document to ERP members.

Revised June 3, 2019

IV. Appeal process

IV.1 Introduction to the appeal process

The American Library Association (ALA) is an accrediting agency recognized by the Council for Higher Education Accreditation (CHEA), whose standards require "appropriate and fair policies and procedures that include effective checks and balances" (CHEA Recognition Standard 12D). ALA is also a member of the Association for Specialized and Professional Accreditors (ASPA) and follows its *Code of Good Practice*. The *Code* states that a member of ASPA must exhibit "a system of checks and balances in its standards development and accreditation procedures. [A member must avoid] relationships and practices that would provoke questions about its overall objectivity and integrity."

ALA has a formal appeal process for institutions whose programs have accreditation withdrawn or are denied Initial accreditation by the COA. The ALA appeal process, approved by the ALA Executive Board, provides a system of checks and balances to protect the integrity and fairness of the process for the institution, the Committee on Accreditation (COA), and the ALA.

IV.2 Grounds for appeal and burden of proof

IV.2.1 Grounds for appeal

An institution may file an appeal of a COA decision to withdraw accreditation or to deny Initial accreditation. The appeal must be based on either or both of the following grounds:

1. That the COA failed to follow its established published procedures in reaching its decision, and that this failure to follow procedures caused the decision to be unfair; and/or
2. That the COA decision was arbitrary, capricious or not supported by significant, relevant information or evidence that the institution submitted in writing to the External Review Panel (ERP) and/or to the COA at the time of the review or before the decision, and that this oversight resulted in an unfair decision.

Guiding questions are 1) Was the action relevant to the issues at hand, within the agency's scope of authority and free from bias or malice? 2) Was the decision supported by substantial evidence? 3) Was the institution given adequate notice and an opportunity to be heard prior to the adverse action being taken? Specifically, did the institution have adequate time to respond, a meaningful opportunity to respond to the bases of the adverse action before it was taken and was there sufficient enough notice for the institution to know what the specific bases of an adverse action were before the action was taken? (Drinker Biddle LLC, 2009 Association of Specialized and Professional Accreditors Fall Meeting, Item V.G.3)

When filing an appeal, the institution cannot include information not submitted during the review process or changes that occurred after the COA decision.

IV.2.2 Burden of proof

The institution filing an appeal has the burden of proving that the COA committed clear error in making its accreditation decision, that this error resulted in an unfair decision, and that the error

falls within the grounds for appeal set forth in this document. The Appeal Review Committee (ARC) members are to determine not whether they would have reached the same conclusion as the COA, but rather whether the COA followed established published procedures and reached its decision in a fair manner.

IV.3 Appeal process overview

An Appeal Review Committee (ARC), appointed by the ALA President with the approval of the ALA Executive Board, reviews appeals.

To begin the appeal process, an institution must file a notice of intent to file an appeal **within seven (7) calendar days** of receipt of the COA decision document letter. The institution must file the document on which the appeal will be based along with the filing fee **within 30 calendar days** of receipt of the COA decision document. The institution sends these documents to the ALA Executive Director (ED) with a request for signature upon receipt. Failure to do so within these time frames results in the institution's forfeiture of its right to use the ALA appeal process.

The institution's document must set forth in detail all of the grounds on which the appeal is based. Either the chief executive officer (CEO) of the institution or the executive officer of the master's program may file the appeal. Any appeal must be filed in the name of the institution and with its consent.

The COA has **30 calendar days** to respond to the institution's appeal document or notify the ARC that it will not submit a response. If COA chooses to respond to the institution, it will provide copies to the ARC via the ALA Executive Director and to the Office for Accreditation.

The ARC will meet to discuss the basis of the appeal **within 30 calendar days** of receipt of the COA's response. At that meeting, the ARC will seek clarification of arguments presented in the documentation. The institution and the COA should prepare to have representatives available for this meeting.

The ARC makes one of two recommendations: 1) uphold the COA's decision or 2) remand the decision back to the COA with comment. The ARC sends a report of its recommendation to the ALA Executive Board **within 14 calendar days** of the meeting.

The ALA Executive Board reviews the ARC's report and recommendation and makes one of two determinations: 1) uphold the COA's decision or 2) remand the decision back to the COA with comment. The ALA Executive Board members are to determine not whether they would have reached the same conclusions as the COA and/or the ARC, but whether the COA committed clear error by failing to follow established published procedures, resulting in an unfair decision, or by reaching an arbitrary or capricious conclusion.

The ALA Executive Board sends a report of its determination and the ARC's recommendation and report to the institution, the COA, ARC members, and the ALA President **within 14 calendar days** of receipt of the ARC report. If the Executive Board upholds the COA's decision, then the COA's decision is considered final.

The deadlines set forth in this document may be extended only upon a showing of extraordinary circumstances such as natural disaster or serious illness. Extensions of time must be requested in writing in advance of the pertinent deadline.

If the ALA Executive Board upholds the decision of the COA to withdraw or deny accreditation, then the date of accreditation withdrawal is the date of the institution's receipt of the Board's determination.

If the decision is remanded back to the COA, the Committee will review and act on the reports at its next regularly scheduled meeting. If COA upholds its decision following its review, then the date of accreditation withdrawal or denial is the date of the institution's receipt of the COA's final decision.

- If the COA votes to reinstate Conditional accreditation, then the date of accreditation is retroactive to the date of the decision to withdraw.
- If the COA votes to grant Initial accreditation, the decision applies retroactively for students who complete degree requirements 24 months prior to the date of the meeting where the original decision was made (section I.11.1). The decision of the COA is final and may not be appealed.

IV.4 Confidentiality and the appeal process

All information exchanged in the review process, including appeals, is strictly confidential. This includes, but is not limited to, all reports, Self-Studies, files, correspondence, discussions, and Decision Documents. During an appeal, the standards at issue are not publicly disclosed until a final decision is made.

IV.4.1 Confidentiality of appeal review

The following guidelines apply to all persons involved in the appeal process, including the ARC and Executive Board members:

- Confidential information must be used solely in conjunction with duties performed in the review of the appeal;
- Any material or other information related to the appeal process must be disposed of in a manner that protects confidentiality;
- All requests for information regarding the appeal process or the program must be forwarded to the ALA Executive Office or the respective program.

IV.4.2 Program status during appeal

The COA's accreditation decision is not made public until the deadline for the notice of intent to file an appeal has passed, or until **eight (8) calendar days** after the institution has received the COA decision document letter. In the case of an appeal of withdrawal of accreditation, if the institution files a notice of intent to appeal, the program's status is Withdrawn, Appeal Pending A program with this status is listed in the directory of accreditation programs, with the status of

"Withdrawn, appeal pending." While the appeal is in process, the program retains Conditional status with regard to student status and required program reporting.

If the COA's decision is upheld, then the date of accreditation withdrawal is the date the institution receives the ARC recommendation and report and the ALA Executive Board report and determination.

IV.5 Withdrawal of appeal

An institution may withdraw its appeal by sending written notice to the ALA Executive Director with a copy to the Office for Accreditation. If the institution withdraws its appeal, then the date of accreditation withdrawal is the date ALA receives the letter withdrawing the appeal. (See section IV.12.)

IV.6 Appeal Review Committee (ARC)

IV.6.1 Roster of potential members

The ALA President, with the advice and approval of the ALA Executive Board, appoints an ARC to review a COA decision. Committee members are selected from a roster of volunteers maintained by the Office for Accreditation. To be eligible for this roster, individuals must be familiar with the ALA accreditation process (for example, they must be currently active ERP members or former COA members), or must have experience with another accrediting agency (for example, a regional accreditor), or must have attended training sessions about the ALA accreditation and appeal process.

ARC members will receive additional training as needed when an appeal is filed.

IV.6.2 Conflicts of interest for members of the ARC

A person cannot serve on an ARC for any institution at which that person:

- Received a graduate level degree;
- Is currently, or has ever been, an employee or paid consultant;
- Is related to an employee at that institution. Such relationships are defined as relation by blood or marriage and include immediate family, immediate stepfamily or in-laws, grandparents, aunts, uncles, cousins, nieces, and nephews to the first degree (first cousins, etc.);
- Served on the COA when it made the last accreditation decision for that program;
- Served on an ERP for that program within the past ten (10) years; or
- Has any other interest that he or she believes might prevent their objectivity or might cause a reasonable person to believe that he or she is biased.

IV.6.3 Composition of the ARC

The ARC consists of five (5) members and two (2) alternates. At least two members of the ARC must be educators and two must be practitioners. A person appointed to the ARC will be told which role he or she is filling (educator or practitioner). The ARC members select their own

chair based on relevant experience such as service as an ERP Chair and willingness to serve as chair of the ARC. Each alternate reviews documentation and listens to discussions, but does not participate in the discussions unless another member cannot serve.

IV.6.4 Appointing the ARC

The process of appointing an ARC begins when ALA receives the notice of intent to file an appeal. The ALA President appoints the ARC **within approximately 45 calendar days** of the receipt of the notice of intent. The appointment process proceeds while the institution and the COA are preparing their documents.

When the ALA receives the notice of intent, the ALA Executive Office, with help from the Office for Accreditation, identifies all people on the appeal review roster who are eligible to consider the appeal—that is, those without obvious conflicts of interest—and eliminates those known not to be available at the time of the scheduled meetings. The Office for Accreditation prepares this list **within 14 calendar days** of receipt of the notice of intent.

The ALA Executive Director sends the institution and the COA the list of all eligible members with signature of receipt required. **Within 14 calendar days** of receipt of the list, each party reviews the list and may ask that individuals be removed for cause (cause must be shown) due to conflict of interest reasons listed above. Each side is allowed two peremptory challenges. The list of challenges is sent to the ALA Executive Director with a copy to the Office for Accreditation. Failure by either party to submit a list of challenges **within 14 calendar days** of receipt of the list is deemed a waiver of any grounds for disqualification.

The people on the roster who have not been removed for conflicts of interest or schedule or for peremptory challenge are eligible to review the appeal. The ALA President selects the ARC members from this final list with the advice and approval of the ALA Executive Board. The ARC must be appointed **within 14 calendar days** of the receipt of both the institution's and the COA's lists of challenges. This is **approximately 45 calendar days** after receipt of the notice of intent to file an appeal.

IV.7 Appeal process details

Any communication from the institution regarding the appeal should be directed to the ALA Executive Office or its designate. The Office for Accreditation serves as liaison to the COA and should not be contacted by the appealing institution.

IV.7.1 Representatives

The institution and the COA appoint one representative each to be the contact and spokesperson during the appeal process. Correspondence to the COA representative is sent in care of the Director of the Office for Accreditation.

IV.7.2 Correspondence and document copies

All correspondence and documents are to be addressed to the chair of the ARC in care of the ALA Executive Office. The Executive Office is responsible for distributing appeal documents. All documents must be sent in electronic format. If sent via email, the sender should request evidence of receipt. Documents that are more than 20 pages, such as the Self-Study, should also be sent in hard copy via an overnight delivery service, signature required, and are deemed received on the signature date.

The institution and the COA will provide the Executive Office with 16 copies of their documents to be used in the appeal. The documents will be distributed by the Executive Office as follows:

- Seven (7) for the ARC;
- One (1) for the ALA Executive Office;
- One (1) for the Office for Accreditation;
- One (1) for the representative of the institution;
- One (1) for the representative of the COA; and
- Five (5) copies for distribution to legal counsel and/or other representatives involved in the appeal.

The institution is responsible for providing copies of:

- The Self-Study;
- The optional school response to the ERP Report; and
- The appeal document.

The COA is responsible for providing copies of:

- The ERP Report;
- The COA Decision Document withdrawing or denying accreditation;
- The COA response to appeal; and
- In the case of withdrawal of accreditation, the Decision Document granting the program Conditional accreditation and subsequent COA correspondence with the institution pertaining to interim reports.
- In the case of denial of Initial accreditation, the Decision Document granting Candidacy and subsequent COA correspondence to the institution pertaining to interim reports.

IV.7.3 Expenses

The institution must submit a non-refundable appeal filing fee (see section I.23.1 for current fee), due with submission of the document on which the appeal is based.

Each party is responsible for all expenses that it incurs in connection with this appeal process, including expenses for its representatives and any legal fees.

ALA and the institution share any costs of transcription if the ARC meeting is transcribed.

IV.7.4 Documents to be submitted and deadlines

To begin the appeal process, an institution must file a notice of intent to file an appeal **within seven (7) calendar days** of receipt of the COA's Decision Document. This document is sent to the Executive Director of the ALA with a copy to the OA Director, with a request for signature on receipt.

The document on which the appeal is based must be received **within 30 calendar days** of receipt of the COA's Decision Document. This document is sent to the Executive Director of the ALA with a copy to the OA Director, with a request for signature on receipt. The appeal filing fee (section I.23.1) must accompany the appeal document.

Failure to file either or both of these documents or the appeal filing fee within the time specified above results in the institution's forfeiture of its right to use the ALA appeal process.

The COA has **30 calendar days** to file a response to the institution's appeal or to provide notification that no response will be filed. If the COA notifies the ALA Executive Office that it will not file a response to the appeal, then the documents before the COA at the time of the decision and the Decision Document itself stand as the COA's response.

IV.8 Meeting of the ARC

The ARC holds a meeting regarding the basis of the appeal. This meeting must be held **within 30 calendar days** of the receipt of the COA's response to the appeal.

The ARC may include and consider only the following documents:

- Evidence that was before the COA at the time of its decision:
    - The Decision Document letter granting the program either Conditional accreditation (in the case of withdrawal of accreditation) or Candidacy status (in the case of denial of Initial accreditation);
    - Subsequent correspondence between the COA and program;
    - The Self-Study;
    - The ERP Report;
    - The school's response to the ERP Report (if any).
- The COA Decision Document letter;
- The institution's appeal document; and
- The COA's response to appeal (if any).

At this meeting, the ARC may seek clarification of arguments presented in any of the documents listed above. The ARC will not consider any new facts or evidence at the hearing. A fact or piece of evidence will be considered "new" if (a) it was not presented in any of the documents listed above, even if the omission was inadvertent; or (b) it relates to circumstances arising after the time of the COA decision. In addition, the ARC will not consider any grounds for remanding or upholding the COA decision that were not raised in the appeal document or COA response.

Statements made by either the institution or the COA at the ARC meeting must relate to one or both of the following issues:

- Whether the COA failed to follow its established, published procedures in reaching its decision, and that this failure to follow procedures caused the decision to be unfair; and/or
- Whether the COA's decision was arbitrary, capricious, or not supported by significant, relevant information or evidence that the institution submitted in writing to the ERP and/or to the COA at the time of the review or before the decision, and that this oversight resulted in an unfair decision.

IV.8.1 Specifics of the ARC meeting

The ARC chair presides over the meeting. Representatives of both parties and their legal counsels may attend the meeting. The ALA provides the ARC and the COA with separate legal counsel for the meeting. The Director of the Office for Accreditation or a designate and a member of the ALA Executive Board are present at the meeting as observers.

The institution and the COA are given an equal amount of time, determined by the ARC, in which to make a brief oral presentation regarding the appeal. The ARC may question the representatives or other people (for example, the ERP Chair of the review or the OA Director). This may be done prior to, during, or following the meeting, virtually or face to face. Questions by ARC members do not count against either side's time. There is no provision for cross-examination of the representative(s) of either side.

To reduce the costs to each side, technologies such as videography, teleconferencing, and streaming video may be used to participate live in the meeting. Such technologies may also be used to present recorded statements by representatives of either side or those questioned by the ARC.

At the conclusion of the meeting, the ARC goes into executive session to review and discuss the appeal. The institution appealing the decision has the burden to prove that the COA committed clear error in the accreditation decision, that such error resulted in an unfair decision, and that such error falls within the grounds for appeal set forth in this document (section IV.2.1). The members of the ARC are not to determine whether they would have reached the same conclusion as the COA, but rather to determine whether the COA reached its decision in a fair manner and followed established procedures and policies.

The ARC issues a written report to the ALA Executive Board with a recommendation that sets forth all of the reasons and evidence it relied upon. The ARC must transmit its report to the ALA Executive Board **within 14 calendar days** of the end of the meeting.

IV.9 Recommendation of the ARC and determination of the Executive Board

The ARC makes one of two recommendations: 1) to uphold the COA decision, or 2) to remand the decision back to the COA with comment. The ARC's report must set forth all of the reasons and evidence relied upon in reaching its recommendation.

The ARC report with its recommendation must be sent to the ALA Executive Board **within 14 calendar days** after the end of the ARC's meeting.

The ALA Executive Board reviews the ARC report and makes one of two determinations: 1) to uphold the COA's decision, or 2) to remand the decision back to the COA with comment. The Executive Board members are not to determine whether they would have reached the same conclusions as the COA and/or the ARC, but rather to determine whether the COA committed clear error by failing to follow established published procedures, resulting in an unfair decision or by reaching an arbitrary or capricious conclusion.

The Executive Board sends a report of its determination and a copy of the ARC report to the institution, the COA via the Office for Accreditation, the ARC members, and the ALA President **within 14 calendar days** of the Board's receipt of the ARC report.

If the Executive Board upholds the COA decision to withdraw or deny Initial accreditation, then the COA's decision is considered final and the date of accreditation withdrawal is the date the institution receives the ALA Executive Board determination and report along with the ARC report.

If the decision is remanded back to the COA, then that committee will review and act on the reports at its next regularly scheduled meeting. There will not be another on-site review of the program. The COA's re-review and decision will be based on the Self-Study, the ERP Report, the school response to the ERP Report, the Decision Document, the appeal document, the COA response to appeal, the ARC recommendation and report, and the Executive Board determination and report. The decision of the COA at this meeting is final and may not be appealed.

IV.10 The role of the ALA Executive Board

The ALA Executive Board provides advice to the ALA President in the selection of ARC members and approves the ARC members.

The conflict of interest requirements of section IV.6.2 of this document also apply to Executive Board members reviewing ARC reports and recommendations. Any member having a conflict of interest may not participate in any aspect of the review of the appeal.

The confidentiality guidelines in section IV.4.1 apply to Executive Board members involved in the appeal process.

The Executive Board may select one of its members to observe the ARC meeting.

The Executive Board reviews the ARC report and makes one of two determinations: 1) to uphold the COA's decision or 2) to remand the decision back to the COA with comment.

The Executive Board may consider only the following documents when reviewing an ARC decision:

- The COA Decision Document letter withdrawing accreditation or denying Initial accreditation;
- The institution appeal document;
- The COA response to appeal (if any);
- The ARC recommendation and report; and
- Documents or information pertaining to the procedures followed by the ARC.

The Executive Board discharges the ARC when the appeal review process is completed.

IV.11 Appeal process timeline and deadlines

Deadlines are determined from the date of the receipt of a document. Days in the deadlines column of the timeline refer to number of calendar days. Roman numerals in the Action column refer to the section in this manual with details on that action.

Appeal Process Timeline

Action	Deadline	Example dates
Committee on Accreditation (COA) votes to withdraw accreditation or to deny Initial accreditation *I.4.3*	COA meeting	June 27 (ALA Annual Conference)
Program is notified of accreditation decision: COA sends Decision Document to program	Within 10 days of COA meeting	July 7
Institution files notice of intent to appeal, sending to ALA Executive Director (ED) *IV.3*	Within seven (7) days of receipt of Decision Document	July 19
Office for Accreditation sends ALA ED list of people eligible to serve on ARC; ED forwards list to institution and COA *IV.6.4*	Within 14 days of receipt of notice of intent	July 21
Institution files document upon which the appeal is based, sending to ALA ED. *IV.3*	Within 30 days of receipt of Decision Document	August 11
Institution and COA respond with list of challenges to ARC membership *IV.6.4*	Within 14 days of receipt of list of eligible members	August 7
Appeal Review Committee (ARC) appointed by ALA President *IV.6.4*	Within 14 days of receipt of institution's and COA's challenges to ARC membership (approx. 45 days after receipt of intent to appeal)	August 21
COA responds to appeal document (or sends notice that it will not respond) *IV.3*	Within 30 days of receipt of appeal document.	September 13
ARC holds meeting *IV.8*	Within 30 days of COA response	October 13

ARC sends report with recommendation to ALA Executive Board *IV.9*	Within 14 days of meeting	October 27
Executive Board sends report of its determination to institution, COA, ARC, ALA President *IV.9*	Within 14 days of receiving report from ARC	November 10
If decision is remanded back to COA, it will review and act at its next regularly scheduled meeting *IV.3*	Next regularly scheduled COA meeting	In this example, November or January

The deadlines set forth in this document may be extended only upon a showing of extraordinary circumstances requiring an extension of time, such as natural disaster or serious illness. Extensions of time must be requested in writing by the institution or COA in advance of the pertinent deadline.

IV.12 Accreditation status effective dates

- If the Executive Board upholds the decision of the COA to withdraw or deny accreditation, then the date of accreditation withdrawal is the date the institution receives the determination of the Executive Board and reports of the ARC and the Executive Board.
- If the institution withdraws its appeal, the date of the accreditation withdrawal is the date that the Executive Board receives the letter withdrawing the appeal.
- If the decision is remanded back to the COA and if the COA at its next meeting upholds its original decision to withdraw accreditation, the date of withdrawal is the date the institution receives COA's determination. The decision of the COA is final and may not be appealed.
- In the case of Initial accreditation, if the decision is remanded back to the COA and if the COA at its next meeting votes to grant Initial accreditation to the program, accreditation applies retroactively for students who complete degree requirements in the 24 months prior to the date of the original decision to deny Initial accreditation.