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PREFACE

The Wound, Ostomy, and Continence Nurses Society™ (WOCN®) has demonstrated its concern for the competence of those who practice the specialty of WOC nursing by establishing standards for WOC nursing education. The Accreditation Committee of the WOCN Society is responsible for monitoring and facilitating improvement of the quality of WOC Nursing Education Programs (WOCNEP) and Specialty Courses (SC).

This document was initially developed by a task force of the Accreditation Committee in 1984 and has been reviewed every two (2) years.

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Original Approved: June 3, 1984


Note: No part of this WOCN Society Accreditation Policy and Procedure Manual can be reproduced unless the purpose for reproduction is accreditation through the WOCN Society. When applying for WOCN Society accreditation, the forms found within this the WOCN Society Accreditation Policy and Procedure Manual may be reproduced as needed or reformatted if all the requested information remains the same and in the same sequence.
1. INTRODUCTION
The accreditation for WOC Nursing Education Programs (hereinafter “WOCNEP”) is one way in which the WOCN Society (hereinafter the “Society”) fosters the development of WOC nursing education to ensure quality patient care. The Society’s goals and objectives reflect its philosophy and policies.

1.1. Mission/Philosophy of the WOCN Society
The Society is a professional nursing society, which supports its members by promoting educational, clinical, and research opportunities to advance the practice and guide the delivery of expert health care to individuals with wound, ostomy and continence concerns.

The Society believes that nursing as a profession enhances health care services to a multi-faceted society and includes prevention, health maintenance, therapeutic intervention, and rehabilitation. WOCN Society believes wound, ostomy, and continence care are areas of specialty practice within the framework of nursing and strives to advance the health care and quality of life of all affected individuals.

The Society believes that continuing education and research provide the basis for current, comprehensive nursing practice for patients with wounds, ostomies, and incontinence. Learning may occur on a basic, advanced, or continuing educational level and combines the acquisition of theoretical knowledge and clinical expertise. The Society provides and approves quality continuing education for its members and for other health care professionals in order to enhance and improve wound, ostomy, and continence nursing practice.

Through the process of accreditation, the Society promotes high standards of education. A baccalaureate degree is the entry level for WOCNEPs and for specialty education programs in wound, ostomy, or continence management.

1.2. Purpose of the WOCN Society
The Society shall foster high standards of practice related to the care, teaching, and rehabilitation of persons requiring the management of wounds, ostomies, and incontinence, and promote the professional and educational advancement of the WOC nurse and specialty nurses involved in the care of persons with wounds, ostomies, and incontinence. Therefore, persons in need of these services shall receive optimal care and rehabilitation. WOC nursing is a specialty area of practice within the framework of nursing and, as such, participates and collaborates with multi-disciplinary individuals and organizations.

1.3. Accreditation Committee Philosophy
The Society’s Accreditation Committee (hereinafter “Accreditation Committee”), in collaboration with the WOCNEPs’ program directors and co-directors, facilitates the development of quality WOCNEPs.
The Accreditation Committee supports the development of diverse models and methods of education. These include the traditional onsite program and distance-learning program as well as, but not limited to, independent study, off-campus learning experiences, and credit for past education and experience.

The criteria, policies, and procedures used in accrediting programs and/or courses are based on the principles accepted and tested in professional nursing education.

In its continuing efforts to foster development and improvement of WOC nursing education, the Accreditation Committee seeks to collaborate, support, and consult with WOCNEPs.

1.4. Purpose of Accreditation
The Society’s accreditation is a voluntary process. The focus of the accreditation process is the systematic review of the WOCNEP using the WOCN Society’s Policy and Procedure Manual and the WOCN Society’s Accreditation Policy and Procedure Manual (hereinafter the “Accreditation Manual”). The achievement of WOCN-accreditation status indicates that a WOCNEP has met the criteria. These include, but not limited to, clear and appropriate educational outcomes, and evaluation of learning opportunities to produce novice WOC nurses.

1.5. Confidentiality
Accreditation Committee members accept responsibility to maintain confidentiality. The contents of the Self-Study Report and the information gathered at the on-site evaluation will not be shared outside of the Accreditation Committee members, the Society’s Board of Directors (hereinafter “board of directors”), the Society’s National Office (hereinafter “National Office”) staff and if needed, members of an appeals committee, unless disclosure is compelled for legal reasons or as otherwise deemed in the best interests of WOCN. The Accreditation Committee members will not use information, materials, test items, or other data for personal or professional gain. The Self-Study Report, Comprehensive On-site Evaluation Report, Annual Report, and accompanying documentation will be kept confidential at the National Office and will be stored in a secure area.

Once the program directors and co-directors are notified of the accreditation status, committee members may respond to queries regarding accreditation status of a program by noting that the program has met accreditation criteria or has not met accreditation criteria as outlined in the guidelines set by the board of directors.

2. ACCREDITATION COMMITTEE

2.1. Authority
The authority of the Accreditation Committee is derived from the board of directors. The Accreditation Committee develops its own operating procedures within the Society’s established policies. The recommendations and decisions of the Accreditation
Committee are reported to the president of the board of directors or the president’s
designee. The board of directors makes the final decision regarding accreditation/non-
accreditation. Board members who are employed by WOCNEPs will abstain from
voting. No one employed by a WOCNEP shall serve on the Accreditation Committee. It
is the intent of this provision to avoid conflict of interest or the perception of conflict of
interest with any individual or organization that may influence the accreditation process.

2.2. Responsibility

2.2.1. The Accreditation Committee is responsible for validating the application of
criteria contained within the Accreditation Manual as approved by the Board of
Directors for the evaluation and accreditation of WOCNEPs.

2.2.2. The Accreditation Manual is reviewed at least every 2 years and revised
as needed.

2.2.2.1. The WOCNEP liaison participates in the revision process and is
responsible for sharing revision information with other program directors and
providing feedback to the Accreditation Committee.

2.2.2.2. The Accreditation Committee may make editorial or clarification changes.
Substantive changes will be submitted to the Board of Directors for
approval, modification, or rejection.

The Accreditation Manual will be available on the WOCN Society’s website
within 2 weeks of the board of directors’ approval. The National Office staff will
notify all WOCNEP program directors that a new edition of the Accreditation
Manual is available. The Accreditation Manual version in effect on December
1 will be utilized for on-site evaluations for the following year. The Curriculum
Blueprint will be available to interested programs upon receipt of written
request and with approval of Accreditation Committee chair(s).

2.3. Membership

The Accreditation Committee chair is appointed by the president or the president’s
designee with the Board of Directors’ approval. The Accreditation Committee chair
select committee members who function in a voluntary capacity. The Accreditation
Committee members may include preceptors for WOCNEPs provided preceptors are
not employees of the programs to avoid conflict of interest.

2.3.1. Qualifications and Terms

2.3.1.1. WOCN CB tri-specialty certified nurses to represent a balance of
specialty areas.

2.3.1.2. Documented experience in educational program development
or implementation.
2.3.1.3. Selected professionals may be consulted as needed to assist the committee with tasks and projects. Agreement to serve as a consultant will require the person abide by Accreditation Committee's policies such as confidentiality.

2.3.1.4. Access to and competence in using a computer and email since communications and reports are transmitted and reviewed electronically.

2.3.1.5. The chair and committee members serve one 4-year term with the option of serving an additional, consecutive 4-year term. Members may serve again after a minimum of a 2-year absence from the Accreditation Committee.

2.3.2. On-site Evaluation Team
The on-site evaluation team (hereinafter “evaluation team” or “team”) is appointed by the WOCN Accreditation Committee to visit the WOCNEP program to validate the information in the self-study document, related to the accreditation criteria and any compliance concerns. Acting as a fact-finding body, the evaluation team prepares a written report for the Accreditation Committee.

2.4. Accreditation Committee/Program Directors Interface
The Accreditation Committee and program directors meet annually. The program directors select one person to serve as their liaison to the Accreditation Committee. The liaison serves in an advisory capacity to the Accreditation Committee on selected issues, such as the Accreditation Manual revisions, etc.

3. PROGRAMS SEEKING ACCREDITATION
Proposed programs may seek accreditation, currently accredited programs may seek re-evaluation, and programs previously accredited (but not currently accredited) may seek accreditation.

3.1. Proposed Programs
The time frame for developing a new program from initial planning to the admission of the first student is from one to two years. The director of a prospective program is responsible for obtaining the most recent Accreditation Manual for accreditation of WOCNEPs that is available on the WOCN website (https://www.wocn.org/default.aspx). The Accreditation Manual should be carefully reviewed by the program director and faculty because it sets forth the terms of program development and the accreditation process.

3.1.1. Program Director Application and Feasibility Study Process
The purpose of the Program Director Application and the Feasibility Study is to assess adequate resources for successful program development and implementation. All programs seeking accreditation for the first time must submit the Program Director Application and complete the Feasibility Study Process.
1. Download the Accreditation Manual from the WOCN Society’s website.
2. Submit a Program Director Application for each individual director (see Appendix A) to the Accreditation Committee. Incomplete application forms will not be considered.
   a. Criteria 9.2 of the Accreditation Manual identify the program director’s qualifications. Education and work experience should demonstrate a background for success in providing quality education. The program director must be approved by the Accreditation Committee before proceeding with the feasibility study process.
   b. The Accreditation Committee will review the completed Program Director Application (see Appendix A) and render a decision regarding the program director candidate’s qualifications within 30 business days of receipt of the materials. An individual not meeting the program director’s qualifications will be informed of the deficient area(s).
   c. The individual(s) who does not meet the program director qualifications may request reconsideration by providing additional documentation or may reapply at a later date after obtaining additional education or experience.

3. Feasibility Study
   a. The Feasibility Study and the Feasibility Fee are submitted to the National Office after the Program Director Application has been approved by the Accreditation Committee and at least 8 months prior to the desired on-site evaluation.
   b. The Feasibility must include all information requested in Appendix B.
   c. The Accreditation Committee chair(s) or designee and the program director(s) discuss the strengths and potential for success of the proposed WOCNEP based on the submitted Feasibility Study information. A decision by the Accreditation Committee regarding the viability of the proposed Program will be made within 30 business days following the receipt of the Feasibility Study paperwork.

3.2. Accreditation
   The program director(s) obtains the Application for Accreditation (see Appendix C) from the National Office. The completed application form with the appropriate fee must be received by the National Office at least 6 months prior to the desired on-site evaluation. The application will be processed upon receipt of the appropriate fee. Incomplete application forms will not be considered. The Accreditation Manual and the WOCN Society’s Curriculum Blueprint (hereinafter the “Curriculum Blueprint”) should be carefully reviewed by the program director(s) and faculty, because they serve as a basis for the entire accreditation process. The Accreditation Manual is revised every two years and is posted on the Society’s website in December. The Accreditation Manual
version in effect on December 1 will be utilized for on-site evaluations for the following year.

3.2.1. Upon receipt of all application materials and fees, the accreditation process will proceed as described elsewhere in this manual.

3.2.2. Accreditation is for 7 years from the date of Board approval if all accreditation processes are followed during that period.

3.2.3. Students who are matriculated in a program undergoing the accreditation process will be considered to have graduated from an accredited program.

3.3. Re-evaluation of Currently Accredited Program

3.3.1. The Accreditation Committee will send a query letter and application for re-evaluation to all affected programs no later than October 15 of the year preceding expiration of accreditation. For those programs desiring re-evaluation, the National Office must receive the application (see Appendix C) and appropriate fee by December 15 of the year preceding re-evaluation. The application will be processed upon receipt of the appropriate fee. The current Accreditation Manual is available on the Society’s website.

3.3.2. Fees are determined under the accreditation category for the number of applicable specialty programs or for full scope (Refer to Table 4.1.1).

3.3.3. The Accreditation Committee selects a minimum of a two-member evaluation team and notifies the program director of the prospective evaluators’ names and email addresses at least 3 months prior to the scheduled visit. The Accreditation Committee reserves the right to change team members due to unforeseen circumstances.

3.3.4. The Accreditation Committee determines the schedule for the on-site evaluation as affected by the total number of visits to be completed within that calendar year and the availability of evaluation teams. Scheduled visits may also be altered during times of a national emergency/crisis.

3.3.5. The on-site evaluation date will not be changed unless requested in writing (by USPS and electronically) by either party with substantial rationale and with the consent of the other party. Financial effects of a program’s request for a date change will be the burden of the program.

❖ On-site evaluations are usually scheduled between March 31 and October 31. Based on requests received from programs, other dates can be considered on an as-needed basis.

❖ The on-site evaluation dates for a program accredited for less than 7 years will be determined based on the expiration date.
3.4. New Specialty Courses Offered by Accredited Programs
Currently accredited programs without tri-specialty offerings need to follow the process for accreditation as a new program in order to add additional specialty programs. A feasibility study must accompany the application and fees.

4. ACCREDITATION PROCESS
The procedures to determine initial accreditation are the same as those used in the re-evaluation of accredited programs. The accreditation process consists of the following steps:
1. Submission of Application.
2. Payment of fees.
3. Selection of dates. In event of national emergency/crisis, consideration may be given for an alternative method for evaluation in lieu of an on-site visit.
4. Arrangement of travel and lodging accommodations for evaluation team.
8. Opportunity for the program to respond in writing (by USPS and electronically) to the team report. Additional and/or updated information to support compliance and continuous quality improvement may be submitted as part of the response.
10. Accreditation Committee Final Report and Recommendation are reviewed by the Board of Directors with a subsequent accreditation decision. Additional documents (Self-Study Report, On-site Evaluation, Program Response) are also available for the Board’s review.

4.1. Application Process
4.1.1. Fees and Expenses

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<th>Chart for Determining the On-site Evaluation Fee</th>
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4.1.2. Once the letter of intent to proceed with the accreditation process and the associated fees are received by the National Office, a charge master account is opened and will be used for the evaluation team’s travel and accommodations and any associated fees incurred by the team, the Accreditation Committee chair or the National Office staff per the Society’s travel and associated business policy.
Fees will be itemized on the account and an invoice will be billed to the WOCNEP within 30 days of the completion of the on-site evaluation. Receipt of payment in full is due to the National Office within 60 days of invoice receipt. Certification of Accreditation will be withheld until receipt of payment in full. Fees for feasibility study and accreditation/re-evaluation are non-refundable.

4.2. Self-study Report
The program conducts a self-study, which results in a self-study document that identifies how the program meets the WOCN accreditation criteria and includes the program's strengths and action plans for improvement.

The self-study document should be organized according to the Accreditation Manual to facilitate an assessment of each accreditation criteria by the evaluation team (refer to criteria 9).

4.3. Third-Party Comments
The WOCN Society provides the opportunity for program constituents to submit, in writing (by USPS and electronically), comments concerning a program's qualifications for accreditation status.

4.3.1. At least 2 months before the scheduled on-site evaluation, the program must notify its constituents, including faculty teaching in and students enrolled in the program, that a re-evaluation is scheduled.

4.3.2. This notification should indicate that written third-party comments will be received by a designated staff liaison to Accreditation Committee at the WOCN National Office until 21 days before the scheduled on-site evaluation.

4.3.3. The form of such notice is at the discretion of the program, but it should include instructions for submitting comments to the designated staff liaison to Accreditation Committee at the WOCN National Office.

4.3.4. The program must submit to the designated staff at the WOCN National Office evidence that its constituents were informed of the opportunity to submit third-party comments along with the self-study document.

4.3.5. The WOCN National Office staff notifies its constituencies of upcoming re-evaluations and invites third parties to submit comments to the designated staff liaison to Accreditation Committee at the WOCN National Office.

4.3.6. The designated WOCN National Office staff liaison shares third-party comments with the evaluation team prior to the on-site evaluation. At no time during the review process are these comments shared with the program, the Accreditation Committee, or the Board. During its review of the program, the evaluation team considers third-party comments, if any, that relate to the accreditation criteria.
4.3.7. Failure to comply with the third-party comments requirement may result in the postponement or suspension of an on-site evaluation until such time that program constituents are given the opportunity to submit comments.

4.4. On-site Evaluation Process

4.4.1. Purpose
The on-site evaluation is conducted to assess the program's compliance with WOCN criteria.

The on-site evaluation is conducted to accomplish the following objectives:
1. Validate the findings, conclusions and information contained in the self-study document.
2. Collect information to be used by the WOCN Society to assess compliance with WOCN accreditation criteria; and
3. Review the processes that program officials and faculty have established to foster continued self-improvement for the program.

4.4.1.1. Planning for On-site Evaluation
The evaluation team reads all program materials before arrival at the school.

The evaluation team may request an informal meeting with the program director and faculty the evening or morning prior to the scheduled on-site evaluation.

4.4.1.1.1. On-site Resources
Before the WOCN evaluation team arrives on site, the program should compile information for on-site evaluation by the team. In general, the information should include any materials referenced in the self-study document that were not included in the appendices, and any other information that provides evidence of compliance with the accreditation criteria.

During the on-site evaluation, the team must have access to student files and records. The WOCN Society recognizes that such materials may contain personally identifiable student information that is subject to the Family Educational Rights and Privacy Act (FERPA). However, FERPA and the U.S. Department of Education's related regulations at 34 CFR Part 99 allow disclosure of such information to accrediting organizations carrying out their accrediting functions. Student files and records may therefore be provided to the WOCN Society under FERPA without obtaining prior student consent. These files and records are not to be removed from the program's property, and their contents will be kept confidential.
The program director should submit a list of names and titles of all persons to be interviewed and present at meetings during the course of the on-site evaluation.

Accommodations must be made to facilitate participation by off-site participants (e.g., conference call, Skype, etc.) during the on-site evaluation.

4.4.1.2. Comprehensive On-site Evaluation: Who May Attend

The program director must ensure that sessions with the evaluation team, including all interviews and the exit interview, are not recorded and that only members of the designated constituent group participate in the meeting.

The program director arranges for the team to meet with students who are representative of each specialty program.

The program director may only attend meetings that are specifically designated for program officials.

Faculty may not attend sessions that are designed for students or alumni (even if a current faculty member is enrolled as a student or is an alumnus).

The team reserves the right to request additional meetings with constituents and/or constituent groups in order to carry out its responsibilities. The team reserves the right to select individuals to be interviewed.

4.4.2. On-site Evaluation Summary

The evaluation team’s findings about the institution and specialty program(s) are based upon observations and impressions as well as upon information presented in the self-study document. These findings appear in a written report prepared by the team, which is described later in this publication. The team leader, on behalf of the team, provides a verbal summary of its findings to the program director and his/her invitees, if any, during the exit interview — the final session of the on-site evaluation.

This summary is not to be construed as affirmation of accreditation or non-accreditation. Determination of accreditation status is a post-evaluation process between the Accreditation Committee and the board of directors.

4.5. On-site Evaluation Report

4.5.1. The On-site Evaluation Report is based on:

2. Materials submitted by the program.
3. Materials reviewed during the evaluation.
4. Requested supplemental information.
5. Interviews with the program director, faculty, students, preceptors, and others.
6. Previous On-site Evaluation Report. (Copy of the last On-site Evaluation Report must be kept on file at school for evaluation team.)

4.5.2. Content of On-site Evaluation Report

The evaluation team report is an objective assessment of the program’s compliance with the accreditation criteria.

The team report is based upon the team’s analysis of program documents and other materials provided by the program, as well as an analysis of information garnered during interviews with program constituents, observation of classes and other activities of the team during the on-site evaluation. All statements, findings and recommendations included in the report are made in good faith with a view toward enhancing the quality of the educational program. The report reflects only that information obtained as part of the educational evaluation process conducted in accordance with WOCN Accreditation Criteria (see Section 9).

For each program (specialty or full scope) under review, the team makes a written determination in the team report about whether a program has met (i.e., that the program substantially complies with the criteria) or not met (i.e., that the program fails to substantially comply with the criteria) each accreditation criteria. For each program under review, a determination is made about whether there are compliance concerns. A narrative summary under each criterion supports the team’s findings. The report is organized according to the Society’s Accreditation Criteria (see Section 9).

4.5.2.1. Within 7 business days of the on-site evaluation, the evaluation team will forward the report to the Accreditation Committee for review at the next scheduled meeting. The report is then forwarded to the program director for review and comments.

The program is provided a maximum of 10 calendar days to submit a written response to the report of the team. The response to the team’s report may offer corrections of errors as they relate to names, positions or data, and clarification of other documentable facts. This written response along with the team’s report is forwarded to the Accreditation Committee within 7 business days.

The Accreditation Committee considers the Evaluation Team Report with the Program Response report when writing the final recommendation that is sent to the Board of Directors. The Accreditation Committee reviews the report during its next scheduled meeting. Its recommendation(s) and decision are sent to the Board of Directors. The final copy is made available to the program director.
As the response to the report is considered along with the Accreditation Committee Report, the WOCN Society does not require the program director to attend those meetings; however, program representatives may request to meet with the Board of Directors and at the institution’s expense. The program director should inform the WOCN Society of the program’s request to send representatives to the Board meeting when submitting the program’s response to the team report. The program director’s request to send representatives to the Board meeting must be submitted at least 30 days in advance of the Board meeting. WOCN may, in its sole discretion, grant or deny the request to meet with the Board.

4.5.3. Time frame for completion of the Evaluation Report
The board of directors will vote on the Accreditation Committee’s recommendation during their next scheduled business meeting. A certificate of accreditation will be sent to the WOCNEP after invoiced fees are paid in full. The president of the Society or the president’s designee will notify the program director in writing (by USPS and electronically) of the accreditation status within 15 business days of the board of directors’ vote.

4.5.3.1. The Accreditation On-site Evaluation Report and the Self-study Report will be retained at the National Office for 7 years.

4.6. Accreditation Status
4.6.1. Accreditation status will not be published until all financial obligations to the society by the program have been met.

4.6.2. The president of the Society or the president’s designee will notify the program director in writing (by USPS and electronically) of the accreditation status within 15 business days of the board of directors’ vote.

4.6.3. Accreditation is effective for a period of seven years, subject to the monitoring and other requirements described elsewhere in this manual.

4.7. Evaluation of the Accreditation Process
Program director(s) is requested to complete the Accreditation On-site Evaluation Form (see Appendix F) and return to the National Office within 30 days of the site visit.

5. MONITORING PROGRAM PERFORMANCE

5.1. Annual Report
The program director of an accredited program is required each year to submit a report to the WOCN Society, providing statistical data and other information about the program(s), faculty, and students. The information submitted in the annual report is utilized to update WOCN records concerning the program continued compliance with
the WOCN criteria. Information collected as part of the annual report includes enrollment data as well as other areas of interest. Annual reports are reviewed by the WOCN Accreditation Committee. If concerns or problems are identified, the Accreditation Committee may request additional information from the program. The Accreditation Committee offers a confidential recommendation to the Board on the action to be taken. That action may include, but is not limited to, additional reporting, a focused or comprehensive on-site evaluation, or the issuance of a show cause directive.

1. The annual report is a communication tool between the program and the Accreditation Committee and is to be submitted to the National Office yearly by March 31. The annual report must be submitted electronically.

2. The Annual Report Form for WOCNEPs is found at Appendix G of the Accreditation Manual. Information required in the report is specific to the preceding calendar year.

3. The annual report is not required for the year in which on-site evaluation occurred for accreditation or re-evaluation purposes.

4. All questions must be answered completely with appropriate supporting documentation as indicated. Incomplete reports will be returned to the program director(s).

5. Progress on any recommendations made since the program's last on-site evaluation should be addressed in the annual report. (Annual Report Form for WOCN Society Accredited Nursing Education Program.)

6. The National Office will confirm receipt of the report with the program director(s).

7. The Accreditation Committee will contact the program director(s) with approval of the annual report or request clarification/further documentation by June 1.

8. The program will be responsible for any fees (conference calls, communications, etc) incurred for resolution of issues.

9. The Accreditation Committee will submit a summary of findings to the board of directors for their July board meeting.

Failure to submit the annual report will result in the Accreditation Committee forwarding a recommendation to the board for program's accreditation to revert to 5-year expiration.

5.2. Substantive Change Notification: Changes in Program Structure, Outcomes or to Activate a Program Director Contingency Plan
Irrespective of required annual reports, the program is required to notify WOCN National Office of any substantive prospective change affecting the program. Substantive changes include, but are not limited to:

1. Change in established mission or goals of the program.
2. Change in legal status, control, or ownership of the institution or program.
3. A significant reduction in resources of the institution or program.
4. Change in (including development, suspension, or closure of) program offerings or options.
5. The addition of new offerings or educational options by format and/or provision of existing course/program via new delivery method, including high definition simulation that represent a significant change in method or location of delivery from those offered when the WOCN Society last evaluated the program.

6. Change of the program director.

7. Change in faculty composition and size.

8. Significant change in student enrollment.

9. Significant change in clinical affiliations.

10. Major curricular revisions.

11. Change in student achievement such that completion rates or pass rates of the program fall below WOCN Society’s expectations (See Section 9.7).

The substantive change notification is submitted by the program director(s) and must document the rationale, nature and scope of the substantive change and how the change affects the program's compliance with the accreditation criteria. The substantive change notification should not exceed 5 pages, unless otherwise negotiated with WOCN Accreditation Committee.

The substantive change notification must be submitted to WOCN National Office 90 days prior to the target date for implementation.

The substantive change notification is reviewed by the WOCN Accreditation Committee who makes its recommendations to the WOCN Board of Directors for consideration at its next meeting. Upon review of the notification, the Board may approve the change or may request additional information. The Board’s review of a substantive change notification may result in additional reporting requirements or a focused or comprehensive on-site evaluation.

Continued accreditation of the program is contingent upon the program director apprising WOCN National Office of substantive changes in a timely manner. The program director is encouraged to contact WOCN Accreditation Committee if there is a question about whether a change constitutes a substantive change.

See the section on Withdrawal of Accreditation: Closed Programs for information on the timing of reporting the closing of a degree offering.

5.2.1. If the Program Director changes, the following must be submitted to activate a contingency plan for the program director’s coverage:

1. The Interim director needs to complete the Program Director(s) Application (see Appendix A).

2. The Program Director Application and a cover letter describing anticipated length of the interim program director contingency plan are sent electronically to the National Office within 5 days of the change.

3. The National Office forwards this information to the Accreditation Committee chair(s) who will review the documents to ensure the interim program director meets the minimum requirements for being a program director. The Accreditation Committee
Committee chair will respond to the program within 7 business days with acknowledgement of this change.

4. If the Accreditation Committee chair does not find the interim program director meets the qualifications for being a program director, the program’s accreditation is suspended immediately until a qualified Program Director Application is received and approved and the named individual can assume responsibility.

6. ACCREDITATION STATUS

6.1. Categories of Accreditation

6.1.1. Accreditation
Accreditation is granted by the WOCN Board of Directors to a WOCNEP that demonstrates compliance with the WOCN criteria. Accreditation is an indication of WOCN Society’s confidence in the overall integrity of the program, the demonstrated success of the program in achieving program outcomes and engaging in continuous self-improvement, and the ability and wherewithal of the program to continue as an accredited program for the foreseeable future. Accreditation begins January 1 of the following calendar year of the review and expires December 31 of the seventh calendar year.

6.1.2. Accreditation Denied
Accreditation is denied by the WOCN Board of Directors when the Board determines that a WOCNEP program seeking accreditation fails to demonstrate substantial compliance with the WOCN criteria and/or fails to adhere materially to WOCN procedures (e.g., by failing to submit reports, pay fees, or adhere to other WOCN procedures). When the Board considers an action to deny accreditation, the Board a) determines that one or more WOCN accreditation criteria are not met and/or b) identifies the specific WOCN procedures to which the program has failed to adhere. The program has an obligation to inform students in the program and applicants to the program of this adverse action. The WOCN Board also issues a public statement concerning final actions to deny accreditation. Before an action of the Board to deny accreditation is made public, the program is afforded the opportunity to seek and fully exhaust the appeal process. Following the implementation of the appeal process, if the action to deny accreditation is affirmed by the Board of Directors, the effective date of the denial of accreditation will be the date the Board of Directors affirmed the action.

6.1.3. Accreditation Withdrawn
Accreditation is withdrawn by the WOCN Board when the Board determines that a WOCN-accredited program fails to demonstrate substantial compliance with the WOCN criteria and/or fails to adhere materially to WOCN procedures (e.g., by failing to submit reports, pay fees, or adhere to other WOCN procedures). When the Board considers an action to withdraw accreditation, the Board a) determines that one or more WOCN accreditation criteria are not met and/or b) identifies the specific WOCN procedures to which the program has failed to adhere. The
program has an obligation to inform students in the program and applicants to the program of this adverse action. The WOCN Board also issues a public statement concerning final actions to withdraw accreditation. Before an action of the Board to withdraw accreditation is made public, the program is afforded the opportunity to seek and exhaust the appeal process. Following the implementation of the appeal process, if the action to withdraw accreditation is affirmed by the Board of Directors the effective date of the withdrawal of accreditation will be the date the Board of Directors affirmed the action.

The WOCN Board will withdraw accreditation of any program that is closed or otherwise terminated. Accreditation will be withdrawn effective at the time of closure of the program. Actions to withdraw accreditation of closed programs are not subject to appeal. Within 30 days of learning of a program’s closure, WOCN National Office will notify the public of said action.

6.2. Actions Affecting Show Cause

6.2.1. Show Cause
The Board of Directors may issue a directive of show cause when substantive questions and concerns are raised regarding a WOCN-accredited program’s compliance with the WOCN criteria or its adherence to WOCN procedures. The WOCN Society notifies the program director of the show cause directive in writing (by USPS and electronically).

The issuance of a show cause directive is not an adverse action, but a statement of serious concern by the Board. The program must respond to the Board’s concerns within a specified time and “show cause” as to why adverse action should not be taken against the program. The Board will consider the program’s response at its next scheduled meeting, and may act to vacate the show cause, continue the show cause and require additional reporting or a focused on-site evaluation, or take adverse action. Because a show cause directive is not an adverse action, it is not appealable. A program may remain subject to a show cause directive for no longer than 12 months. Because a show cause directive is not a final accreditation action, it is not made public.

6.2.2. Voluntary Withdrawal of Accreditation
The pursuit of accreditation is a voluntary process. Any program that seeks continued accreditation may withdraw from this process at any time.

Within 30 days of receiving written notification from the program director about an accredited program’s intent to withdraw from the accreditation process, the Board will notify the public of said action. A program that voluntarily withdraws from accreditation may reapply for accreditation no earlier than 6 months following the withdrawal. If a program allows its accreditation to lapse, this is considered the same as voluntary withdrawal of accreditation.
6.2.3. **Adverse Actions**
Adverse actions include the WOCN Board’s denial or withdrawal of accreditation (except for withdrawal of accreditation due to program closure). Adverse actions are subject to review under the appeal process. The appeal process may be initiated by the program in accordance with the procedures specified in this document.

6.3. **Publication of Accreditation Status**

6.3.1. **The WOCN Society’s Responsibility**
The National Office will maintain and publish a list of accredited programs and disseminate upon request.

6.3.2. **Program Responsibility**
A program is responsible for documenting in writing (by USPS and electronically) its accreditation status and expiration date to all students in process of admission and current students. Any change in accreditation status must be communicated within 2 business days to current and prospective students and the National Office.

7. **APPEAL OF ACCREDITATION DECISION (APPEAL PROCESS)**

7.1. **Program Responsibilities for Appeal**
A program that has not met the criteria for accreditation or has concerns about the On-site Evaluation Report or Accreditation Committee’s findings has the right to appeal the decision according to the following procedure.

7.1.1. The program director(s)/faculty must send a written letter of appeal with supporting rationale to the Accreditation Committee chair(s) and the board of directors. This letter must be postmarked within 30 days of notification of accreditation status. Letters postmarked after 30 days of receipt of the notification will result in denial of an appeal. If communication is done electronically, notification of receipt must be provided.

7.1.2. Within 5 business days of initiating the appeal, the program must inform students (via mail or electronically) and applicants seeking enrollment that the program is in a grievance process with the Society regarding accreditation status. A copy of the notification must be forwarded to the National Office at the same time.

7.2. **Cost**

7.2.1. All outstanding program on-site evaluation invoices must be paid before an appeal hearing will be considered.

7.2.2. Once a letter formally requesting initiation of the appeal process is received by the National Office, a charge master account is opened and will be used for fees.
incurred during the appeal process by the Accreditation chair(s), and committee members and/or the National Office staff. Fees will be itemized on the account.

7.2.3. An invoice will be billed to the WOCNEP within 15 days of the appeal decision. Receipt of payment in full is due to the National Office within 60 days of program receipt. Certification of accreditation, if appropriate, will be withheld until receipt of payment in full.

7.2.4. Cost of the appeal hearing process include but are not limited to:
   - conference call expenses.
   - photocopying.
   - postage.
   - legal and consulting fees.

7.3. WOCN Society’s Board of Directors’ Responsibilities

7.3.1. Upon receipt of the letter of appeal following an Adverse Action by the Board of Directors, the president of the Society or the president’s designee will convene an Appeal Panel comprised of six members, not previously involved with the process. These six panel members will be volunteer leaders of the Society and not have conflict of interest with the program appealing. Conflict of interest may be identified as, but not limited to, individuals associated with the grieving program or other WOCNEPs.

7.3.2. The Society’s president-elect or the president-elect’s designee will serve as the non-voting chair of the Appeal Panel and will conduct the Appeal Hearing.

7.3.3. The Society’s president-elect or the president-elect’s designee will schedule an Appeal Hearing within 30 days of receipt of the letter of appeal.

7.4. Appeal Hearing

The purpose of the hearing is to determine whether the WOCN Society’s decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it acted, or whether the procedures used by the WOCN Society to take its action were contrary to the WOCN Society’s bylaws, criteria, or other established policies and practices, and that procedural error prejudiced WOCN Society’s consideration. It is not to re-evaluate anew the educational program.

7.4.1. The following materials will be sent to the members of the Appeal Panel prior to the Appeal Hearing: Evaluation Team Report, Program Response Report, Final Report by the Accreditation Committee, Program’s Self-study, Program’s past Self-study Report, and the appeal letter and rationale for appeal. Developments, plans and improvements made after the on-site evaluation are not relevant to the appeals process and will not be considered by the Appeal Panel.
7.4.2. The following individuals will participate in the Appeal Hearing: Appeal Panel, the Society’s president-elect or president-elect’s designee, Accreditation Committee chair(s), Accreditation Committee evaluation team and the director(s) of the involved program. The Program Director of the involved program will be notified of the hearing date within 2 weeks of the start of the Appeal Hearing.

7.4.3. The format of the Appeal Hearing is as follows:

- Introduction of all participants.
- Review of purpose and procedure.
- Presentation of Accreditation Committee’s recommendations and rationale by the Accreditation Committee chair(s) and evaluation team.
- Presentation of rationale for appeal by the director(s) of the involved Program.
- Discussion of materials (i.e., questions by Appeal Panel members to clarify issues and recommendations).
- Responses of Accreditation Committee members to statements by appealing program director(s).

7.4.4. The hearing is concluded when the panel members state they have no further questions and are ready to proceed with deliberation. Summation remarks by appealing program director(s) and Accreditation Committee chair are solicited.

7.4.5. The Appeal Panel is reconvened within 24 hours following the hearing by the president-elect or the president-elect’s designee of the Society for the purpose of deliberation, voting, and recommendations. The voting is by roll call. In the event of a tie, the Society’s president-elect or president-elect’s designee votes to break the tie.

- Based on data presented, each panel member votes to either:
  - Uphold board of directors’ decision.
  - Change the program’s status as indicated

7.5. Accreditation Status during Appeal Process

Upon receipt of an appeal, the existing accreditation status is maintained until disposition of the appeal. The existing accreditation status applies to all students graduating during this period.

7.6. Communication of Appeal Panel Decision

7.6.1. Within 7 business days of the hearing, the Society’s president-elect or the president-elect’s designee transmits the decision of the Appeal Panel in writing (by USPS and electronically) to the board of directors, the Accreditation Committee chair(s), and the program director(s).

7.6.2. The program director(s) of the appealing program is responsible to notify all students and applicants of the decision in writing (by USPS and electronically) within 2 business days following receipt of the decision and for sending a copy of
this notification to the National Office within the same time frame. Students who graduate from the program following an Accreditation Denied or an Accreditation Withdrawn decision have graduated from a non-accredited program.

7.6.3. A brief, factual statement will be prepared by the board of directors about the appeal decision. The National Office staff, Accreditation Committee members and board of directors’ members will use this statement to respond to questions about the status of the program after the program has been notified of the appeal decision.

8. GRIEVANCE AGAINST A WOCNEP

8.1. Grievance Process
A grievance regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees or the public. A grievance process is a fair and professional process for reviewing a grievance/complaint directed toward an accredited WOCNEP.

Limitations
The Society cannot act as a judicial body in resolving disputes among individual parties. Viable complaints are only those that relate to a specific area in which it is alleged that the Society’s criteria and/or procedures have not been followed. If a complaint is justified, the Society may intervene to the extent of determining whether the criteria have been met and/or procedures have been followed.

The Society cannot intrude upon or interfere with the decisions of an institution to evaluate individual students or faculty. However, the Society may review published policies and the implementation of stated policies that affect such decisions to the extent related to accreditation criteria. If necessary, the Society may conduct its own fact-finding investigation in order to determine whether policies are consistent with applicable criteria and procedures. When the Society conducts an investigation of a complaint against an accredited program, the program will be responsible for paying the full and actual costs associated with the investigation.

8.1.1. Initiation of the Grievance Process
In the event an educational concern/issue is raised by a student, a recent graduate or others, the Accreditation Committee will instruct the individual to follow the internal complaint or grievance processes of the program. Complainants must demonstrate that efforts have been made to resolve issues or problems by means of internal procedures (when applicable) that are available within the program or institution.

8.1.1.1. Grievances are made in writing (by USPS and electronically) to the National Office.
8.1.1.2. The National Office notifies the Society’s president or the president’s designee and the Accreditation Committee chair(s) within 7 days of receipt.

8.1.1.3. Within 14 business days of receipt of the written complaint, the complaint is reviewed by the Society’s president or the president’s designee and the Accreditation Committee chair(s). The National Office staff may confer with legal counsel and confirm by telephone or email within 7 business days of receipt to determine the best course of action based on the grievance.

8.1.1.4. The program will be contacted and apprised of the situation. A representative of the program will be asked to submit a written response to the grievance to the National Office with a copy to the Society’s president or the president’s designee and the Accreditation Committee chair(s) within 14 business days of it being received.

8.2. Response to the Grievance
In order to address students’ grievances against a program, the Accreditation Committee chair(s) and the Society’s president or the president’s designee may take any of the following actions:

8.2.1. Determine that the grievance is invalid and notify the complainant and the program director(s).

8.2.2. Discuss the grievance with the program director(s) and request that an action plan be submitted by a specified date.

8.2.3. Request additional information from the program needed to pursue the grievance further.

8.2.4. Require a focused or comprehensive on-site evaluation to the program to assess the matter in further detail. Schedule an on-site evaluation. During the on-site evaluation, two evaluators will investigate the validity of the grievance. Expenses incurred for this visit will be the responsibility of the program.

8.2.5. Make recommendations to the program suggesting or requiring changes in procedures or compliance with the Society’s criteria and/or procedures.

8.2.6. The Accreditation Committee chair(s), the Society’s president or the president’s designee will respond to the grievance and the program in writing (by USPS and electronically) at the conclusion of its investigation.

8.2.7. If the grievance is found to be valid and cannot be satisfactorily resolved, the Accreditation Committee will make a recommendation to the board of directors regarding correction of the grievance and the accreditation status.