

International Agency for Chiropractic Evaluation



Accreditation/Certification Documents

2023

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Section I: Introduction to the IACE

The International Agency for Chiropractic Evaluation (IACE) was founded by experts in chiropractic education, regulation and testing on January 4, 2001 to advance education and practice in vertebral subluxation-centered chiropractic. The IACE was chartered by the State of Iowa on March 28, 2001 as a non-profit corporation whose purpose was to be a chiropractic education and evaluation resource.

The IACE was first called upon to fulfil a need to evaluate the proficiency of chiropractic practitioners in Argentina. Recognizing that no other agency capable of evaluating the proficiency of vertebral subluxation-centered practitioners existed, the Asociación Quiropráctica Argentina (AQA), the Argentine national chiropractic association, requested competency and proficiency testing of their qualified members. The IACE accepted the invitation to provide an examination in the philosophy of chiropractic and in the knowledge and skills relevant to safely and effectively locate and correct vertebral subluxations.

A pool of experts in the field was compiled and examinations were prepared, planned, and administered by the IACE in Argentina beginning in 2001.

The IACE has become a recognized authority in vertebral subluxation-centered chiropractic education and evaluation, providing consultation and examination services to a university in Argentina and the Fundación Quiropráctica Argentina (FQA), an Argentinean non-profit organization that facilitated chiropractic course material for Universidad Empresarial Siglo XXI, an accredited university in Argentina. Successful completion of the IACE exams has been required by Universidad Siglo XXI as an entrance requirement for its Diplomatura program, a post-graduate training program in chiropractic. On September 30, 2008 the IACE also received official recognition as an authority on chiropractic education by the Peruvian Chiropractic Association.

In 2012 the Sustainability Committee (SC), a think tank dedicated to sustaining and advancing vertebral subluxation-centered chiropractic, observed that there was a need for an accreditation agency capable of and focused on the evaluation of vertebral subluxation-centered education. The SC suggested that, based on the available expertise and experience, the IACE was well situated to create this resource. In response to this finding the IACE passed a resolution on October 20, 2012 accepting the charge to explore the processes, procedures, and planning necessary to initiate the development of a framework to fill this void. The IACE assembled panels of experts to plan, organize, and compile the structure necessary to offer an Accreditation/Certification function.

Benefits of IACE Accreditation/Certification

Constituents including the public, governmental agencies, and prospective students typically look for verification of academic integrity. In chiropractic education the IACE is unique in its focus on quality assurance relevant to vertebral subluxation-centered education and practice. Constituents can be assured that institutions accredited or certified by the IACE have been held to this higher standard.

Institutions also benefit from the Accreditation/Certification with IACE in the following ways:

- IACE Accreditation/Certification utilizes efficient virtual processes adding efficiency and cost-effectiveness to the process.
- The IACE self-evaluation process supports planning and improvement by helping institutions identify program strengths and weaknesses.
- IACE Accreditation/Certification promotes excellence. It is qualitative by design, focused on educational outcomes and encourages innovation.
- The IACE Standards are based on vertebral subluxation-centered practice.

Section II: Mission and Vision

The IACE fulfills its purpose as a chiropractic educational and evaluation resource.

Statement of Purpose

To advance vertebral subluxation-centered chiropractic by facilitating the achievement of academic excellence.

- Organizations and individuals holding status with the IACE demonstrate a commitment to rigorous academic and professional standards.
- Institutions holding status with IACE have demonstrated compliance with the IACE Standards of excellence in educational quality and effectiveness, academic and institutional integrity, and providing resources and offering training leading to professional vertebral subluxation-centered practice.

Section III: Organization of the IACE

The IACE is an agency which self-governs through a Board of Directors. The Board of Directors is comprised of members who represent academic programs, administrators, professional practice, and the public. The responsibilities of the Board of Directors are described within the Bylaws of the IACE. Election to the Board, terms of office, and process for removal from office are also described within the Bylaws.

The Commission on Accreditation/Certification

The Commission on Accreditation/Certification is appointed by the Board of Directors to develop, maintain, apply, and regularly review the IACE Accreditation/Certification processes and the standards for Accreditation/Certification.

The Commission on Accreditation/Certification is appointed by the Board of Directors to develop standards, policies and procedures which are subject to approval by the Board of Directors. The Commission on Accreditation/Certification elects a Chair, and it functions autonomously in the evaluation of educational programs.

Executive Director and Staff of the IACE

The Executive Director is responsible for the guidance, management, and daily operation of the IACE and serves as a non-voting ex-officio member of the Board of Directors and liaison to the Commission on Accreditation/Certification. The staff of the IACE reports directly to the Executive Director.

Financial Policies

All financial policies, including the fee structure for Accreditation/Certification, are set by the Board of Directors.

Section IV: IACE Accreditation/Certification

Accreditation/Certification is a process for recognizing educational institutions and programs for a level of performance, integrity, and quality. IACE status assures the public that these programs are meeting its standards of academic excellence. Established criteria are met by the accredited/certified institution granted status, which is made known publicly.

Accreditation/Certification at the postsecondary level performs a number of important functions, including the encouragement of effective planning and its implementation toward maximum educational effectiveness. This process requires institutions and programs to deeply examine their goals, activities, and effectiveness; consider expert input gained during the process; and act on suggestions and recommendations from the IACE. IACE member institutions are evaluated with respect to their pursuit of an autonomously determined mission statement.

Since Accreditation/Certification is an ongoing process it encourages programs and institutions to maintain continuous self-evaluation and improvement in order to achieve the best possible educational outcomes.

The IACE Commission on Accreditation/Certification offers two types of recognition for educational institutions, accreditation and certification. Both accreditation and certification are rigorous and should be considered academically equivalent statuses, providing their constituency with assurance regarding the academic quality of these vertebral subluxation-centered programs.

A. Accreditation

IACE Accreditation is institutional as the stability of the entire institution is taken into consideration. It tends to be most applicable for circumstances where the vertebral subluxation-centered program is the only training offered.

- **Accreditation Applicant** is not an Accreditation/Certification status. Rather it is a designation that may be used once a program's application for status with the IACE has been accepted and it is in the process of consultation, self-evaluation, and site evaluation. This designation may not be used for more than 12 months.
- **Candidate for Accreditation** status is granted when a program initially applies for Accreditation, is found to be in substantial compliance with the Standards, and has demonstrated the planning, commitment, and ability to come into full compliance within the allotted time frame. "Candidate for Accreditation" status may be held for no more than 5 years subject to progress as demonstrated by acceptance of Annual Reports.

- **Accreditation** is granted to a program indicating that the program meets the IACE Standards. Initial Accreditation is usually granted for a 3-year term, and renewals may be granted for up to 7 years.

B. Certification

IACE Certification is programmatically focused on the vertebral subluxation-centered curriculum, relevant planning, and outcomes. It is most applicable for circumstances where the institution wishes to demonstrate their excellence in vertebral subluxation-centered training or where it may not be the only training offered.

- **Certification Applicant** is not an Accreditation/Certification status. Rather it is a designation that may be used once a program's application for status with the IACE has been accepted and it is in the process of consultation, self-evaluation, and site evaluation. This designation may not be used for more than twelve months.
- **Candidate for Certification** status is granted when a program initially applies for Certification and is found to be in substantial compliance with the Standards and has demonstrated the planning, commitment, and ability to come into full compliance within the allotted time. "Candidate for Certification" status may be held for no more than five years subject to progress as demonstrated by acceptance of Annual Reports.
- **Certification** is granted to a program indicating that the program meets the IACE Standards. Initial Certification is usually granted for one, three, or five years (maximum allowable for initial status is five years).

C. Eligibility for IACE Accreditation/Certification

- An institution must be legally constituted and authorized to operate in its jurisdiction.
- The program must have and be in pursuit of a vertebral subluxation-centered mission.
- The institution must demonstrate the operation or feasibility of a vertebral subluxation-centered educational program in terms of function, demographics, public need, student interest, and availability of clinical facilities.

Application

The application for IACE accreditation includes a Letter of Intent from the appropriate Chief Operating Officer of the institution and governing body, documentation of eligibility, completion of the Application Form, and the payment of the Application Fee. The application form is available at the following link: <https://bit.ly/IACEForm>

Inquiries should be directed to:

Executive Director, IACE
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D. The IACE Accreditation/Certification Process

The heart of the Accreditation/Certification process is the self-evaluation. It enables an educational program to assess the outcomes of the combined efforts of all facets of the institution pursuing its mission and goals.

The mission and goals indicate the desired outcomes and statements of objectives serve as specific criteria by which outcomes may be assessed. The primary purpose of the self-evaluation is to establish a revealing and objective review of the entire educational program. The institution “looks at itself” more for the purpose of self-improvement and long-term planning than to gain Accreditation or Certification. It engages all facets of the program in a critical review of institutional mission, goals, and objectives, and in identifying strengths and weaknesses in the achievement of intended outcomes.

The Self-Evaluation Report (SER) also aids the IACE team to evaluate the program by showing the extent to which the program’s mission, goals, and objectives are being met and are in alignment with the IACE Standards. It takes into account the resources, constituencies, physical facility, and other factors. This report should give the evaluation team a deep understanding of the program’s mission and goals and should provide the site evaluation team substantial knowledge of the program’s faculty, administrators, students, financial integrity, and its governance in compliance with IACE Standards.

Self-evaluation Guidelines (also see Self-evaluation Manual)

These guidelines are intended to help generate enthusiastic participation essential for an effective self-evaluation.

- a. The administration of a program should carefully communicate the value of continual self-evaluation and self-improvement of the institution to all concerned.
- b. Faculty and student “buy-in” is essential for a successful self-evaluation process. Creating a sense of ownership of the process is an excellent way to gain the participation of faculty, staff, and students.
- c. Administrators should emphasize the usefulness of the IACE’s expert consultation with regard to vertebral subluxation-centered education and practice.
- d. It is also important for the institution to demonstrate that self-evaluation is a priority by providing adequate support and financial resources to the self-evaluation activity. Failure to do so actually undermines the entire process by sending the message that it’s unimportant.
- e. All on-campus constituencies should be involved in the self-evaluation process. This facilitates the most accurate information and reliable assessment of the issues being considered.

- f. In addition to on-campus persons; alumni, support staff, trustees, employers, and representatives of the community will help develop a better evaluation of the program.
- g. Programs should not attempt to conceal perceived weaknesses. It is only by uncovering these that programs determine how to improve.
- h. Candidness, honesty, and willingness to find problems and potential solutions open the door to improvement. Administrators continuously bear the key responsibility to make it clear to everyone that the self-evaluation is an important part of planning and improvement.
- i. The self-evaluation is an opportunity to identify the strengths and accomplishments of the program.
- j. Before a self-evaluation is submitted to the IACE, administrators along with persons involved in all levels of the program should critically review the results of the self-evaluation. Commendations should acknowledge areas of strength, potential solutions to problems should be derived, and new directions should become identifiable as a result of the process.
- k. A final review should be performed on campus to ensure the completeness and accuracy of the report.
- l. A final SER is submitted to the Chair of the IACE Commission on Accreditation/Certification.

Site Evaluation Overview

Upon receipt of an initial Letter of Intent, Application Form, and payment of the deposit on initial fees, the Executive Director will review documentation related to eligibility and an official letter accepting the application will be sent to the institution. In that letter the IACE Executive Director will schedule a preliminary site visit with the institution.

Preliminary Site Visit

The preliminary site visit generally lasts one day. This visit involves the Executive Director, or their designated representative, with the key leadership of the applicant institution. The primary objective of the preliminary site visit is to provide consultation to the institution's leadership prior to embarking on the self-evaluation process. It also provides an opportunity for relationships to be built as the partnership between the institution and the IACE begins. The Executive Director will develop an agenda for the visit with input from the institution's Chief Executive Officer (CEO). If time permits the institution may choose to involve faculty, students, and staff as well.

IACE Site Evaluation Team

A Site Evaluation Team (SET) is selected by the Chair of the Commission on Accreditation/Certification. The team will consist of two to four members from the Site Evaluator Pool, including both academic and clinical expertise. It is their

responsibility to objectively and impartially assess the quality of the program seeking or renewing Accreditation/Certification, for congruence with the IACE Standards.

Prior to the final selection of the SET for a specific institution, the CEO of the program is provided with a list of at least five potential evaluators from the IACE Site Evaluator Pool. The CEO is given the opportunity to strike the names of individuals who are perceived to have a conflict of interest with the program.

Members of the Board of Directors and IACE staff may serve in the IACE Site Evaluator Pool. A Team Chair is designated by the IACE and serves as the official spokesperson for the team during the evaluation process.

Virtual Phase of Site Evaluation

The SET employs various forms of electronic communications including videoconference, teleconference, and web-based interactions. The virtual phase of the site evaluation takes place over a period of time, usually two weeks to one month. It includes the institution's leadership team, other administrators, faculty, students, trustees and any other appropriate constituents/stakeholders of the program.

A two-way dialogue takes place and may include questions or specific statements about IACE Standards or procedures, which are thereby clarified and/or answered. The SET members are also able to interact with each other and gain a thorough working knowledge of the program. The overarching purpose of the virtual site visitation is to validate and verify the content of the SER. Through interviews and review of requested documentation the SET gains a much greater depth of knowledge and understanding of the educational program.

During the virtual phase of the site evaluation the SET members continuously compile their respective portions of what will become a written report. The Team Chair receives their submissions which are coalesced by the Chair into a Preliminary Site Evaluation Report (PSER). This report is presented to the CEO and on-campus leadership (as determined by the CEO) during a teleconference or videoconference.

Final Site Evaluation

The PSER is then sent to the IACE Executive Director. During the next 30 days the program has the opportunity to correct any perceived errors of fact in the PSER, and provides a written response to the findings and recommendations of the PSER. Correction of errors of fact should be forwarded to the IACE separately, as soon as possible. The further full written response should be sent to the IACE within 30 days. Responses to the PSER are sent to the IACE Executive Director (not the SET Chair). The PSER and the program's response are then forwarded to the IACE Commission on Accreditation/Certification for final evaluation. The SET Chair presents the report and responds to questions at the IACE Commission on Accreditation/Certification meeting where the final review takes place. The CEO of

the institution may be present, but is not required for the IACE Commission on Accreditation/Certification meeting. The PSER will be modified and/or adopted as the Final Site Evaluation Report (FSER). The IACE Commission on Accreditation/Certification will take action by granting an appropriate status or taking a negative action. The Executive Director will send a copy of the FSER and notification of action taken to the institution's CEO.

The IACE will not grant Accreditation or Initial Program Status to a program that is subject to:

- A pending or final action by a governmental agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide post-secondary education;
- A pending or final action brought by another accrediting agency recognized by the IACE to suspend, revoke, withdraw, or terminate the institution's accreditation or pre-accreditation.

E. Annual Report

The IACE monitors and evaluates the program's continued compliance with the Standards during interim periods (as stated in the accreditation correspondence) with Annual Reports and required Substantive Change notifications (see below).

Annual reports must be submitted by the institution on or before the due date to the IACE Executive Director. Annual reports are reviewed by the IACE staff. The IACE office may contact the institution for additional information about any unclear information or if there are apparent areas of non-compliance or deficiencies. The IACE may take appropriate remedial action at any time if there are concerns about compliance with the Standards. These may include self-studies, focused visits, interim reports, or even Show Cause orders.

F. Substantive Change

Substantive Change notifications alert the IACE to any significant changes involving the institution or its program that have the potential to impact compliance with IACE Standards. Some, but not all of the changes that the IACE considers Substantive include: mission statement, degree granting status or degrees offered, location of program, significant curriculum change or revision, major institutional policy or leadership changes, or significant financial resource shifts. The IACE shall be notified in writing at least 60 days in advance of any anticipated Substantive Changes.

G. IACE Fees

The IACE maintains a schedule of fees to support the operations of its Accreditation/Certification services, training, and organization. Fees are payable in U.S. dollars.

Initial Program Status Fees

A non-refundable deposit (accompanies the Letter of Intent)	\$1,500
Initial application fee	\$3,500

This fee includes the required consultation, which takes place in the form of a preliminary site visit (note: 1. This fee must be paid before the applicant may use the designation, "Certification Applicant" or "Accreditation Applicant"; 2. The applicant program will also be assessed the additional cost of travel and lodging for one person).

Site evaluation fee	\$3,000
(This fee is due prior to the submission of the SER.)	

Annual fee	\$2,000
(The first annual fee is due upon the awarding of status with the IACE.)	

Renewal of Status Fees

Renewal of status application fee	\$1,500
Site evaluation fee	\$3,000
Annual fee	\$2,000

(The annual fee is due upon the awarding of renewed status with the IACE.)

H. Voluntary Withdrawal

A program or institution that voluntarily withdraws from its Accreditation/Certification must notify the Executive Director in writing. Programs or institutions are not eligible for refunds of any fees paid.

Section V: Adverse Actions

Programs or institutions found to be substantially out of compliance with the IACE Standards for Accreditation/Certification may receive an adverse action.

A. Warning

A “warning” is a confidential action to alert a program that it must address concerns related to its status with the IACE which could result in non-compliance with the IACE Standards and/or IACE policies and procedures. The program or institution must respond to a warning within the time period specified in the letter of notification from the IACE Executive Director. Warning may not be continued longer than 12 months.

B. Probation

When a program or institution holding IACE status is judged to be not in compliance with the IACE Standards for Accreditation/Certification to the extent that the educational effectiveness of the program is in jeopardy, The Executive Director will notify the program or institution that the IACE has placed it on Probation. Regular progress reports will be required and the Commission on Accreditation/Certification will stipulate any additional site evaluation procedures as appropriate to confirm the institution’s plan to ameliorate the concern(s). A program must demonstrate compliance with the Standards for Accreditation/Certification in order to maintain its status with the IACE. A program may not remain on probation for more than two years.

C. Administrative Probation

When a program or institution fails to meet its reporting or financial requirements the Executive Director will place the program or institution on Administrative Probation. This non-public sanction must be resolved within 60 days. If the program or institution fails to meet the reporting or financial requirement within that time period the Commission on Accreditation/Certification will take further action in accordance with IACE policies and procedures.

D. Denial/Deferral/Revocation

- **Denial:** When a program or institution applying for initial status does not substantially comply with the IACE Standards for Accreditation/Certification, or fails to meet other IACE requirements, it is denied initial status with the IACE.
- **Deferral:** When a program or institution applying for initial status does not fully comply with the IACE Standards for Accreditation/Certification, or fails to meet other IACE requirements, it may receive deferral until sufficient evidence

of compliance with all IACE standards and requirements is available to grant status. Since deferral is not a final action it is not subject to appeal. Deferral may continue for a maximum of 12 months. If status is not granted within that period of time the program or institution wishing to achieve status with the IACE must reapply.

- **Revocation:** Programs or institutions already holding status with the IACE that no longer meet the IACE Standards for Accreditation/Certification, or fail to meet other requirements of status with the IACE, may have their status revoked. The program or institution no longer retains status with the IACE, but may reapply again after a period of one year.

E. Appeal Procedure

Adverse actions are appealable with the exception of Warnings and Administrative Probation. In the case of Administrative Probation the program or institution is able to remedy the problem by meeting its reporting or financial requirements (within 90 days).

When the IACE Commission on Accreditation/Certification votes to withdraw, withhold, or deny a status from a program, notification also includes the reason(s) for the decision and informs the program of its opportunity to request an appeal of the decision. Appeal is the mechanism whereby the program can present written documentary evidence of compliance with the appropriate standards. By exercising this prerogative, the program asks the IACE Commission on Accreditation/Certification to re-evaluate its decision to withhold, withdraw, or deny its status. During the appeal process the institution or program retains the status it had before the adverse accreditation action was made.

All correspondence referred to herein shall be submitted online and simultaneously sent by certified mail. All days refer to business days. An institution or program initiates the appeal procedure by submission of a letter to the Executive Director within 30 days after the date of the letter notifying the institution or program of an adverse action taken by the IACE. The letter requesting an appeal must contain a clear statement identifying the basis of the objection to the decision of the IACE. Appeals must be based on the contention that the decision of the IACE was arbitrary and capricious or not supported by substantial evidence in the record, or that the IACE failed to follow its established procedures. The institution or program bears the burden of proof on appeal.

The program or institution must submit its complete written appeal and any supporting documentation within 30 days of the date of the letter requesting the appeal. Only information that was part of the record reviewed by the IACE Commission on Accreditation/Certification prior to making its decision to take an adverse action may be considered on appeal. Meanwhile, an *Appeals Panel* will be appointed by the IACE Executive Director, who will compile a list of five qualified

persons within 14 days of receipt of the letter requesting an appeal. No individual is eligible for participation on an *Appeals Panel* who is or has been previously involved with the institution, its program, or the accreditation/certification activity that led to the specific IACE Commission on Accreditation/Certification action. The institution will choose three individuals from that list to serve on the *Appeals Panel*. The CEO must notify the IACE Executive Director of its choices within 14 days of the date of the letter listing the three choices. The program shall assume the expenses involved in the appeal process. *Appeals Panel* may meet via teleconference, video conference, or in person. An institution may request a live (in person) meeting of the *Appeals Panel* when it makes its choices of the *Appeals Panel* personnel. In that event the institution will bear the costs of travel and incidentals and will be required to pay a deposit of estimated costs in advance. The IACE Executive Director will set the date, time, and venue for the *Appeals Panel* to convene and will notify the institution as soon as possible, but no later than ten days before the *Appeals Panel* convenes. The panel must convene within 45 days from the date of the letter requesting the appeal.

The *Appeals Panel* shall prepare in advance of the hearing and shall be assisted in its preparation by the IACE Executive Director. The *Appeals Panel* will elect a Chair, review the IACE Standards for Accreditation/Certification and policies and procedures, the PSER, the program's response to the PSER, the FSER, and appeal documents.

When the appeal is heard, the *Appeals Panel* Chair will describe the procedures to be followed during the meeting. The program or institution will be given the opportunity to make a presentation and respond to questions from the panel. The program may be represented by legal counsel. The program may offer testimony that is relevant to the issues to be decided by the panel (i.e., the existence of the areas of Non-Compliance and IACE policies and procedures). The presentation shall be limited to the issues related to the adverse action decision of the IACE Commission on Accreditation/Certification. All information and documentation contained in the appeal must include a reference to where information can be found in the record that was before the IACE Commission on Accreditation/Certification when the adverse action was taken.

The *Appeals Panel* may take action by majority vote in executive session after the hearing or, if necessary, by telephone conference no later than seven days after the hearing.

- The panel must determine whether the IACE Commission on Accreditation/Certification action was arbitrary and capricious or not supported by substantial evidence in the record.
- The panel will also consider whether the procedures used by the IACE Commission on Accreditation/Certification to reach the adverse decision were contrary to established IACE policies and procedures.

- In a report detailing its findings the panel will issue a decision to affirm or remand the adverse accreditation action. The findings and decision of the appeals hearing panel shall be submitted by its chairperson to the IACE Executive Director and the institution or program within seven days of the hearing.
- If the *Appeals Panel* affirms the adverse action, the decision becomes final as of the date of the decision of the panel and is not subject to further appeal. If the *Appeals Panel* decides to remand the IACE Executive Director will schedule a meeting of the IACE Commission on Accreditation/Certification in person or by telephone conference as soon as practical (within 60 days) to review a decision of the appeals hearing panel to remand its decision.
- The IACE Executive Director shall notify the program or institution in writing of the final action of the IACE Commission on Accreditation/Certification.

F. Confidentiality Policy

Information obtained about a program or institution in the process of evaluation for accreditation/certification can be sensitive and even harmful if viewed out of context. For these reasons all IACE personnel and site evaluation team members are expected to keep all information confidential.

The IACE Commission on Accreditation/Certification encourages program or institution CEO's to make complete final IACE reports available to governing boards and to faculty members, administrators, and others directly concerned with improving their programs. The IACE maintains confidentiality of its relationships with institutions and does not announce any actions publicly about an institution other than its accreditation/certification status. If IACE reports are disseminated by programs or institutions, they must be given in full and only after a final accreditation/certification decision is made. The IACE's name and complete contact information must be included. The IACE may act to correct any incorrect and misleading information released about a program's accreditation/certification status, the contents of an IACE report, and/or the IACE's actions with respect to the program or institution.

G. Complaints

The IACE will accept complaints from individuals or groups regarding programs or institutions accredited/certified by the IACE. Institutions accredited/certified by the IACE must provide their various constituencies with IACE contact information.

Complaints must relate to a program or institution's compliance with IACE Standards or policies and procedures. Complainants should first employ the program or institution's own complaint procedure before filing a complaint with the IACE. If a group or individual still wishes to file a complaint with the IACE it should be submitted to the IACE Executive Director. Complaints must be in writing only, they must be specific, and any available documentation should be provided with the complaint.

Upon request and at the discretion of the IACE Executive Director, the IACE may withhold the identity of the complainant.

Within 10 days of receipt the IACE Executive Director will notify the institution's CEO requesting a response with relevant documentation. The institution must respond within 30 days. When possible, the IACE Executive Director will simultaneously encourage informal efforts to resolve the matters that led to the complaint. All available information will be provided to the IACE Commission on Accreditation/Certification for appropriate action or dismissal of the complaint. If a site evaluation is already in process the IACE Executive Director will also refer the complaint to the Chair of the Site Evaluation Team for investigation and consideration as a part of the evaluation process. The IACE Executive Director will provide both the complainant and the institution with a copy of the IACE Commission on Accreditation/Certification's decision on the matter.

H. Complaints Regarding the IACE

Complaints relating to any IACE personnel, the IACE Board, or other portions of the IACE organization or its agents are initiated by filing a complaint with the IACE Executive Director.

Complaints must be in writing only, they must be specific, and any available verifying documentation should be provided with the complaint. Confidentiality of information and documentation will be maintained. Within 10 days of receipt the IACE Executive Director will forward the complaint and supportive documentation to the IACE Board of Directors. The IACE Board of Directors will review the complaint to determine whether further investigation is warranted. If it is determined that an investigation is warranted, the IACE Board of Directors will have 45 days to complete its investigation. The IACE Board of Directors will then review the findings at its next regularly scheduled meeting, after which the complainant will be provided with the IACE Board of Directors' decision on the matter.

Section VI: IACE Standards

Accreditation/Certification with the IACE promotes educational excellence and assures the public and various constituencies that programs holding status with the IACE are committed to pursue and demonstrate training to prepare graduates with the knowledge, skills, and attitudes necessary to practice as competent, ethical vertebral subluxation-centered chiropractors.

Recognizing that educational excellence can be achieved in a variety of ways, the IACE exists to support programs with standards that identify basic essential elements of vertebral subluxation-centered education while respecting institutional autonomy and allowing flexibility in the ways that programs achieve their mission. Key to this is that institutions have a clear set of learning outcomes and assessment measures relevant to their desired outcomes. IACE institutions demonstrate that what is learned through self-assessment ties back into teaching and curriculum development in an ongoing cycle of planning and improvement. Regardless of the mode of delivery, compliance with all IACE Standards is the minimum requirement for Accreditation/Certification.

Standards are expressed in terms of "must" and "shall." Statements and guidelines, intended to help interpret the Standards, are expressed in terms of "may" and "should."

Programs/institutions are autonomous and may offer one or more course(s) via advanced technology, distance learning, or other formats. When portions of a curriculum are offered in non-traditional formats, the program must specifically address that course or courses, independent of its discussion of other portions of the curriculum. Specific reference must be made to demonstrate how the Standard is met by the offering(s) in question. This must include the impact of non-traditional learning methodologies with regard to admissions, registration, academic advising, tuition and fee payments, bookstore, library and other resources and services, testing security, faculty support, etc.

The standards are divided into categories that the IACE deems as core essentials to quality vertebral subluxation-centered education:

- A. Governance and Administration
- B. Faculty
- C. Students
- D. Educational Program (academic/didactic)
- E. Clinical Program
- F. Resources
- G. Assessment
- H. Research and Scholarly Activity

A. Governance and Administration

Programs holding status with the IACE have a mission and goals that are consistent with training for entry into professional practice of vertebral subluxation-centered chiropractic. The mission and goals are formulated through broad representation of the institutional community and approved by the governing board of the institution.

1. Governance

1.1 The governance structure of the program/institution must be a legally constituted authority, responsible for the formulation and implementation of policies to define and sustain the institution and to enable it to fulfil its mission.

1.2 The institution must be organized and function in such a way as to demonstrate an appropriate chain of command assuring open communication among administrators, faculty, students, staff, and other constituencies.

1.3 The institution and the program must have appropriate policies concerning governance, conflict of interest, due process, disclosure, non-discrimination, fiscal accountability, etc.

1.4 The authority, responsibility, and function of each component of the organization (governing board, administration, faculty, and students) must be clearly described by means of a current legal document such as a constitution, by-laws, or other appropriate device.

1.5 The governing body must be vested with the authority and responsibility for the hiring, evaluation, retention, and discharge of the program's CEO.

2. Administration

2.1 The administration of the institution/program must have an organizational chart and appropriate official policies reflecting that it is organized toward the achievement of the institutional mission.

2.2 The institution/program must demonstrate that its leadership provides educational opportunities and that it encourages and supports effective campus wide communication.

2.3 The institution/program shall provide management of resources in support of educational objectives.

2.4 The institution must have effective policies, procedures, and protocols in place to support its function, including student, faculty, and administration.

2.5 The institution/program must define objectives, expectations, and means to demonstrate educational quality and outcomes whenever any outside entities

provide training accepted as a portion of its program. Written affiliation agreements must be available to document compliance with this Standard.

2.6 The institution/program must have a chief administrative officer (CEO, President, etc.), directly accountable to the governing board for the management of the institution/program. This chief administrative officer must be vested with responsibility for the day-to-day operations of the program and all other employees must report directly, or indirectly, to the officer.

2.7 The CEO must possess the academic background and appropriate credentials consistent with the position of leadership held.

2.8 Institutional policies must provide for consideration of student views and judgments in those matters in which students have direct and reasonable interest.

2.9 The institution/program must have institutional policies regarding faculty and staff. The institution must be able to document that these policies are formulated with appropriate input from proper constituencies and that policies are consistently adhered to.

2.10 All institutional policies must be readily available to the institution/program's constituency, prospective students, and the public. Written policies must exist to ensure due process for students, faculty, and staff, including grievance procedures, clearly defined disciplinary policies, and sexual harassment policies.

B. Faculty

3. Faculty

3.1 The institution/program must have a qualified faculty adequate in number, qualifications, and experience to provide academic and clinical instruction as assigned by the program toward achievement of the institutional mission.

3.2 The faculty must have appropriate credentials to qualify them in accordance with the area of their instructional assignment, applicable chiropractic professional qualifications (including practice experience), and jurisdictional requirement and custom. The IACE recognizes that each institution/program is unique based on its location, mission, resources, jurisdictional requirements, and other special circumstances. It is the obligation of the program/institution to demonstrate that this Standard is met in accordance with its unique circumstances and in support of the institutional mission.

3.3 The institution/program must keep up-to-date documentation of each individual faculty member's credentials including verification of academic achievement, transcripts, post-graduate certifications, applicable licensure, faculty rank if applicable, and research and scholarly activity.

3.4 The institution/program must engage in and provide evidence of its support of the development of high-quality faculty and the involvement of the faculty in the conduct of and continuous improvement of the academic program.

3.5 The student-teacher ratio must be appropriate for the achievement of educational objectives and the institutional mission. This information must be available for review.

3.6 The institution/program must have policies addressing faculty evaluation. Evaluation policies are appropriate, establish attainable goals, and assess performance at regularly timed intervals.

C. Students

4. Students

4.1 The program/institution must recognize and follow ethical practices with regard to recruiting and its relationships with students. It must formulate, adopt, and publish (in a college catalog and/or other readily available venue) appropriate policies regarding admissions, pre-requisites, articulation agreements, attendance, and transfer of credit.

4.2 The program/institution must provide prospective students with an academic calendar, length of program, tuition and other costs, financial aid information, graduation requirements, degrees offered, career opportunities, and an overview of the curriculum and the chiropractic profession. The program/institution must also disclose when portions of its curriculum are offered in non-traditional formats, i.e. via advanced technology, distance learning, or other formats and provide prospective students with licensure information applicable to the jurisdiction of the program/institution.

4.3 The institution/program must have adequate filing systems for student academic records. Student records must be secure (from fire, theft, alteration, and damage).

4.4 Student academic records must include indications of attendance and the quality of the student's work in each course and the grading system must be explained on the transcript.

4.5 A policy must be in place addressing the possibility of a program ceasing to function. The policy must contain provisions to guarantee maintenance of the student academic records in perpetuity.

4.6 Admissions records must include documentation of consistent adherence to all pre-requisite requirements including student's official transcripts.

4.7 Policies addressing students' rights, pastoral care, and the health and safety of students must be in place.

4.8 Policies regarding academic and personal advising must be in place.

4.9 Policies relating to student complaints and procedures for filing complaints must be in place.

4.10 The institution/program will provide evidence that its curriculum and its policies and procedures for admission, academic progress, and retention of students reflect a respect for cultural, linguistic, and individual diversity and that all performance expectations are applied consistently.

4.11 Student progress in each course must be evaluated at reasonable intervals and students must be kept informed of their progress in a timely fashion.

D. Educational Program

5. Educational Program

5.1 The educational program is consistent with the mission and goals of the institution/program and prepares students with the opportunity to acquire the knowledge, skills, and attitudes necessary to enter the professional practice of vertebral subluxation-centered chiropractic. In addition to didactic education the program must include a minimum of 12 months of supervised direct clinical experience. This delivery of care must include differing populations sufficient to prepare the graduate to enter independent professional practice as a point of entry into the healthcare delivery system.

Although the IACE recognizes that each educational program has autonomy in the development of curriculum, the following key essentials must be included as components of an IACE Accredited/Certified program:

- Anatomy and Physiology
- Vertebral Subluxation Analysis
- Specific Chiropractic Adjusting Skills
- The Philosophy and History of Chiropractic
- Leadership, Personal Growth, and Integrity
- Success/Business Skills and Communication
- Research and Scholarly Activity

5.2 A policy must be formulated and in place to assure that all graduation requirements have been met prior to awarding of any diploma, degree, or certificate.

5.3 The program must have and follow a well-organized curriculum plan. This plan must follow a logical sequence and result in a diploma or degree appropriate to the length and depth of the curriculum. There must be evidence that the curriculum is reviewed by the faculty on a regular basis.

5.4 A syllabus must be available for each course offered in the program. Each syllabus must include course objectives and must be distributed to students at the beginning of that course.

5.5 There must be substantive evidence of the assessment of the clinical competence of each graduating student. While clinical competency measures are established and implemented autonomously by the institution, they must include spinal analysis for the presence or absence of vertebral subluxation. Clinical competencies in the knowledge, skills, and ability to deliver a specific chiropractic spinal adjustment must also be assessed. Minimal competency in spinal analysis assesses:

- safety and effectiveness of all chosen clinical procedures
- interpretation of imaging studies (x-ray, advanced imaging, and/or other)
- chiropractic instrumentation and other neurological indicators
- spinal palpation including motion palpation and relevant biomechanics
- decision making regarding appropriate specific chiropractic spinal adjustment procedures

Minimal competency in specific spinal adjusting assesses:

- a patient-centered approach focused on the safety and effectiveness of all chosen clinical procedures
- making contacts and delivering appropriate adjustment timing, depth, speed, and control
- skill to interpret pre and post evaluation findings.

5.6 Instruction must be at a level held commensurate with first professional degree education and directed toward the encouragement of the student's individual growth, independent thought, resourcefulness, ethics, and scientific inquiry.

5.7 The scientific and research foundations of vertebral subluxation-centered chiropractic are evident in the curriculum. The curriculum must provide opportunities for students to engage in literature search and learn the fundamentals of research methodology and scholarly activity. There must be opportunities for students to participate in scholarly pursuits that are academically consistent with the first professional degree level and the mission and goals of the program.

5.8 The didactic and clinical curricula reflect appropriate sequence of learning experiences.

5.9 Clinical supervision is at all times sufficient to ensure the safety and effectiveness of clinical procedures performed on persons served by students and in accordance with ethical and jurisdictional dictates.

5.10 Clinical training must include and assess the communication skills and protocols for record keeping and reporting clinical findings to persons being served,

consulting with, and/or referring to other health care providers, and disseminating information about vertebral subluxation-centered chiropractic to the general public.

5.11 The objective of vertebral subluxation-centered chiropractic must be propagated in both the didactic and clinical portions of the curriculum such that the graduate has the opportunity to understand the benefits of vertebral subluxation-centered practice; has the ability to clearly establish expectations about vertebral subluxation-centered chiropractic to persons they serve; and can demonstrate their ability to explain the distinctions between vertebral subluxation-centered chiropractic and common condition-centered models of care.

5.12 Programs including externships as a part of their curriculum or utilizing other external resources must assure that the clinical experiences that students engage in are at least equivalent to those provided on campus. Written agreements with outside facilities must address this Standard and be made available for review.

E. Resources

6. Resources

6.1 The institution/program must possess the financial resources, facilities, equipment, and available services necessary to fulfill its mission, goals, and objectives.

6.2 Evidence must be provided that budgetary allocations are available to support its personnel, facility, equipment, materials, and supplies sufficient to sustain its operations.

6.3 Instructional aids, library, classrooms, equipment, electronic resources, teaching clinics, and other areas used for instruction must be adequate in number and size, and suitably supplied for quality instruction to support the aims and objectives of the program and to meet the needs of students.

6.4 Facilities must be properly lighted, heated, ventilated, cleaned, and furnished.

6.5 The program must demonstrate how access to appropriate resources meets the needs of faculty and students. Library, interlibrary loans, Internet, evolving and advanced technology may enter into the means by which a program meets the Standards. The institution/program must describe how the adequacy of resources is evaluated and addressed in the strategic plan of the institution/program.

6.6 The institution/program must provide evidence that strategic planning and budgeting are appropriately linked.

6.7 The institution/program must demonstrate how it addresses the facilities and resources necessary to provide the clinical phases of training to meet the institutional mission and goals.

6.8 The institution/program must demonstrate overall fiscal responsibility, document that the clinical facilities have appropriate liability coverage, and provide an annual financial audit.

F. Assessment

7. Assessment

7.1 Programs holding IACE Accreditation/Certification must have continuous systems of program planning and assessment in order to measure their effectiveness. Planning, evaluating, and monitoring outcomes are an ongoing process essential to achieving academic excellence as institutions strive to attain their mission, goals, and objectives.

7.2 Institutions/programs holding status with the IACE must provide evidence that they conduct self-evaluation at regular intervals analyzing the program's performance with respect to student achievement, faculty performance, overall outcomes, and the ability to meet program goals.

7.3 Strategic planning must include opportunities for input from all relevant constituencies including faculty, staff, and students. It should include specific provisions for collecting and analyzing data, opportunities for continuous feedback from a broad range of constituents, and documentation of how the assessment results are used to improve instructional quality and future planning.

7.4 Effectiveness must be documented through assessment tools that measure outcomes that are relevant to goals and objectives as defined in the institution/program's strategic planning process. (Also see 5.4)

7.5 Institutions/programs are free to design assessment tools that are relevant to the institutional mission and goals. The collection of data for evaluation of institutional effectiveness must come from multiple relevant sources. For example, in the area of evaluation of faculty the assessment process may include: student surveys, peer review, increasing faculty rank, documentation of leadership or scholarly activities, advanced study, publications, and other data demonstrating a faculty member's ongoing self-improvement.

7.6 The strategic plan must be written and must be approved by the appropriate administrative authority and the governing body.

G. Research and Scholarly Activity

8. Research

8.1 The institution should demonstrate research outputs, qualifications of the research personnel, policies around research, and consideration of vertebral subluxation-centered objectives.