

**ALA** American  
Library  
Association

## Committee on Accreditation

**A P 3**

# Accreditation Process Policies & Procedures

Second edition



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# PREFACE

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In 1992 the Council of the American Library Association approved the *Standards for Accreditation of Master's Programs in Library and Information Studies* as developed by ALA's Committee on Accreditation (COA) in cooperation with the allied professional associations. Policies, procedures, and documents used in conducting the accreditation process were subsequently revised and published in 1995 and again in 2003.

Since then, the COA has continued to review and revise the *Standards* and the policies and procedures of the accreditation process. An updated version of the *Standards* was adopted by the ALA Council on January 15, 2008. Implementation began immediately for programs not currently in the two-year comprehensive review process. Those programs began addressing the new Standards in their biennial narrative reports.

This edition of AP3 reflects the current ALA accreditation process, and reflects corrections and changes in procedure since publication of the 2003 edition. It uses a format and pagination system intended to allow easy updating as changes in the accreditation process occur.

Questions about the accreditation process as administered by the American Library Association's Committee on Accreditation should be directed to:

Office for Accreditation  
American Library Association  
50 E. Huron Street  
Chicago, IL 60611  
(800) 545-2433, ext. 2432  
Website: <http://www.ala.org/accreditation>

### I.1 The Role of Accreditation

Accreditation is a voluntary, nongovernmental, and collegial process of self-review and peer review. In higher education, accreditation has two goals: 1) 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.

The two (2) types of postsecondary education accreditation are institutional and specialized. Institutional accreditors evaluate and accredit an institution as a whole. There are a number of institutional accrediting agencies throughout the nation. Each accrediting agency is responsible for accrediting institutions within its region. For this reason, institutional accreditation is sometimes referred to as regional accreditation.

Specialized accreditors evaluate and accredit professional and occupational education at the unit or program level. Each accrediting agency is responsible for the units or programs in its specialty. As a specialized accreditor, the American Library Association's (ALA) Committee on Accreditation (COA) accredits programs leading to the first professional degree in library and information studies, which is the master's degree.

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 accredited programs meet the standards of the profession that they seek to enter. Institutions of higher education benefit through self and peer evaluation and through the opportunity for continuous improvement. Accreditation does not, however, 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 1.3 for the principles). In the spirit of continuous improvement, the standards, procedures, and documents for ALA accreditation are periodically revised and updated as part of the effort to ensure optimal benefit to the profession and the public.

## **I.2 Accreditation Terms Used in This Document**

The following key terms are used throughout this document.

<b><i>Chair</i></b>	Refers to the Chairperson of the External Review Panel (ERP).
<b><i>Dean</i></b>	Refers to the Chief academic officer (Dean, Director, or Chair) of a school.
<b><i>Director</i></b>	Refers to the Director of the Office for Accreditation.
<b><i>Program</i></b>	Refers only to the program(s) of study leading to an accredited LIS 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. It should be noted that the ALA Committee on Accreditation accredits programs, not schools.
<b><i>School</i></b>	Refers to the administrative unit offering one (1) or more programs in library and information studies.
<b><i>Standards</i></b>	Refers to <i>Standards for Accreditation of Master's Programs in Library and Information Studies</i> , the essential features of accredited library and information studies programs approved by ALA Council.
<b><i>Visit or site visit</i></b>	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 Program Presentation. Most visits are conducted as on-site visits in which several of the ERP members 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 COA and the ERP Chair.

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

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

The Committee on Accreditation is a standing committee of the ALA. Its charge is “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 Committee on Accreditation 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 Committee on Accreditation

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 and also in its territories, possessions, and protectorates. By agreement with the Canadian Library Association (CLA), the COA also accredits LIS master's programs in institutions in Canada.

As a prerequisite to the accreditation of programs, 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.

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 public that culminates in the adoption by the ALA Council. The *Standards for Accreditation of Master's Programs in Library and Information Studies* were adopted by the ALA Council in 1992. In 2008, the ALA Council adopted a revision to the *Standards*. The COA continuously reviews the standards at its regularly scheduled meetings and periodically appoints standards review subcommittees to determine when revisions are necessary.

**I.3.2 External Recognition of the ALA COA**

CHEA officially recognizes the American Library Association as the accrediting agency for master's level programs in library and information studies. The ALA is also a member of ASPA and follows its *Code of Good Practice*.

## **I.4 The Committee on Accreditation's Structure and Organization**

The COA consists of twelve (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 is Canadian to represent those programs. Two (2) members of the COA must be appointed from the public at large to represent the public interest.

### I.4.1 Terms of Appointment

Members of the COA, with the exception of the public members, are appointed for four-year staggered terms and may not be re-appointed to the committee. 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 may not 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 in precandidacy or candidacy status.

The Chair of the COA is appointed by the 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 ALA Executive Board appoints a replacement (*ALA Bylaws*, Article VIII, Section 7b).

### I.4.2 Conflicts of Interest Policy

It is the responsibility of each COA member to disclose any personal, financial, and/or professional interest that might create a conflict with that member's ability to carry out fairly and objectively his or her responsibility as a COA member. Typical situations requiring member disclosure and COA review include: 1) 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; 2) close personal relationships with individuals at institutions with an LIS program; 3) current or recent student status at an institution with an LIS program; 4) any other interest that he or she believes might prevent their objectivity or cause a reasonable person to believe he or she is biased.

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 him- 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 nonaccreditation business. Nonaccreditation decisions require a simple majority.

Accreditation decisions require a quorum of at least eight (8) voting members of the COA and require an affirmative vote by two-thirds of members in attendance.

The COA Chair is free to vote or abstain like other members.

### I.4.3 (b) Accreditation Actions

Accreditation actions refer to any decisions to initially accredit, grant precandidacy or candidacy status to, continue accreditation of, conditionally accredit, or 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 (8) COA members.

A decision to accredit, grant candidacy status to, continue accreditation of, conditionally accredit, or withdraw accreditation from a program requires an affirmative vote by two-thirds of members in attendance. Less than a two-thirds affirmative vote for accreditation or conditional accreditation results in denial or withdrawal of accreditation. A motion to reconsider an accreditation action requires a two-thirds affirmative vote as well.

**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, nor may accreditation votes be taken by mail, fax, or telecommunications.

**I.4.3 (d) Communicating with the COA**

Correspondence with the Chair 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 first to the Chair of the COA. In order for the COA to consider an action request at its next meeting, the request should be sent care of the Office for Accreditation at least six (6) 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.

## **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

Among the responsibilities of the Office for Accreditation are:

- 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.
- Providing programs, publications, 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 available at any time on request from the Office.
- Maintaining the *Directory of Institutions Offering Accredited Master's Programs*.

### I.5.2 Directory of Accredited Programs

The *Directory of Institutions Offering ALA-Accredited Master's Programs in Library and Information Studies* is published online annually. This searchable, electronic version is updated throughout the year and is available on the Office website at <http://www.ala.org/lisdir>. A historical list of all ALA accredited programs is also available on the Office website.

**I.5.3 Schedule of Reviews**

The Office maintains a schedule of comprehensive reviews that is available on request and 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

The COA develops standards for accreditation through a consensus-building process that involves various communities of interest, including educators, students, and professionals in library and information studies. 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 *2008 Standards for Accreditation of Master's Programs in Library and Informational Studies* was adopted by the ALA Council in January 2008. Previous standards were adopted in 1925, 1933, 1951, 1972, and 1992.

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.

However, the standards use qualitative rather than quantitative measures throughout. And the standards are indicative, not prescriptive. The intent of the standards is to foster excellence through the development of criteria for evaluating educational effectiveness.

Throughout the standards, the requirements for evaluation include outcomes assessments, 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.

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 on the Office website. The *Outcomes Assessment for Library and Information Studies Resource Manual* is available on request from the Office for Accreditation.

## **I.7 Accreditation Status**

### I.7.1 Categories of Accreditation

The categories of accreditation are:

<b><i>Precandidate for Accreditation</i></b>	Precandidacy indicates the institution 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 in precandidacy status do not appear in the list of accredited programs.
<b><i>Candidate for Accreditation</i></b>	Candidacy status indicates that the program is ready to begin the two-year process that culminates in the Program Presentation, comprehensive review of the program, and the COA's accreditation decision. Programs in candidacy status do not appear in the COA's list of accredited programs.
<b><i>Initial Accreditation</i></b>	This category indicates that a program has been accredited by the COA for the first time. This may be a new program, an existing program at a school with another accredited master's program, and/or an established unaccredited program.
<b><i>Continued Accreditation</i></b>	A program that has continuously demonstrated evidence of conformity with the standards is referred to as accredited.
<b><i>Conditional Accreditation</i></b>	This category is assigned to a program that must make changes to comply with the standards to enable accreditation beyond the date specified by the COA. Conditional accreditation is applied only to programs seeking continued accreditation.
<b><i>Withdrawn Accreditation</i></b>	This category is assigned to a program that, effective on the date specified, is no longer accredited by the ALA's Committee on Accreditation.

**I.7.2 Precandidacy and Candidacy Procedures**

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.

**I.7.3 Precandidacy Status**

Precandidacy indicates the institution 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.

**I.7.3 (a) Eligibility Requirements**

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.7.3 (b) Application Requirements

An application for precandidacy status must be submitted to the Chair of the COA in care of the Office for Accreditation. 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.
- A letter from the Dean of the program and/or school in which the program is located requesting precandidacy status for the program.
- A report of the program's status. This report must address how the program will comply with the *Standards for Accreditation of Master's Programs in Library and Information Studies*. The report must also include, but is not limited to: 1) descriptions of the program's mission, goals, and objectives; curriculum; faculty or faculty recruitment plans; and physical resources and facilities; 2) 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 Dean, plans for selection and hiring to fill this position must be included.
- A waiver signed by both the CEO of the institution and Dean of the school stating 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.

**I.7.3 (c) Review by the COA**

The COA will review the precandidacy application at the next regularly scheduled meeting. The Committee will take 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 nonaccredited programs), or 3) deny precandidacy status. The decision to deny precandidacy status to a program is not appealable.

### I.7.3 (d) Length of Precandidacy Status

A program may remain in precandidacy up to three (3) years. At the end of three (3) years, the COA may grant one (1) extension of up to three (3) years. After six (6) years in precandidacy status without progress to candidacy, the program will no longer be considered a precandidate and must wait two (2) 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 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.

Program and school literature must indicate that the program is in precandidacy status and must include this statement:

*[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.7.3 (e) Reporting to the COA

Each year the precandidate program is required to submit a detailed progress report to the COA. 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. The program is also required to submit the annual statistical information collected from all ALA-accredited programs. These reports are due in the Office for Accreditation on December 1 each year.

The COA reviews these reports and sends a response to the Dean and CEO 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. Precandidate programs moving into candidacy status are required to submit a status report in the application for candidacy status (see Section I.7.4 b).

**I.7.3 (f) Fees**

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

### **I.7.4 Candidacy Status**

Candidacy status indicates that the program is ready to begin the two-year process that culminates in the Program Presentation, comprehensive review of the program, and accreditation decision by the COA. When a program is granted candidacy status, it then follows the processes for undergoing a comprehensive review.

**I.7.4 (a) 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 (2) years before the anticipated comprehensive review. A permanent full-time Dean must be in place before a program can be granted candidacy status. All candidate programs must have an on-site comprehensive review.

**I.7.4 (b) Application Requirements**

An application for candidacy status 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 of the institution requesting candidacy status for the program.
- A letter from the Dean of the program and/or school in which the program is located requesting candidacy status for the program.
- A report of the program's status. This report must provide a status report for each part of the standards: mission, goals, and objectives; curriculum; faculty; students; administrative and financial support; physical resources and facilities; and for its projected budget for the program during the candidacy period.
- Detailed plans for developing the Program Presentation and preparing for the comprehensive review. These plans must include clearly stated objectives, a calendar for developing the Program Presentation and preparing for the review, and plans for evaluating the performance outcomes of the program.
- A waiver signed by both the CEO of the institution and Dean of the school stating 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.

**I.7.4 (c) 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. Decisions to keep a program in precandidacy status or to deny candidacy status to a program are not appealable decisions.

### I.7.4 (d) Length of Candidacy Status

A program may remain in candidacy status for two (2) years. A one-year extension is possible pending the approval of the COA.

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 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 all literature and mailings 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.

Program and school literature must indicate that the program is in candidacy status and must include this statement:

*[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.7.4 (e) 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 these obstacles. The program is also required to submit the annual statistical information collected from all ALA-accredited programs. These reports are due in the Office for Accreditation by December 1 each year.

The COA will review these reports and will send a response to the Dean and CEO 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 (3) years of candidacy.

**I.7.4 (f) Fees**

Programs that are moving from precandidacy to candidacy are required to pay an application fee (See Appendix B for the current fee schedule). Candidate programs are also required to pay the same annual fee paid by accredited programs. If the Director or other Office staff member is invited to visit the institution, the institution will be billed for travel related expenses.

### **I.7.5 Candidacy Status and Initial Accreditation of Additional Programs**

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. All candidate programs must have an on-site comprehensive review.

### I.7.5 (a) 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.
- A letter from the Dean (Dean) of the school in which the program is located, and if applicable the director or chair of the program, requesting candidacy status for the additional program.
- A waiver signed by both the CEO of the institution, Dean of the school, and if applicable, program director or chair stating 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.

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 addresses each part of the standards (mission, goals, and objectives; curriculum; faculty; administrative and financial support; and physical resources and facilities) and projected budget for the candidacy period.

**I.7.5 (b) 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. Decisions to deny candidacy status to a program are not appealable decisions.

**I.7.5 (c) Length of Candidacy Status**

A program may remain in candidacy status for two (2) years. A one-year extension is possible pending the approval of the COA.

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

Candidate programs are not listed in the directory of ALA-accredited programs.

Program and school literature must indicate that an additional program is in candidacy status and must include this statement:

*The [name of 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.7.5 (d) Reporting to the COA

Each year the candidate program is required to submit the annual statistical information collected from all ALA-accredited programs. This report is due in the Office for Accreditation by December 1 each year.

For off-cycle reviews of additional programs, the program must also submit a detailed annual 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 these obstacles.

The Committee will review these reports and send a response to the Dean and CEO 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 to the program.

**I.7.5 (e) 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 Appendix B for the current fee schedule). If the Director or other Office staff member is invited to visit the institution, the institution will be billed for travel related expenses.

**I.7.6 Initial Accreditation**

**I.7.6 (a) Initial Accreditation of Candidate Programs**

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 step 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 or progress review following its usual procedures. Initially accredited programs 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 leave a program in candidacy status is not appealable. If a program is returned to candidacy, the COA will provide a detailed Decision Document that states the areas of its concerns.

**I.7.6 (b) Retroactive Period of Initial Accreditation**

Initial accreditation, when granted, applies retroactively to the academic year preceding the academic year in which the on-site comprehensive review occurred. For example, if a program underwent a comprehensive review and was granted initial accreditation during the 2005–2006 academic year, the students that graduated from the program during the 2004–2005 academic year are considered to have graduated from an ALA-accredited program.

### **I.7.7 Continued Accreditation**

Accreditation, or continued accreditation, status is granted to programs that demonstrate conformity to the standards. 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 (7) years after the last comprehensive review.

### I.7.8 Conditional Accreditation

Conditional accreditation status indicates a need for significant and immediate action for improvement to maintain conformity with the requirements of the standards. This status is listed in both the print and electronic directories of accredited programs. The COA must place a program on conditional accreditation before it can withdraw accreditation from the program. 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 failed to conform, schedules either a comprehensive review or a progress review. Either review will occur three (3) years after the program is placed on conditional status. Then, the COA requests a meeting with the Dean and institutional representatives to discuss the program's plans to remove the conditional status.

A conditionally accredited program must submit annual progress reports to the COA. 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.7.9 Progress Review

In some instances, the COA schedules a progress review instead of a comprehensive review upon conferring conditional accreditation. A progress review will only be scheduled when, following conditional accreditation, COA decides that a comprehensive review is not necessary to gather enough evidence to make the next accreditation decision.

A progress review visit is scheduled for three (3) years following the most recent comprehensive review. The process includes development of a new Program Presentation document, and culminates in an accreditation decision by the COA. Sections II and III of this document contain details regarding the Program Presentation and work of the team. However, a progress review is more focused than the comprehensive review and is intended to gather evidence about specific aspects of the program.

At least one (1) year before the scheduled progress review, the Office for Accreditation notifies the program of the upcoming review. A three-member progress review team (including the chair) is appointed at that time. The progress review team is appointed in the same manner as an External Review Panel (see Section III.2).

The new Program Presentation document should focus on the areas of concern identified by the COA, but must also address all parts of the standards. Previous documentation and annual reports should be used to create a new Program Presentation document. The Director and progress review team chair review a draft of this document by four (4) months before the scheduled review. The final Program Presentation is due six (6) weeks before the on-site visit.

The Office for Accreditation provides the progress review team 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 team chair four (4) months before the review and to other team members six (6) weeks before the visit.

The site visit will be at least one (1), but no more than two (2), business days. Review team members meet with institutional representatives, students, alumni, and others as necessary.

The progress review team submits a draft report for corrections of facts to the program and the Office three (3) weeks after the visit. The program submits corrections of fact one (1) week later (four (4) weeks after the visit). The team chair will make factual corrections and submit the final team report one (1) week after receipt of factual corrections (five (5) weeks after the visit).

The program can submit an optional response to the team report. The optional response is due one (1) week after receipt of the final team report, or six (6) weeks after the visit.

I.7.9 Progress Review, continued

The Dean and team chair will meet with the Committee at the regularly scheduled COA meeting held in conjunction with the ALA Midwinter Meeting or Annual Conference.

COA takes one of the following accreditation actions: 1) schedules a comprehensive review in seven (7) years, 2) releases the program from conditional status and schedules a comprehensive review in seven (7) years, 3) withdraws accreditation from the program.

### I.7.10 Withdrawal of Accreditation

The COA must place a program on conditional accreditation before accreditation can be withdrawn from a program. A decision to withdraw accreditation may be made only following a comprehensive or progress review.

Accreditation may be withdrawn for serious lack of conformity to the standards, for failure to participate in the process, and/or for failure to meet financial obligations related to the accreditation process.

A decision to withdraw accreditation for serious lack of conformity to 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.

**I.7.10 (a) 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 intent to withdraw from the accreditation processes appears in the next print edition of the directory and as soon as possible on the electronic version.

**I.7.10 (b) 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 twenty-four (24) months after the date of the COA meeting at which the withdrawal action was taken.

### I.7.10 (c) Student Status Following Withdrawal

When COA withdraws accreditation from a program, any student who is enrolled in the program before the withdrawal of accreditation and who completes the degree program requirements within twenty-four (24) months after the withdrawal date is considered as having 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 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.8 Accreditation Decisions

Accreditation decisions are made at the ALA Committee on Accreditation's regularly scheduled meetings held in conjunction with the ALA Midwinter Meeting and the ALA Annual Conference. The decision about a particular program is made at the meeting immediately following the conclusion of the comprehensive visit of the program. Accreditation decisions are based on the Program Presentation, the report of the ERP, optional program response to the ERP report, a meeting with the Dean and the Chair of the ERP, 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. Following this meeting, the COA's decision is formalized into a Decision Document. The Office sends the Decision Document to the Dean of the school and to the CEO of the institution via an overnight mail service, with a signature on receipt required. The Office sends the Decision Document no later than ten (10) 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 bearing on conformity to 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 conformity.

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 (7) years after the last comprehensive review.

In the event of an accreditation action of either conditional accreditation or withdrawal of accreditation, the COA will identify the sections of the standards with which the program failed to conform. A copy of the "Guidelines for Appeal" is included with the Decision Document when accreditation is withdrawn.

## **I.9 Notice of Concern**

The Notice of Concern is a method of formal communication with and notification to representatives of the program and 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 Committee about the areas of concern. It also serves notice that the program may be placed on conditional accreditation.

The Committee may issue a Notice of Concern to a program along with the 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 Committee provides the program an opportunity to address these concerns through special reports. If the COA determines that subsequent reports do not provide evidence of sufficient progress, it will take steps to issue the Notice as described in Section I.9.1

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.9.1 Procedures

To issue a Notice of Concern, the COA first 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 Committee may incorporate this information into its Decision Document. A copy of this letter is also sent to the person to whom the Dean reports and CAO of the institution.

If, upon review of subsequent reports, the COA determines the reports do not provide evidence that issues are being addressed or sufficient progress is being made, the Committee sends a letter to the representatives listed above that reiterates the COA's concerns and states that a Notice of Concern may be issued. This letter will include a request to meet with the Dean and institutional representatives to discuss the situation.

Following its meeting with the Dean and institutional representative, the COA will deliberate, take action, and prepare a letter that includes discussion points from the meeting and any actions that were taken. The COA's actions may include: requesting additional reports, issuing a formal Notice of Concern to the program and institution, or preparing a statement indicating that concerns were resolved at the meeting.

The formal Notice of Concern specifies areas of concern that could lead to noncompliance with the standards, a list of required reports, a statement that the program may become conditionally accredited, and a list of possible actions by COA. The Notice does not change the accreditation status of the program and is considered confidential correspondence between the program, institution, and the COA.

### I.9.2 COA Actions Following a Notice of Concern

After receiving a Notice, the program must submit special reports by the dates established by the COA. The Committee will review the report at its next regularly scheduled meeting. Following its review of a report, the COA may take one of three actions: 1) withdraw 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 Dean and institutional representatives explaining its actions.

## **I.10 Appeal Process**

The only COA decisions that may be appealed are withdrawal of accreditation or denial of initial accreditation. In order to safeguard the rights of institutions that seek ALA accreditation, an appeal process is available if the COA denies or withdraws accreditation. Accreditation may be withdrawn for several reasons, including serious lack of conformity to 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 of this document describes the appeal process in detail.

## I.11 Reports and Reviews

As indicated, accreditation is a process that results in a continuing accreditation status. As part of their commitment to the accreditation process and to allow the COA to monitor accredited programs, programs are required to submit the following documents. The COA uses these documents in its efforts to monitor and evaluate programs' conformity with the standards:

***Statistical Reports*** Statistical information is gathered annually in cooperation with the Association for Library and Information Science Education (ALISE).

***Biennial Narrative Reports*** Biennial narrative reports enable the Dean to inform the COA and the Office of major developments related to the school or its program and to respond to previously asked COA questions. 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.

***Special Report*** A special report addresses specific issues needing clarification or identifies areas for improvement as called for in the Decision Document. It may involve a presentation by representatives of the program and the institution to the COA. The COA may also request a special report following its review of the interim narrative and/or statistical report.

***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 (2) years. Major components of a comprehensive review include the development of a Program Presentation, a review by an ERP, and the COA's consideration of the program's accreditation status.

### **I.11.1 Statistical Reports**

Annual statistical reports are due in the Office of Accreditation by December 1. 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. The Office for Accreditation and the COA cooperate with ALISE in collecting these statistical data.

The COA reviews statistical reports annually at its regularly scheduled spring meeting, usually in mid-April. Normally, the COA only acknowledges receipt of a program's statistical report. If a report is incomplete or contains information on trends that warrant explanation, the COA may request further information or an explanation, or may require a special report.

### **I.11.2 Biennial Narrative Reports**

The Office notifies the Dean in advance when a biennial narrative report is due. These reports enable the Dean to inform the COA and the Office about major developments related to the school's program(s) and to respond to COA's questions. These reports also demonstrate the ongoing nature of the school's planning, evaluation, and assessment processes as well as their effectiveness. Reports are due in the Office for Accreditation by December 1.

At its regularly scheduled spring meeting, the COA reviews the biennial narrative reports and responds to each program based on the information it contains. The COA sends its response to the Dean of the program. If the Dean 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 COA then conveys its response to the school's Dean and, following acceptance by the Dean, submits a copy to the institution's president. The Dean may also request a meeting with the COA. This request must be made no later than one (1) month before a regularly scheduled COA meeting.

**I.11.3 Special Reports**

Special Reports should be submitted in accord with the time frames indicated in the Decision Document or other correspondence from the COA. The Dean should work with the Director in addressing any questions with regard to the information to be included in the special report.

### I.11.4 Comprehensive Reviews

The comprehensive review provides the basis for a COA decision to grant initial or continued accreditation. Major steps in the process include the following:

- Development of a Plan for Program Presentation.
- Development of a Program Presentation.
- 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 of Accreditation serves as the program's primary contact on the COA's concerns and requirements. The Dean should keep the Director informed about the progress of the Program Presentation. The Director will respond to questions from the Dean, will make suggestions as appropriate, and may consult with the Chair of the ERP. Additional details regarding specific steps involved in the comprehensive review process can be found in Section II on the Program Presentation, in Section III on the External Review Panel, and in Appendix A: Time-Line for the Comprehensive Review Process.

### I.12 Confidentiality

Information shared for the purpose of accreditation is held in strict confidence. This includes, but is not limited to, all narrative and statistical reports, Program Presentations, files, correspondence, discussions, deliberations, votes, and Decision Documents. Each COA member will sign a confidentiality agreement at the beginning of his or her term. 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 the disclosure of information and distribution of documents related to the accreditation process:

- **Program Presentation**  
Schools are encouraged to distribute the Program Presentation widely. The Office will make the Program Presentation available for educational purposes with permission of the schools.
- **External Review Panel Report**  
The COA and the Office 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. No modification to it may be made by anyone except the COA. The COA encourages the school to make public the accreditation decision and the reasons behind the decision.
- **Correspondence** between the COA, the Office, and programs is considered confidential.

## **I.13 Complaints**

### **I.13.1 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 (1) 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.
- The identity of the complainant.

Complaints against accredited programs should be sent to the Director of the Office for Accreditation. The 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 thirty (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 nonconformity with the standards. If the COA determines that the potential for nonconformity 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 Director reports on the status of all complaints that have been received or that remain unresolved.

**I.13.2 Complaints against the COA**

The COA and the Office for Accreditation have an obligation to respond to any complaints 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 and signed and submitted to the Office for Accreditation. The 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.14 Institutional or Programmatic Changes**

Schools with an ALA-accredited program that are considering organizational and/or programmatic changes that might have a significant impact on the ALA-accredited program are expected to communicate these plans to the COA before implementation. This communication may be via the biennial narrative report or a separate correspondence. The proposed changes should provide assurances for continued conformity to 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.

### I.15 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 Appendix B for the current fee schedule).

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

***Precandidacy Fees*** Programs filing for precandidacy status must submit an application fee. Precandidate programs must pay an annual fee while in precandidacy.

***Candidacy Fees*** When applying for accreditation a Program must pay an application fee. An annual fee is assessed each year that the program is in candidacy.

***Accreditation Fee*** Accredited programs pay an annual accreditation fee.

***Comprehensive Review*** Programs pay an accreditation fee for each comprehensive review.

In addition, the school is responsible for all travel, lodging, and meal expenses 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. The Office reimburses panel members for out of pocket expenses. It should be noted that panel members receive no honorarium or other consideration for their time and service.

***Late Fees*** A late fee is 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.15.1 Other Expenses**

If the 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 Director or other staff member chooses to accompany an ERP to the school as an observer, the Office pays the expenses of this visit.

### I.16 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 Program Presentation, preparation of the Program Presentation document, review by an ERP, and an accreditation decision by the COA. Details regarding the development of a Program Presentation and work of the ERP are found in the appropriate sections. A detailed timetable is provided Appendix A.

The COA schedules the next comprehensive review as part of its accreditation decision. For continued accreditation, the next comprehensive review is normally scheduled seven (7) years after the last comprehensive review.

The Director of the Office for Accreditation serves as the primary contact for the program on accreditation concerns and requirements throughout the comprehensive review period. Approximately two (2) years before the comprehensive review begins, the Office notifies the Dean of the scheduled review. Following this notification, the institution and school invite the COA to review the program. At this time, the Dean advises the Director of possible specific dates for the visit and of any special areas of emphases for the comprehensive review and Program Presentation. Requests for special background characteristics and/or expertise among the panel members may be made at this time.

The COA, through the services of the Director, proposes a Chair of the External Review Panel approximately eighteen (18) months before the visit. The proposed Chair is evaluated by the Dean and faculty and may be rejected for cause (see Conflict of Interest policy, Section I.16.1). An alternate Chair is then proposed. When a Chair has been approved and has agreed to serve, the Director establishes dates of the site visit and related deadlines. These dates are considered firm.

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

### I.16 The Comprehensive Review Process, continued

As part of the comprehensive visit, the Dean submits the following documents:

- A plan for Program Presentation due one (1) year before the scheduled review.
- A draft Program Presentation due four (4) months before the review.
- A final Program Presentation due six (6) weeks before the review.

Details on developing these documents are found in the “Guidelines for the Program Presentation” in Section II.

The Chair and the Director review both the Plan for the Program Presentation and the draft Program Presentation. The Director should be included in conversations and copied on correspondence between the Chair and the Dean on matters pertaining to the Program Presentation and site visit.

The composition of the panel reflects the emphasis in the program’s Plan for the Program Presentation and any requests for areas of special expertise. The appointment of the rest of the ERP occurs approximately a year before the visit and follows a process similar to the appointment of the Chair. The Dean and faculty have the right to review the proposed panelists for conflicts of interest. The COA is the final authority on the size and composition of the panel.

The COA invites a member of the Canadian Library Association to accompany the panel for reviews of Canadian programs. His or her role is to observe how the panel operates, not to influence its evaluation of the program (See "Composition of the External Review Panel," Section III.2).

A comprehensive review includes a visit and report by an ERP. Panel visits occur over two (2) business days; the panel often arrives early to review on-site documentation and to tour facilities.

The ERP submits a draft ERP report due three (3) weeks after the visit and a final ERP report is due five (5) weeks after the visit. The ERP Chair is responsible for overseeing the development of the panel’s report and editing it for consistency. The Dean 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 the “Guidelines for the External Review Panel” in Section III.

**I.16.1 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 and members are asked to provide information regarding potential conflicts of interest. Information regarding such conflicts is also sought from the Dean and faculty of the program under review.

**I.16.2 Change in Review Dates**

COA will consider requests to change a comprehensive review date: 1) in order to coordinate the ALA review with an institutional, regional, or other specialized review; or, 2) in extreme circumstances. Written requests for changes must be sent to the COA at least two (2) 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. Deferrals 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. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.1 Purpose of the Program Presentation Guidelines

Accreditation by the ALA's Committee on Accreditation (COA) emphasizes the process of continuous self-evaluation and assessment within the context of the standards; it also includes the preparation of a Program Presentation that summarizes the outcomes of this process. The self-evaluation and assessment process and the Program Presentation 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 Program Presentation. The guidelines are based on *Standards for Accreditation of Master's Programs in Library and Information Studies* and on the accreditation procedures adopted by the COA since 1995.

As stated in Section I, the *Standards* identifies 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, however, be noted 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. The standards also requires the use of the results of self-evaluations for broad-based, continuous program planning, development, and improvement. Demonstration and documentation of this on-going process of assessment, planning, and continuous improvement must be evident in all Program Presentations.

The Program Presentation includes information derived from on-going 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. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.2 Outcomes Assessment

The standards and the current accreditation process emphasize ongoing planning, self-evaluation, and the use of 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 website at <http://www.ala.org/accreditation>.

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 Dean 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, External Review Panel (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 in achieving 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. GUIDELINES FOR THE PROGRAM PRESENTATION**

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### **II.2.1 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, 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 basic 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?

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.3 Plan for the Program Presentation

The comprehensive review process begins with a notice from the Office for Accreditation advising the school of the scheduled comprehensive program review. This notification occurs approximately two (2) years before the program's comprehensive review by the COA. During the next few months, the Dean of the program works with the Director to select specific dates for the ERP's planned on-site visit and also to select a Chair for the ERP. Following appointment of the Chair, the program begins developing a plan for its Program Presentation.

At least one (1) year before the review, a Plan for the Program Presentation must be submitted to the Director and the ERP Chair. The main purpose of the Plan is to ensure that the preparation for program review is done in a timely and effective manner. In writing the plan, the school decides on the general tone, theme, or special areas of focus of the Program Presentation. The plan works best when the school takes a future-oriented approach, often building on strategic planning documents, vision statements, biennial narrative reports to the COA, or other such items that the school already has or is planning for the near future.

The Plan for the Program Presentation 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 time-line that allows the school to submit a complete draft Program Presentation four (4) months before the review date and a final Program Presentation at least six (6) weeks before the review date.
- Indicate the documents that will be used as evidence in the Program Presentation and how these documents will be presented—as appendices, on-site only, or in electronic format.

## **II. GUIDELINES FOR THE PROGRAM PRESENTATION**

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### II.3 Plan for the Program Presentation, continued

The Plan should indicate whether other external reviews, such as university, state, or regional accreditation reviews, 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 data-collection efforts that are necessary for the review; for example, will the school conduct focus groups, structured interviews, mail or telephone surveys with its constituent groups and/or students and alumni? It should also describe who will create the Program Presentation and how it will be done. Representatives of all constituencies should be involved in developing the Program Presentation. The plan can also be used to begin to determine the degree to which the program conforms to the standards.

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.4 Development of the Program Presentation

It is expected that faculty, staff, students, and alumni, as well as other interested parties, will participate in the development of the Program Presentation. A special committee convened for this purpose usually plans and oversees the entire process of developing a Program Presentation.

To determine the format and content of the Program Presentation, the mission, goals, and objectives of the institution, the school, and the program should be examined; assessment and evaluation of specific objectives, benchmarks, and/or targets that measure outcomes should be conducted; and indications of the continuous planning and evaluation processes should be demonstrated. 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 Program Presentation. The document should demonstrate how the comprehensive review process fits within the school and program's ongoing planning and outcomes assessment processes.

When preparing the Program Presentation, refer to previous narrative reports submitted to the COA, and to all COA correspondence, including responses to previous narrative reports and requests for special reports, since the last comprehensive review. 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 Program Presentation. Faculty will not need to devote as much time to writing the Program Presentation because documentation and evidence will have been developed and gathered through the biennial narrative reports.

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.5 The Program Presentation

To enable the COA to make equitable accreditation decisions for all programs it evaluates, each Program Presentation must address the elements identified below. Each program is free to determine for itself the most appropriate format for its Program Presentation, subject to the inclusion of the required elements.

The COA expects that the Program Presentation will be helpful to the school and program. Parts of the document can be shared with external constituencies to promote understanding of the school and program. The Program Presentation helps the program's own faculty, students, and administrative officers understand the processes, successes, and challenges it needs to address in its future development. For this reason, organizing the document standard by standard, although often effective, is not required. The document may also contain sections that focus on specific aspects of the program, such as distance education and curriculum revisions.

The Program Presentation has three (3) goals:

- To document how the program(s) meets 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 the use of an analytic, rather than a descriptive, approach in writing the document. The COA also encourages the use of samples, summaries, and tabular data. A judicious selection of materials, examples, and focused summaries can help the Program Presentation become a succinct and coherent statement about the program(s) presented for accreditation. Such a document enables the COA and its ERP to reach appropriate recommendations and decisions.

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.6 Format of the Program Presentation

#### II.6.1 Required Information

The following basic information is required in all Program Presentations:

- Declaration form signed by the CAO of the institution and the CAO of the master's program in library and information studies.
- 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 *Standards* as the “school of library and information studies.” (*Standards*, p. 2)
- 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 chief academic officer (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 names and a brief description of the program(s) being presented for accreditation by the COA.
- A concise explanation and supporting evidence of conformity to each of the standards.

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.6.2 Addressing the Standards for Accreditation

The *Standards* was adopted to 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*, p.4) Thus, all Program Presentations must address the common characteristics of LIS programs as described in the *Standards* in light of the institution’s, school’s, and program’s own mission, goals, and objectives.

The COA requires that each Program Presentation address compliance with each of the six (6) standards of the *Standards*. The COA does not, however, require that all Program Presentations be alike. The document must be complete and must 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 Program Presentation against the standards. The document should include self-analysis of the program, areas of strength, challenge, and changes, as well as descriptions of the program.

The Program Presentation must demonstrate the ongoing planning, evaluation, and assessment used by the school and program to ensure continued conformity to 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. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.6.3 Presenting Evidence

The Program Presentation must contain analysis and evidence that demonstrates compliance with the standards. This evidence may include, but is not limited to, school and program goals and objectives, educational objectives, illustrative syllabi, faculty vitae, results of surveys or focus group interviews, and/or summaries and analysis. If information relating to a particular element is contained in more than one (1) section of the Program Presentation, include page numbers and/or other references to the pertinent material(s).

Not all evidence need be present in the Program Presentation. 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, vitae, institutional policies, faculty handbooks, and admissions criteria, may be made available in electronic format on the Internet. In all cases, it should be clearly stated what information is presented in the text of the document, in appendices, on-site, or in electronic format.

The school should give careful consideration to the kinds of evidence to be included in the Program Presentation. Most or all Program Presentations include forms of evidence such as completion and employment rates; it is also likely that each school will have forms of evidence unique to its own mission, program, and institution. Some examples of forms of evidence that may be considered for inclusion are in Section II.6.5. These examples are neither required nor do they represent an exhaustive list of possible examples; rather, they are offered for the purpose of stimulating thought regarding the evidence a school will choose to support its demonstration of adherence to the standards.

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.6.4 Synthesis and Overview

The final section of the Program Presentation synthesizes the principal character, strengths, limitations, and challenges of the school and program. This summary must concisely reiterate the evidence for conformance to the *Standards*. It may also go beyond the requirements of the standards and describe unique features, and the culture and context of the program, school, or institution in order to improve understanding of the program.

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.6.5 Evidence for Meeting the Standards for Accreditation, Table II.1

#### **I. Mission, Goals, and Objectives**

- Published statements of program goals and clientele served, mission and/or vision statements, and strategic planning documents
- Published statements of institutional goals, objectives, mission and/or vision statements, and strategic planning
- Materials relating to implementation of the strategic planning process
- Statements of the knowledge, competencies, and professional ethics imparted to students and the means by which the program measures and revises these outcomes
- Statements that explain the relationship of the school's and program's goals to those of the institution
- Materials relating to multicultural, multiethnic, and multilingual aspects of the school and program

#### **II. Curriculum**

- Course descriptions
- Sample course outlines
- List of core and elective courses for the area(s) of study or specialization
- Brief descriptions of experiential opportunities
- Brief descriptions of the curriculum development/review processes
- Descriptions of how the curriculum addresses technology, diversity, and ethics
- Summaries and examples of student portfolios or results of capstone experiences
- 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 educational competency statements when developing and reviewing the curriculum

#### **III. Faculty**

- List of all faculty: full time, part time, shared, and adjunct
- The school's policy on recruitment and retention of multicultural, multiethnic, and multilingual faculty
- Data reflecting the implementation of the school's policy on recruitment
- Faculty handbook and governance policies and procedures
- Materials relating to faculty recruitment activities
- Materials relating to faculty development activities
- Description of faculty research and other scholarly activities
- Materials relating to faculty evaluation and how the program uses the results of evaluations

### **II.6.5**

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.6.5 Evidence for Meeting the Standards for Accreditation, continued

#### **IV. Students**

- Materials used in student recruitment
- Standards for admission and policies and procedures for waiving any admission standard or prerequisite
- Description of support for distance learning students
- Description of student advising procedures
- Progression and graduation data
- Descriptions of student organizations and activities

#### **V. Administration and Financial Support**

- Materials and data on budgets
- Organization charts
- Minutes of meetings
- Information on availability of research grants, travel funds, and student aid
- Demographics of staff
- Salary information
- Description of relationship of school and program within the institution
- Descriptions of institution wide opportunities for faculty, staff, and student participation

#### **VI. Physical Resources and Facilities**

- Description of ADA compliance and building or floor plans
- Information on library collections supporting the school and program
- Description of classroom technologies
- Descriptions of computer labs and equipment
- Descriptions of faculty and staff computing equipment
- Information on support for and access to materials for distance learning students
- Description of institutional facilities available to faculty, students, and staff

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.7 Time-Line for Development of the Program Presentation

Table II.2 (See Appendix A for comprehensive review schedule timeline.)

<b>24 months before the scheduled visit</b>	<ul style="list-style-type: none"><li>▪ The program invites COA to review the program.</li><li>▪ Areas of emphasis for comprehensive review and three (3) sets of dates for the review are submitted to the Director.</li></ul>
<b>18 months before the scheduled visit</b>	<ul style="list-style-type: none"><li>▪ ERP Chair is appointed.</li></ul>
<b>12 months before the scheduled visit</b>	<ul style="list-style-type: none"><li>▪ Program sends a Plan for Program Presentation to the Director and Chair.</li><li>▪ Conference call between Dean, Director, and Chair to discuss Plan.</li></ul>
<b>4 months before the scheduled visit</b>	<ul style="list-style-type: none"><li>▪ Program sends a Draft of the Program Presentation to the Director and Chair.</li><li>▪ The Chair and Director provide consultation regarding the draft to ensure that the Program Presentation addresses the standards and contains sufficient information and evidence to conduct an effective review.</li></ul>
<b>6 weeks before the scheduled visit</b>	<ul style="list-style-type: none"><li>▪ The Chair and the Dean begin drafting an agenda for the visit. The Chair notified the Dean of documents needed for the on-site review.</li><li>▪ Final Program Presentation is sent to the Director and to each ERP member.</li><li>▪ The Chair and the Dean finalize the agenda for the on-site visit.</li></ul>
<b>Site Visit</b>	

**II.7**

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.7 Time-Line for Development of the Program Presentation, continued

<b>3 weeks after the visit</b>	<ul style="list-style-type: none"><li>▪ The Chair sends a draft of the panel's report to the Dean, the panel members, and the Director. Each recipient is invited to offer corrections of fact to the report.</li></ul>
<b>4 weeks after the visit</b>	<ul style="list-style-type: none"><li>▪ Factual corrections, if any, to the ERP Report are provided to the ERP Chair and the Director.</li></ul>
<b>5 weeks after the visit</b>	<ul style="list-style-type: none"><li>▪ The Chair sends the final ERP Report to the Dean, the Director, and all ERP members.</li></ul>
<b>6 weeks after the visit</b>	<ul style="list-style-type: none"><li>▪ Optional response from the program is due in the Office for Accreditation. The Dean should send copies of the response to each ERP member.</li></ul>
<b>At the next regularly scheduled COA meeting</b>	<ul style="list-style-type: none"><li>▪ The Chair and the Dean and/or other representatives of the school are invited to meet with the COA.</li><li>▪ The COA considers all the information and makes the accreditation decision.</li></ul>
<b>10 days after the COA decision</b>	<ul style="list-style-type: none"><li>▪ The Office sends the COA Decision Document to the Dean and the CEO of the institution.</li></ul>

## II. GUIDELINES FOR THE PROGRAM PRESENTATION

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### II.8 The Site Visit Schedule

A site visit occurs over two (2) business days, most often Monday and Tuesday. Typically, ERP panelists will arrive on Saturday to take advantage of reduced airfares and to review records and facilities on Sunday.

Site visits must occur at least ten (10) weeks before COA's meeting at the ALA Midwinter Meeting or Annual Conference to allow the Committee time to review panel reports and optional school responses before the meeting. This deadline is generally mid-November for fall visits and mid-April for spring visits.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### **III.1 The Role of Accreditation**

Accreditation is a voluntary, nongovernmental, and collegial process of self-review and peer review. In higher education, accreditation has two goals: 1) 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 complete description of American Library Association (ALA) accreditation, refer to the “Overview” (Section I) of this manual.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### **III.2 Composition of the External Review Panel**

An External Review Panel (ERP) typically consists of six (6) members. Beginning with spring 2009 review visits, all six (6) ERP members will visit the program unless other arrangements are agreed upon by the Office and the Program at least a year in advance of the scheduled visit.

As much as possible, the composition of the panel reflects the emphasis in the program's Plan for the Program Presentation and any requests for areas of special expertise. Panel members are selected through a cooperative process involving the Dean of the program, the Committee on Accreditation (COA), and the Office for Accreditation. Each panel includes individuals active in academia and in practice. The COA has the final authority on the size and composition of the panel.

The COA invites a member of the Canadian Library Association (CLA) member to accompany the panel for reviews of Canadian programs. The CLA observer is not a member of the panel, but is provided with all documents pertaining to the review. His or her role is to observe how the panel operates, not to influence its evaluation of the program. The CLA observer participates with the approval of the program and at the expense of the Canadian Library Association. CLA observers are expected to follow the guidelines for confidentiality as stated in Sections I.12 and II.5.4.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### **III.3 The Site Visit Schedule**

A site-visit occurs over two (2) business days, most often Monday and Tuesday. Typically, panelists arrive on Saturday to take advantage of reduced airfares and to review records and facilities on Sunday.

Site visits must occur at least ten (10) weeks before COA's meeting at the ALA Midwinter Meeting or Annual Conference to allow the Committee time to review panel reports and optional school responses before the meeting. This deadline is generally mid-November for fall visits and mid-April for spring visit.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### **III.4 Conflict of Interest Policy**

The ALA's Committee on Accreditation seeks to avoid any and all conflicts of interest that may compromise the integrity of its accreditation process. To this end, both the COA members and ERP members are asked to provide information regarding potential conflicts of interest with the program under review. The Dean and faculty of the program are also asked to provide any information regarding conflicts. For a full discussion of conflict of interest procedures, panelists should refer to the "Overview" section of the manual, Section I.4.2.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### **III.5 Role and Responsibilities of the ERP**

The ERP plays a critical role in the accreditation process. It is appointed by, is responsible to, 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 Program Presentation, the collection of additional information 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, as well as areas, if any, 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, but areas of strength and innovation may reach beyond the requirements as articulated by the standards.

Panelists should check the office website for resources for External Review Panelists.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### **III.5.1 ERP Chair's Responsibilities**

COA appoints the Chair of the ERP approximately eighteen (18) months before the scheduled visit. This Chair's responsibilities include the following:

- Consulting with the Dean of the program to facilitate the development of an effective Program Presentation.
- Making local transportation arrangements for the ERP.
- Designating specific assignments to all ERP members, including those who serve as the off-site members of the panel.
- Consulting with the Dean to ensure advance notice to students, faculty, and other interested parties of the panel's visit and arranging information sessions on accreditation.
- Arranging access to appropriate on-site documents and computing facilities and avoiding social activities with the Dean, students, faculty, and other interested parties during the on-site visit.
- Coordinating communication among ERP members during the periods before, during, and after the on-site visit.
- Scheduling and conducting a planning conference call of the panel on or before the first evening of the visit. This conference call includes off-site members to allow the full panel to discuss issues related to the visit. Additional conference calls may be scheduled as needed during and after the on-site visit.
- Planning the on-site schedule. Particular attention should be paid to ensuring that all full-time faculty members are interviewed by at least one (1) panel member and that students have ample opportunity to express their views, in confidence, to the panel members.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### III.5.1 ERP Chair's Responsibilities, continued

- Planning and conducting the exit briefing with representatives of the program and the institution.
- Consulting with the Director of the Office for Accreditation should any serious problem arise.
- Ensuring that professional decorum is maintained throughout the visit.
- Coordinating the development of the ERP report.
- Submitting the ERP report to the school and the Office for Accreditation by the stated deadlines.
- Attending the COA meeting wherein the Committee makes the accreditation decision to represent the panel and respond to COA questions.

### III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL

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#### III.5.2 ERP Members' Responsibilities

Panel members are appointed approximately one (1) year before the visit. The work of the ERP members begins when they receive assignments from the Chair, generally four (4) months before the visit. Most work starts when panelists receive and begin analysis of the Program Presentation that is sent to them six (6) weeks before the on-site visit. Work continues throughout the visit and the development and submission of the ERP report to the COA.

Responsibilities of ERP members include the following:

- Participating in one (1) or more training sessions before the site visit.
- Reviewing the *Standards* carefully before reading the Program Presentation.
- Analyzing the Program Presentation carefully before the on-site visit.
- Completing assignments scheduled before the on-site visit in a timely manner.
- Preparing questions and areas for further observation and information gathering during the on-site visit.
- Notifying the Chair of additional evidence or documents that should be reviewed on-site.
- Cooperating with the 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 as reference when writing the report.
- Interacting diplomatically with all program and institutional personnel and students.
- Avoiding other commitments during the on-site visit.
- Completing assigned sections of the ERP report as scheduled by the Chair.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### **III.5.3 General Recommendations**

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

In general, panelists are cautioned against inclinations to provide friendly advice and/or descriptions of how matters are handled at their own institution. Even though such information may be well intended, the role of the ERP member is as an observer and evaluator; the time members take to describe other institutions diminishes the time available to evaluate the program in question. The potential for such advice and recommendations to be interpreted as requirements for accreditation is of significant concern.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### **III.5.4 Confidentiality**

All information related to the accreditation of programs is strictly confidential. This includes, but is not limited to, all reports, Program Presentations, files, correspondence, discussions, and Decision Documents. 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.
- All requests for information regarding the accreditation process or the program must be forwarded to the Office for Accreditation or the respective program.

### III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL

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#### 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 Dean, appropriate institutional representatives (e.g., CAO, CEO), and all panel members. The Dean and the Chair agree on which university administrators will attend this meeting. The Chair leads the exit briefing and may ask panel members to address an issue within their area of expertise.

### III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL

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#### III.6.1 Purpose of the Exit Briefing

The exit briefing allows panel members and institutional representatives to:

- Present an overview of the findings and *preliminary* conclusions of the panel.
- Offer a final opportunity for the panel to verify or obtain information.
- Offer an opportunity for institutional representatives to ask questions.
- Enjoy a collegial conclusion of the visit.

The exit briefing is *not* however:

- A time for panel members and the Dean to argue or to raise objections to the panel's tentative conclusions.
- An occasion for the panel, Dean, or administrators to “discover” important information about the program or panel’s findings.

### III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL

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#### 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 Chair should then meet with the Dean to alert him or her to the areas that will be covered in the exit briefing, particularly regarding any concerns of the panel.

The 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 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:

- Brief thanks to the head of the program, faculty, institutional representatives, and all those who met with the panel.
- 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.
- Statement that the panel submits its report to COA and that COA, *not the panel*, makes the final accreditation decision.
- Summary of what will happen after the panel leaves:
  - The program will receive a draft of the panel report to correct factual errors.
  - The program will receive a copy of the final written report and has the option of submitting a written response that is given to the panel and to COA.
  - The Dean and Chair will meet with COA at the next ALA conference to answer the Committee's questions.
- Summary of program strengths.
- 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.
- Review of program strengths and areas for improvement. Restate that these are informal observations to provide a sense of the visiting team's impressions, but that these areas are neither final nor comprehensive.

### III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL

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#### III.7 The ERP Report

The COA uses the ERP report in conjunction with the Program Presentation. Thus, the ERP report should address key points from the standards based on evidence as outlined in Section II.6.5, but it **should not** recapitulate the information contained in the Program Presentation. References to pages in the Program Presentation 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 Program Presentation and/or gained as part of the on-site visit. Evidence can take the form of interviews, questionnaires 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 sometimes warranted, the panel should also recognize the strengths of the program and school.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### III.7.1 Outline 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. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### **III.7.1 (b) Analysis**

This section of approximately 20 pages analyzes the program within the context of the standards. Organized standard by standard, this section provides an analysis, based on data and evidence, of the extent to which the program demonstrates conformity with each standard. The panel has a responsibility to report both areas of strength and limitations, as well as areas, if any, that may not be in compliance with the standards, and to identify areas for improvement.

Analysis of fact, trends, strengths, and identification of concerns should be based on data and other information obtained through the Program Presentation and the on-site visit. This analysis should be supported with evidence as demonstrated in Section II.6.5. 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 complies with Standard I."). Rather, the report should help the reader draw conclusions about the program's conformity to the standards and should use the standards as the point of reference. If the panel finds information on which to base their analysis incomplete or missing, this, too, should be noted. Comparisons with other programs are inappropriate and should not be included.

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### III.7.1 (c) Summary

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

### **III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL**

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#### III.7.1 (d) Deadlines

**Three (3) weeks after  
the visit**

The Chair sends a draft of the panel's report to the Dean, the panel members, and the Director via email attachment requesting receipt confirmation and offering to send a copy by postal mail or fax upon request. Each recipient reviews the draft report and offers corrections of fact (if any).

**Four (4) weeks after  
the visit**

The Dean provides factual corrections to the ERP Report (if any) to the ERP Chair and the Director by email, fax or postal mail upon request.

**Five (5) weeks after  
the visit**

The Chair sends the final ERP Report to the Dean, Director, and all ERP members via email attachment requesting receipt confirmation and offering to send a copy by postal mail or fax upon request.

### III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL

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#### III.7.2 Format of the ERP Report

The report should adhere to the following format:

- Use only one (1) side of the paper.
- Set margins to a minimum of 1 inch.
- Double-space the report.
- Use consecutive numbers through the report and be consistent in their placement.
- Prepare a title page that includes all information in the sample in Section III.8.
- 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 female and male gender word forms (his/her) should be avoided, as should diminutives.
- When referring to the *Standards*, use either *Standards* or *Standards for Accreditation*.
- Do not capitalize the words “panel” or “report.”
- 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 Program Presentation 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 and use a different title page for each report or include a header or footer stating, for example, “Draft for correction of factual errors.”

### III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL

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#### III.8 Sample ERP Report Title Page

EXTERNAL REVIEW PANEL REPORT

on

ABC UNIVERSITY'S DEGREE or PROGRAM

of

Master of Arts in Library and Information Studies

Conducted on behalf of the  
American Library Association Committee on Accreditation

Date

### III.9 Sample ERP Report Layout

**Standard I: Mission, Goals, and Objectives**

Analysis, supported by observation, data, and other evidence.

**Standard II: Curriculum**

Analysis, supported by observation, data, and other evidence.

**Standard III: Faculty**

Analysis, supported by observation, data, and other evidence.

**Standard IV: Students**

Analysis, supported by observation, data, and other evidence.

**Standard V: Administration and Financial Support**

Analysis, supported by observation, data, and other evidence.

**Standard VI: Physical Resources and Facilities**

Analysis, supported by observation, data, and other evidence.

**Summary**

### III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL

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#### III.10 Time-Line for the ERP Visit and Report

TABLE III (See Appendix A for comprehensive review schedule timeline.)

<b>Four (4) months before the scheduled visit</b>	<ul style="list-style-type: none"><li>▪ The program sends a draft of the Program Presentation to the Director and the ERP Chair.</li><li>▪ The Chair and Director provide suggestions regarding the draft to ensure that the Program Presentation addresses the standards and contains sufficient information an evidence to conduct an effective review.</li><li>▪ The Chair initiates planning for assignments and scheduling for the on-site visit.</li><li>▪ The Chair and the Dean begin drafting an agenda for the visit, and the Chair notifies the Dean of documents needed for the on-site review.</li></ul>
<b>Six (6) weeks before the scheduled visit</b>	<ul style="list-style-type: none"><li>▪ The program sends the final Program Presentation to the Director and to each ERP member.</li><li>▪ The Chair and the Dean finalize the agenda for the on-site visit.</li><li>▪ The Chair assigns responsibilities to all panel members.</li><li>▪ ERP members begin their review and analysis of the Program Presentation.</li></ul>
<b>Site Visit</b>	
<b>Three (3) weeks after the visit</b>	<ul style="list-style-type: none"><li>▪ The Chair sends a draft of the panel's report to the Dean, the panel members, and the Director. Each recipient reviews the draft report and offers corrections of fact (if any).</li></ul>
<b>Four (4) weeks after the visit</b>	<ul style="list-style-type: none"><li>▪ Factual corrections, if any, to the ERP Report are provided to the ERP Chair and the Director.</li></ul>

### III. GUIDELINES FOR THE EXTERNAL REVIEW PANEL

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#### III.10 Time-Line for the ERP Visit and Report, continued

**Five (5) weeks after the visit**

- The Chair sends the final ERP Report to the Dean, Director, and all ERP members.

**Six (6) weeks after the visit**

- Optional response from the program is due in the Office for Accreditation. The Dean should send copies of the response to each ERP member.

**At the next regularly scheduled COA meeting**

- The Chair and the Dean and/or other representatives of the school are invited to meet with the COA.
- The COA considers all the information and makes the accreditation decision.

**Six (6) weeks after the COA decision**

- The Office for Accreditation sends copies of the Decision Document to ERP members.

## IV. APPEAL PROCESS

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### IV.1 Introduction

The American Library Association (ALA) is an accrediting agency recognized by the Council for Higher Education Accreditation (CHEA). CHEA's requirements state that recognized accreditors, "[must maintain] 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 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."

The ALA appeal process 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 Rationale and Grounds for Appeal**

ALA has a formal appeal process for institutions whose programs have accreditation withdrawn or denied initial accreditation by the COA. This process protects the rights of the institutions seeking ALA accreditation for their graduate programs in library and information studies.

## **IV. APPEAL PROCESS**

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### 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 Committee on Accreditation 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's 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.

The institution cannot include in its appeal information about the program not submitted during the review process or changes at the program that occurred after the COA's decision.

## **IV. APPEAL PROCESS**

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### **IV.2.2 Burden of Proof**

The appealing institution 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 (see Section IV.2.1) set forth in this document. The Appeal Review Committee (ARC) members are not to determine whether they would have reached the same conclusion as the COA, but rather to determine whether the COA followed established published procedures and reached its decision in a fair manner.

### IV.3 Appeal Procedure Overview

An Appeal Review Committee appointed by the ALA President with the approval of the ALA Executive Board reviews appeals of the COA's decisions to withdraw or to deny initial accreditation to a program.

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. The institution must file the document on which the appeal will be based within thirty (30) calendar days of receipt of the COA's Decision Document. The institution sends these documents to the ALA Executive Director, with a request for signature on receipt. Failure to file either or both of these documents 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 may file a response to the institution's appeal document or send a notice to the ARC that it will not submit a response within thirty (30) calendar days of receipt of the appeal document.

The ARC will meet to discuss the basis of the appeal within thirty (30) calendar days of receipt of the COA's response. At that meeting, the ARC may seek clarification of arguments presented in the documentation. The institution and the COA may have representatives present at this meeting.

The ARC can make one of two decisions: 1) to uphold the COA's decision or 2) to remand the decision back to the COA with comment. The ARC sends a report of its decision to the ALA Executive Board within ten (10) business days of the hearing.

The ALA Executive Board reviews the ARC's report and decision and can make one of two decisions: 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 ARC 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 decision and the ARC's decision and report to the institution, the COA, ARC members, and the ALA President within ten (10) business days of the Board's receipt of the ARC report. If the Executive Board upholds the COA's decision, then the COA's decision is considered final.

### IV.3 Appeal Procedure Overview, continued

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 by the institution or COA in writing in advance of the pertinent deadline.

If the decision of the COA to withdraw or deny accreditation is upheld, then the date of accreditation withdrawal is the date the institution receives the ARC's decision and report and the ALA Executive Board report.

If the decision is remanded back to the COA, the Committee will review and act on the reports at its next regularly scheduled meeting.

### IV.4 Program Status during Appeal and Confidentiality

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's Decision Document. If the institution files an appeal, the COA's accreditation decision is not made public until the institution has received the reports and decisions of the ARC and the Executive Board or when ALA receives the institution's letter withdrawing the appeal.

The program maintains its accredited status until the appeal process is completed. If the COA's decision is upheld, then the date of accreditation withdrawal is the date the institution receives the ARC decision and report and the ALA Executive Board report and decision. If the institution withdraws its appeal, then the date of accreditation withdrawal is the date ALA receives the letter withdrawing the appeal.

The ALA tries its best to ensure the confidentiality of the COA's accreditation decision and any subsequent appeal. The ALA does not, however, assume any responsibility for unofficial or unauthorized disclosures.

## **IV.5 Withdrawal of Appeal**

An institution may withdraw its appeal by sending a written notice to the ALA's Executive Director.

## **IV.6 Appeal Review Committee**

### **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 ALA 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.

To be placed on the roster, volunteers must participate in both the training for ERP members and training on the appeals process. The Office for Accreditation provides appeals process training annually. Each year the Office issues requests for volunteers and updates roster information.

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.
- 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. APPEAL PROCESS**

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### **IV.6.3 Composition of the ARC**

The ARC consists of five (5) members and two (2) alternates. At least two (2) educators and two (2) practitioners serve on the ARC. 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.

The ALA President appoints two (2) alternates to the committee. Each alternate reviews documentation, but does not participate in discussions unless another member cannot serve.

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 thirty (30) business days (forty-five (45) calendar days) of the receipt of the notice of intent. The appointment process occurs while the institution and the COA are preparing their documents.

## **IV. APPEAL PROCESS**

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### **IV.6.4 Appointing the ARC**

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. This review considers conflict of interest statements and people who will not be available at the time of the meeting. This list must be developed within ten (10) business days of receipt of the notice of intent.

The Executive Office sends the appealing institution and the COA the list of all eligible members. Each side reviews the list and can ask that individuals be removed for cause (cause must be shown) due to conflict of interest reasons listed above. Each side is allowed two (2) peremptory challenges. The institution's and the COA's list of challenges and/or acceptances must be returned to the Executive Office within ten (10) business days of receipt of the list of eligible members. Failure by either side to submit a list of challenges and/or acceptances within this time is deemed a waiver of any grounds for disqualification.

The people on the roster who have not been removed for conflicts of interest, schedule, or 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 ten (10) business days of the receipt of both the institution's and the COA's responses about conflicts of interest. This is approximately thirty (30) business days (forty-five (45) calendar days) after receipt of the notice of intent to file an appeal.

## **IV.7 Appeal Process Details**

### **IV.7.1 Representatives**

The institution and the COA each appoint one representative to be the contact and spokesperson during the appeal process. All correspondence to and from the ARC is addressed to and from the contact person.

The Director of the Office for Accreditation receives copies of all correspondence and documents and is the representative for the Office.

## IV. APPEAL PROCESS

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### 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.

Long documents should be sent via an overnight delivery service, signature required, and are deemed received on the signature date. Documents of a few pages, such as correspondence, can be submitted by fax, and are deemed received on the date of transmission.

The institution and the COA will provide the Executive Office with fifteen (15) copies of their documents to be used in the appeal. The documents will be distributed 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 or the COA.
- Five (5) copies for distribution to legal counsel and/or other representatives involved in the appeal.

The ARC may ask that either the institution or the COA provide additional copies of documents.

The institution is responsible for providing copies of:

- The Program Presentation.
- The optional school response to the ERP Report.
- The appeal document.

The COA is responsible for providing copies of:

- The ERP Report.
- The COA Decision Document withdrawing or denying accreditation.
- The response to appeal.
- The Decision Document granting the program conditional accreditation and subsequent correspondence (including interim or special reports) between the COA and program.

## **IV. APPEAL PROCESS**

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### **IV.7.3 Expenses**

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

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

## **IV. APPEAL PROCESS**

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### **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. The document on which the appeal will be based must be received within thirty (30) calendar days of receipt of the COA's Decision Document. These documents are sent to the Executive Director of the ALA, with a request for signature on receipt. Failure to file either or both of these documents results in the institution's forfeiture of its right to use the ALA appeal process.

Upon receipt of the institution's appeal document, the ALA Executive Office sends the appeal document to the COA. The COA has thirty (30) calendar days to file a response to the institution's appeal or to provide notification that no response will be filed. If the Committee notifies the Chair of the ARC that it will not file a response to the appeal, then the documents before the COA at the time of the decision and 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 thirty (30) calendar days of the receipt of the COA's response to the appeal.

The ARC can include and consider only the following documents:

- Evidence that was before the COA at the time of its decision:
  - A copy of Decision Document granting a program conditional accreditation and subsequent correspondence (including interim and special reports) between the COA and program.
  - The Program Presentation.
  - The ERP report.
  - The school's response to the ERP report (if any).
  - Material presented by program to the COA at the meeting with the COA.
- The COA Decision Document.
- The institution's appeal document.
- 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:

1. Whether the Committee on Accreditation 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. 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. APPEAL PROCESS**

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### **IV.8.1 Specifics of the ARC Meeting**

Representative(s) and legal counsel for the institution and the COA may attend the meeting. The Director of the Office for Accreditation and a member of the ALA Executive Board are present at the meeting as observers.

The institution and the COA are given an equal, specified amount of time 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 or the Director of the Office). This can be done prior to, during, or following the meeting. 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 videotape, conference calls, and streaming video may be used to participate in the meeting. Such technologies may be used to present 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 appealing institution 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 (see Section IV.2.1) set forth in this document. 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 must issue a written decision and report that sets forth all of the reasons and evidence relied upon in reaching its decision. The ARC must transmit its decision and report to the ALA Executive Board within ten (10) business days of the end of the meeting.

### IV.9 Decisions of the ARC and Executive Board

The ARC can make one of two decisions: 1) to uphold the COA's 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 decision.

The decision and report of the ARC must be sent to the ALA Executive Board within ten (10) business days after the end of the committee's meeting. The decision and report of the ARC are not disclosed to any other persons before their distribution to the institution and the COA.

The ALA Executive Board reviews the ARC's report and decision and can make one of two decisions: 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 ARC 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 decision and the ARC's decision and report to the institution, the COA, ARC members, and the ALA President within ten (10) business days of the Board's receipt of the ARC report. If the Executive Board upholds the COA's decision, then the COA's decision is considered final.

If the decision of the COA to withdraw or deny accreditation is upheld, then the date of accreditation withdrawal is the date the institution receives the ARC's decision and report and the ALA Executive Board 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 Program Presentation, ERP report, school response, Decision Document, appeal document, the COA's response to appeal, the ARC decision and report, and the Executive Board report and decision.

### 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 Executive Board may select one (1) of its members to attend the ARC meeting.

The ALA Executive Board reviews the ARC's report and decision to determine whether it is clearly erroneous. The Board can take one of two actions: 1) to uphold the COA's decision or 2) to remand the decision back to the COA with comment.

The Conflict of Interest requirements of Section IV.6.2 apply to Executive Board members reviewing ARC reports and decisions. No member having a conflict of interest may participate in any decision by the ARC or the Executive Board regarding the institution.

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

- The COA Decision Document.
- The institution's appeal document.
- The COA's response to appeal (if any).
- The ARC decision and report.
- Documents or information pertaining to the procedures followed by the ARC.

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

## **IV.11 Review of Appeal Deadlines**

Deadlines are determined from the date of the receipt of a document.

- ***Notice of intent to file an appeal:***  
Seven (7) calendar days after receipt of Decision Document. The Decision Document is sent via overnight delivery service, with signature required.
- ***Institution's appeal document:***  
Thirty (30) calendar days after receipt of Decision Document.
- ***List of people eligible to serve on ARC:***  
Ten (10) business days after receipt of notice of intent.
- ***The institution's and the COA's responses regarding conflicts of interest:***  
Ten (10) business days after receipt of the list of eligible members.
- ***ARC appointed:***  
Ten (10) business days of the receipt of both the institution's and the COA's responses about conflicts of interest. This is approximately thirty (30) business days (forty-five [45] calendar days) after receipt of the notice of intent to file and appeal.
- ***The COA's response to appeal:***  
Thirty (30) calendar days after receipt of appeal document.
- ***ARC meeting:***  
Within (30) calendar days after receipt of the COA's response.
- ***ARC transmits decision and report to the ALA Executive Board:***  
Ten (10) business days after meeting.
- ***ALA Executive Board transmits its decision and report and the ARC decision and report to the appealing institution, the COA, ARC members, and ALA President***  
Ten (10) business days after receipt of the ARC report.

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 Review of Effective Dates**

- If the ARC upholds the decision of the COA to withdraw or deny accreditation, then the date of accreditation withdrawal is the date the institution receives the decision and report of the ARC and the ALA Executive Board.
- If the institution withdraws its appeal, the date of the accreditation withdrawal is the date that the ALA receives the letter withdrawing the appeal.

## Appendix A.

### Time-Line for the Comprehensive Review Schedule

#### **Twenty-four (24) months before the visit**

- The Office sends a letter to the Dean of the school advising of the scheduled visit and requesting a letter of invitation from the CEO of the institution seeking review of the program.
- The school 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 school may identify areas that will be the focus of the Program Presentation and/or ask for the specializations of the ERP members.

#### **Eighteen (18) months before the visit**

- The COA selects the Chair of the ERP.
- The Director informs the Dean of the selection.
- The Dean evaluates the selected Chair with the faculty for potential conflicts of interest.
- If no conflicts are identified the Dean appoints the Chair. If either party identifies a conflict, the Director submits an alternative to the Dean.
- The Director discusses potential dates for the on-site review with the appointed Chair. Having selected dates from those put forth by the school, the 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 Program Presentation.

#### **Twelve (12) months before the visit**

- The school submits its plan for the Program Presentation to the Director and the Chair.
- The Director, Chair, and Dean review the plan during a conference call. At this time the Chair helps identify additional sources of evidence beyond those put forth in the plan.

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Time-Line for the Comprehensive Review Schedule, continued

<b>Four (4) months before the visit</b>	<ul style="list-style-type: none"><li>▪ The school submits a draft of the Program Presentation for review by the Director, Chair, and Dean.</li><li>▪ The Director, Chair, and program representative review the plan through a conference call.</li></ul>
<b>Six (6) weeks before the visit</b>	<ul style="list-style-type: none"><li>▪ The school submits the final Program Presentation to the External Review Panel and the Office.</li></ul>
<b>Site Visit</b>	<ul style="list-style-type: none"><li>▪ The on-site members of the External Review Panel visit the Program.</li></ul>
<b>Three (3) weeks after the visit</b>	<ul style="list-style-type: none"><li>▪ The Chair submits a draft of the ERP Report to the Dean and the Office.</li></ul>
<b>Four (4) weeks after the visit</b>	<ul style="list-style-type: none"><li>▪ The school submits a correction of facts in ERP Report.</li></ul>
<b>Five (5) weeks after the visit</b>	<ul style="list-style-type: none"><li>▪ The Chair submits copies of the final ERP Report to the Office and the school.</li></ul>
<b>Six (6) weeks after the visit</b>	<ul style="list-style-type: none"><li>▪ School may submit an optional response to the ERP Report.</li></ul>
<b>Next regularly scheduled COA meeting</b>	<ul style="list-style-type: none"><li>▪ The COA meets with the ERP Chair, Dean and/or other representatives of the school.</li><li>▪ The COA makes an accreditation decision.</li></ul>
<b>Ten (10) working days after meeting with COA</b>	<ul style="list-style-type: none"><li>▪ The Office sends the Decision Document conveying the accreditation decision to the Dean and the CEO of the institution.</li></ul>

**Appendix B**

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 (6) months before the billing date. See section I.15 for an explanation of the various fees and deadlines.

**PROGRAMS IN PRECANDIDACY**

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Precandidacy application fee	\$1,000.00
Annual fee	\$2,000.00

**PROGRAMS IN CANDIDACY**

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Candidacy application fee	\$1,000.00
Annual fee	\$862.50

**ACCREDITED PROGRAMS**

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Annual fee	\$862.50
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**COMPREHENSIVE REVIEW**

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Accreditation fee	\$1,000.00
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**LATE FEES**

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The Office assesses late fees for any report received after the assigned deadline.	\$250.00
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Additional copies of *Accreditation Process, Policies, & Procedures* may be ordered from:

Office for Accreditation  
American Library Association  
50 E. Huron Street  
Chicago, IL 60611  
(800) 545-2433, ex. 2432  
Fax: (800) 280-2433  
Email: [accred@ala.org](mailto:accred@ala.org)  
Web site: <http://www.ala.org/accreditation>

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