

HLC Pathways Construction Project: The Proposed Open Pathway and Standard Pathway Models for Continued Accreditation

At our 2009 Annual Conference, we introduced an initiative to create an Open Pathway to accreditation that would enhance value, sustain rigor, and diminish burden. We had a concept that we could render in a single schematic, on a one-page handout.

We made what with hindsight was surely the most important decision of the project: that we would develop it not on our own, but in consort with a set of institutions that would work with us in effect to fly the plane as together we built it. As it turned out, there are now three sets of institutions serving as Pioneers in what has become at once a construction and a demonstration project.

The first cohort of 14 institutions began in the fall of 2009, wrestled with the early challenges of the Assurance Process, and have all launched their Quality Initiatives. The second cohort, 20 institutions, began in fall 2010; they are furthering the work on the Assurance Process and piloting the option of the Quality Initiative as a Commission-facilitated, coordinated endeavor, namely participation in the Academy on Assessment of Student Learning. The third and final cohort, 23 institutions, began in June 2011; for their Quality Initiative, they are in various ways testing the usefulness of the Degree Qualifications Profile proposed by the Lumina

Foundation. In the meantime, four institutions wrote prototypes for the Assurance Argument, testing the proposed specifications.

Our growing understanding of the Open Pathway soon led to a broader conception of it as one of **multiple pathways** to accreditation and continued accreditation. We recognized that AQIP is a pathway, that there is a different pathway for Candidacy, and that for accredited institutions there is first the Standard Pathway, which serves all newly accredited institutions and several other categories of institutions, described further in this booklet. Development of the Standard Pathway is now proceeding in tandem with the Open Pathway. Together they may be understood as replacing our current Program to Evaluate and Advance Quality (PEAQ.)

All along, numerous individuals have provided comments and advice from which we have profited. With these contributions, we have reached the stage of development represented in this booklet. The booklet is sizable, but there are still many details to think through and there is still time to adjust and refine based on what we learn from you over the next several months. I invite you to read through these pages and to join in discussion at the Annual Conference, talk with a liaison, or write to us at pathways@hlcommission.org. Your comments will be most welcome.

Sylvia Manning
President

December 1, 2011

December 2011 Interim Revision • Inside This Booklet

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HLC Pathways Construction Project

Introduction

Regional accreditation as carried out by the Higher Learning Commission (HLC) assures quality by verifying that an institution (1) meets threshold standards and (2) is engaged in continuous improvement. Through the traditional self-study and subsequent campus visit, both these requirements—threshold standards and improvement—are addressed in a single process. The self-study and team visit are shaped primarily by the Criteria for Accreditation rather than by the institution’s particular needs at a particular time. For an institution where the threshold standards are in little doubt, this approach may add only modestly to the institution’s improvement. In a time of rapid change, the public has grown skeptical of quality assurance that appears to look at an institution only once every ten years.

In response, the Commission has developed a concept of multiple pathways for seeking and maintaining accreditation that seeks to offer greater value to institutions through its processes and greater credibility to the public in its quality assurance. Two of these Pathways are new and are presented in this booklet: the Open Pathway and the Standard Pathway.

The Commission currently has two programs for continued accreditation: the Program to Evaluate and Advance Quality (PEAQ) and the Academic Quality Improvement Program (AQIP). Institutions now in PEAQ will transition to the Open Pathway or the Standard Pathway, thereby replacing PEAQ. The transition timeline is provided in Section 2. AQIP will continue as another pathway for continued accreditation and will remain unchanged for the foreseeable future.

Section 1.

The Open Pathway Model for Continued Accreditation

The Open Pathway model proposes to separate the continued accreditation process as currently carried out through PEAQ into two components: the Assurance Process and the Improvement Process. For most institutions on the Open Pathway the Assurance Process will involve the review of information and data the institution already collects or prepares and contributes to an Evidence File, together with an Assurance Argument that makes the case that the institution continues to meet the Criteria for Accreditation and the federal requirements. This process will take place twice in a ten-year cycle. In Year 4 of the ten-year cycle, peer review of the Assurance Process will be carried out at a distance through electronic means. In Year 10, a second Assurance Review will include a visit by a team of peer reviewers. Annual data collection and analysis of certain financial and non-financial indicators will continue for all institutions and may occasionally lead to Commission action.

The Improvement Process will thus be free to focus genuinely on institutional innovation and improvement. The institution will undertake a Quality Initiative as something it elects to do for substantial institutional improvement. At the institution's preference, the Improvement Process will begin with a Commission-facilitated forum or a paper review of the institution's Quality Initiative proposal. The Improvement Process will culminate in peer review at a distance of the institution's Quality Initiative Report. The Improvement Process timeframe is flexible to accommodate the amount of time necessary to complete or make substantial progress toward completion of an institution's Quality Initiative.

The Commission will bring together the outcomes of the two processes for Commission action on the institution's continued accreditation.

The Open Pathway seeks to achieve the following goals.

- To enhance institutional value by opening the Improvement Process so that institutions may choose Quality Initiatives to suit their current circumstances.
- To reduce the reporting burden on institutions by utilizing as much information and data as possible from existing institutional processes and collecting them in electronic form as they naturally occur over time.
- To enhance rigor by using a system that checks institutional data annually (Institutional Update—formerly known as the Annual Institutional Data Update or AIDU) and conducts Assurance Reviews twice in the ten-year cycle.
- To integrate as much as possible all HLC processes and HLC requests for data into the Assurance Process and continued accreditation cycle.
- To be as cost efficient as possible.

This working paper describes the developing plan for the Open Pathway and seeks reaction. As the details of the processes continue to emerge, they will be distributed widely for comment.

Eligibility for the Open Pathway

The Commission determines whether an institution may participate in the **Open Pathway**. This determination is based upon the institution's past relationship with the Commission. An institution may participate in the Open Pathway if it:

- has been accredited for at least ten years;
- has not undergone a change of control or ownership within the last two years;
- has not been under Commission sanction or related action within the last five years;

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- does not have a history of extensive Commission monitoring, including accreditation cycles shortened to seven or fewer years, multiple monitoring reports, and multiple focused visits extending across more than one accrediting cycle;
- has not been undergoing rapid change (e.g., significant changes in enrollment or student body, regularly opening or closing of multiple locations or campuses) or requiring frequent substantive change approvals since the last comprehensive review.

An institution in the Open Pathway may lose its eligibility for this pathway by failing to make a serious effort to conduct its Quality Initiative.

AQIP will remain an alternative in its current form. Institutions currently in AQIP may remain in AQIP or may elect to participate in the Open Pathway at a time that appropriately aligns the two cycles. Institutions that are not eligible for the Open Pathway or the AQIP Pathway follow the **Standard Pathway** (see Section 3, page 23).

The Assurance Process

The following sections describe the selection of evidence for an institution's Evidence File and outline a specific format that must be used to construct the Assurance Argument. The Assurance System maintained by the Commission to support the Open Pathway allows designees at each institution to upload evidentiary materials and requires adherence to the Assurance Argument structure described below.

Evidence File

The Evidence File comprises two sections. In section one, the Commission contributes to each institution's Evidence File: recent comprehensive evaluation and interim reports, a summary from the Institutional Update, copies of official actions or correspondence, any public comment received, and other information deemed appropriate.

In section two of the Evidence File, the institution provides its own evidentiary materials. The understanding is that an institution will have a variety of materials relevant to its processes that serve as appropriate evidence. It is possible that a given evidentiary piece may support meeting multiple Criteria for Accreditation or Core Components. The Assurance System maintained by the Commission for the Assurance Process provides the ability to cross-reference each evidentiary item to as many Criteria and Core Components as appropriate. However, every evidentiary item uploaded by an institution *must* be specifically linked to at least one Criterion or Core Component and must be referenced in the analysis to which it is linked. In other words, only evidentiary items that are explicitly referenced in the analysis should be uploaded into the institution's electronic Evidence File; extraneous material provided "just in case" is neither desired nor permitted. This approach contributes to a thoughtful compilation of evidentiary materials that is on-point with regard to the institution's Assurance Argument and does not impede the ability of peer reviewers to examine, comprehend, and evaluate the evidentiary materials and Assurance Argument.

Assurance Argument

The Assurance Argument is organized by the Criteria and their Core Components. (Institutions on the Open Pathway are not expected to write explicitly to the Minimum Expectations.)

For each Criterion, the institution offers:

- a Criterion introduction
- an articulation of how each Core Component within each Criterion is met, that includes a statement of future plans with regard to the Core Component, and addresses, if applicable, circumstances that (1) highlight room for improvement, (2) support future advancement, or (3) constrain advancement or threaten the institution's ability to sustain the Core Component

- if applicable, a statement regarding additional ways in which the institution fulfills the Criterion that are not otherwise covered in the statement on the Core Components, including any gaps in achievement and future plans with regard to the Criterion
- links to materials in the institution's Evidence File for each statement made

There is no need to distribute equally the amount of text devoted to each Criterion or each Core Component; however, it is important to observe the Assurance Argument's maximum limit of 35,000 words. Institutions are advised that although there may be various ways to circumvent the length limitations on the Evidence File and Assurance Argument, it is also the case that such strategies may be counter-productive if the ultimate effect is to exhaust or annoy the reviewers.

Assurance Review

Two formal Assurance Reviews take place in the ten-year Open Pathway cycle: a review in Year 4 that is conducted at a distance and a review in Year 10 that includes a campus visit. Each of these Assurance Reviews consists of (1) an Assurance Analysis of an institution's Assurance Argument and Evidence File and (2) an Assurance Recommendation based on that Analysis.

In exceptional circumstances, the team may request additional information from the institution before rendering its draft or final Assurance Review. This possibility is afforded by the asynchronous, extended nature of the Year 4 review and the interactive nature of the Year 10 review, which always includes a campus visit. In the Year 4 review, the team may require a visit to explore uncertainties in the evidence, although this is expected to occur only in exceptional cases and only when a campus visit would reveal needed information that is not otherwise available to the team at a distance.

The Assurance System maintained by the Commission supports the Assurance Review and also provides Commission staff access to the draft team Assurance Review so as to consult with the team on its work. After Commission review of the draft team Assurance Review, the institution has an opportunity to review it for correction of factual errors. The team revises the report as appropriate and submits its final team Assurance Review to the Commission, which in turn, provides the final team Assurance Review to the institution.

The Assurance Review in Year 10 results in a recommendation that, upon completion of the institution's Quality Initiative review, enters the Commission's decision process for action regarding continued accreditation.

Refer to the chart on page 9 for additional detail about the chronology and content of the Assurance Review, as well as the similarities and differences between the Assurance Reviews that occur in Year 4 and Year 10.

The Improvement Process

The Improvement Process consists of a major Quality Initiative that the institution undertakes. This process is required for continued accreditation in conjunction with the Assurance Process. The Improvement Process typically occurs once every ten years, within the five-year period between the Assurance Reviews in Year 4 and Year 10. The Improvement Process is intended to allow institutions to take risks, aim high, and if so be it, learn from only partial success or even failure.

The Quality Initiative

The Quality Initiative can take one of three forms: (1) the institution designs and proposes its own Quality Initiative to suit its present concerns or aspirations; (2) the institution choose an initiative from a menu of topics, such as the following *examples*:

- the institution undertakes a broad based self-evaluation and reflection leading to revision or restatement of its mission, vision, and goals;

- the institution determines to focus on sustainability in its operations and throughout its curricula;
- the institution joins with a group of peer institutions, which it identifies, to develop a benchmarking process for broad institutional self-evaluation;
- the institution undertakes a multi-year process to create systemic, comprehensive assessment and improvement of student learning;
- a four-year institution joins with community colleges to create a growth program based on dual admission, joint recruitment and coordinated curriculum and student support;
- the institution pursues a strategic initiative to improve its financial position;

or (3) the institution chooses to participate in a Commission-facilitated program. Currently, the Commission has one such program, the Academy for Assessment of Student Learning.

Review of the Quality Initiative Proposal

The Improvement Process commences with the institution's proposal for its Quality Initiative, some years before the reaffirmation date. The Commission staff may advise the institution in the development of its proposal, but final approval of the proposal requires peer review.

The institution submits its Quality Initiative Proposal for review and approval by HLC peer reviewers, who are trained to review Quality Initiative Proposals, but are not subject-matter experts. At the institution's preference this review may be accomplished through a paper review or by participation in a Commission Quality Initiative Forum. In either case, the proposal will be judged on:

- sufficiency of scope and significance;
- clarity of outcomes;
- evidence of commitment and capacity; and
- a realistic timeline.

When the proposal has been approved, the institution conducts its initiative, to occur within a period determined by the Open Pathway Timeline and the particular characteristics of the Initiative itself. A Quality Initiative may be designed to begin and be achieved by the end of the time period, or the Quality Initiative may be a continuation of an initiative already in progress or achieve a key milestone in the work of a longer initiative.

Review of the Quality Initiative Report and Review

At the end of the Initiative, but no later than Year 9 of the ten-year Open Pathway cycle, the institution prepares and submits a Quality Initiative Report, in the framework outlined in the approved proposal. A team of two or three peer reviewers evaluates the Quality Initiative Report, at a distance, and prepares a review that addresses the good faith of the institution's effort:

- the seriousness of the undertaking,
- the significance of scope and impact of the work,
- the genuineness of commitment to and sustained engagement in the initiative,
- and adequate resource provision.

The team may also offer advice, observations, and critique of the Quality Initiative Report. The team sends its preliminary review to the Commission staff. The Commission staff discusses the review with the team as needed and sends it to the institution for correction of errors of fact. The team prepares its final review and recommendations.

These recommendations are with regard to the Quality Initiative; for continued accreditation, they will be joined with the recommendations from the Assurance Review.

The consequences in the Improvement Process may include a repetition of the Quality Initiative (on the same or a newly-proposed topic) or movement to the Standard Pathway for the next cycle; the Improvement Process cannot result in monitoring or a sanction.

Commission Decision-Making Processes

The Commission staff brings together the reports from the Assurance and Improvement Processes and prepares a summary based upon the findings and recommendations from both. The reports from the Assurance and Improvement Processes, together with the staff summary, are reviewed for final action regarding the institution's accreditation status, including any follow-up requirements or sanction as recommended by the Assurance Review and any change in the pathway for the next Improvement Process as recommended by the Quality Initiative Review.

Public Disclosure

The Commission will disclose, in abbreviated form, the results of Assurance Reviews. The format will be standard. The institution may choose to disclose information on its Quality Initiative or any aspect of the Improvement Process. The Commission will not disclose an individual institution's information on the Quality Initiative Report or any aspect of the Improvement Process, although it may report generally on Quality Initiatives in a way that does not identify individual institutions.

Other Monitoring

The Commission will continue to review data submitted by affiliated institutions through the Institutional Update. This analysis may result in the requirement of additional reports or focused visits. The Commission will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.

Phase-in: Timeline

The Commission is conducting a Demonstration Project in which groups of Pioneer institutions are helping design and test the new model. The first Pioneer cohort began in fall 2009; a second Pioneer cohort began in fall 2010, based on participation in the Commission's Academy for Assessment of Student Learning; and a third cohort began in spring 2011, focused on the Lumina Foundation's Degree Qualifications Profile. During the transitional period, all other institutions will remain in PEAQ and AQIP. In fall 2012, PEAQ institutions with visits in 2015-16 and beyond that are determined to be eligible will transition to the Open Pathway according to a phase-in timeline that will place the institutions in the ten-year Open Pathway cycle according to their scheduled reaffirmation dates. (These institutions may elect also to remain on what will become the Standard Pathway.)

Pathways Pioneer Institutions

Cohort One

Institution Designed Quality Initiatives Launch Fall 2009

Aurora University (IL)
Black Hills State University (SD)
Bowling Green State University (OH)
Butler Community College (KS)
Case Western Reserve University (OH)
Colorado School of Mines
Cornell College (IA)
Metropolitan Community College (NE)
Mount Mercy College (IA)
Pittsburg State University (KS)
Saint Olaf College (MN)
University of Arkansas-Batesville
University of Wisconsin-Milwaukee
Yavapai Community College (AZ)



Cohort Two

Commission-Facilitated Quality Initiatives through the Academy for Assessment of Student Learning

Launch Fall 2010

Briar Cliff University (IA)
Calvin College (MI)
Dominican University (IL)
Franciscan University of Steubenville (OH)
Illinois Eastern Community Colleges
Illinois State University
Labette Community College (KS)
Linn State Technical College (MO)
Loyola University Chicago (IL)
Maryville University of Saint Louis (MO)
Mesa Community College (AZ)
Metropolitan Community College-Kansas
City (MO)
New Mexico Institute of Mining and
Technology
Northwestern University (IL)
Phillips Community College of the
University of Arkansas
Pierpont Community and Technical College
(WV)
Truman State University (MO)
University of Arkansas-Fort Smith
University of Missouri-Columbia
West Virginia University at Parkersburg

Cohort Three

Quality Initiatives Focused on the Lumina Degree Qualifications Profile Launch Spring 2011

Central Wyoming College
Cochise College (AZ)
Harding University (AR)
Hastings College (NE)
Henry Ford Community College (MI)
Illinois College
Kansas City Kansas Community College
Macalester College (MN)
Marian University (IN)
Marshall University (WV)
Miami University (OH)
New Mexico Junior College
Nicolet Area Technical College (WI)
North Dakota State University
Otterbein College (OH)
Saint Mary-of-the-Woods College (IN)
Saint Mary's College (IN)
University of Chicago (IL)
University of Wisconsin-Whitewater
Westminster College (MO)

**AQIP Institutions Testing Degree
Qualifications Profile as Action Project**

Alexandria Technical and Community Col-
lege (MN)
Central New Mexico Community College
North Dakota State College of Science

Assurance Reviews in the Open Pathway – at a Glance

Assurance Review Overview

Two Assurance Reviews take place in the ten-year accreditation cycle; a fourth-year review that is conducted asynchronously at a distance, and a tenth-year review that includes a campus visit. Peer review teams conduct an analysis of an institution's Assurance Argument and Evidence File in order to produce a recommendation.

All Reviews:

- determine, with rationale, whether each Criterion and Core Component is met or not met
- make no reference to a Minimum Expectation unless it is found to be not met
- occasionally recommend interim monitoring (reports or focused visits) as needed
- determine continued eligibility for the Open Pathway
- in rare circumstances may recommend a sanction
- in rare circumstances recommend withdrawal of accreditation

The 4-Year Review:

- is conducted asynchronously at a distance except in exceptional circumstances when the team requests a visit for additional information
- does not result in a reaffirmation of accreditation
- may include suggestions for the institution's Open Pathway Quality Initiative
- clears the institution to proceed with its Quality Initiative

The 10-Year Review:

- is conducted with a visit to institution
- triggers the Decision process, which takes action on reaffirmation of accreditation
- recommends updates to the institution's affiliation status, as needed

Process for Conducting Assurance Reviews

In all Assurance Reviews, the team prepares an analysis covering all Criteria and Core Components and a recommendation based on that analysis. In exceptional circumstances, the team may request additional information from the institution before concluding its work. This possibility is afforded by the asynchronous, extended nature of the Assurance Review in Year 4 and the interactive nature of the Assurance Review in Year 10, which always includes a campus visit. In the fourth-year review, the team may require a visit to explore uncertainties in the evidence, although this is expected to occur only in exceptional cases and only when a campus visit would reveal needed information that is not otherwise available to the team at a distance.

The technology system maintained by the Commission to support the Assurance Review is designed to facilitate the work of the individual team members as well as the consensus-building process of the team as a whole. The system also provides Commission staff access to the team's work; after Commission review and consultation with the team, the institution has an opportunity to review the draft for correction of factual errors. The team makes changes as appropriate and submits its final analysis and recommendation to the Commission, which in turn, provides the final version to the institution.

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The Open Pathway at a Glance

- The Open Pathway has two components: an Assurance Process and an Improvement Process. It has a ten-year cycle.
- The Commission determines whether an institution is eligible for the Open Pathway or will remain on the Standard Pathway.¹ Institutional history and experience in the Assurance and Improvement Processes inform this determination. Eligible institutions may elect to remain on the Standard Pathway.

The Assurance Process

The Assurance Review

- Assurance Reviews are conducted in Years 4 and 10 of a ten-year cycle.
- Assurance is based on evidence that is stored electronically.
- The Year 4 Assurance Review typically takes place at distance, supplemented by telephone or video conferences as needed.
- In exceptional cases, the team may request a visit to explore uncertainties in the evidence.
- The Year 10 Assurance Review includes a visit.
- In both reviews, the team writes an Assurance Analysis and an Assurance Recommendation.

Documents for the Assurance Reviews

- *Evidence File:* The Evidence File is an accumulated electronic collection of materials submitted by the institution to support the Assurance Argument. The Commission also contributes an electronic collection of materials from its file on the institution's relationship with the Commission.
- *Assurance Argument:* The institution prepares a relatively brief document that presents the case that it complies with the Criteria for Accreditation and the federal requirements. The Assurance Argument is based on materials in the Evidence File.

The Improvement Process

The Quality Initiative

- The institution (1) designs a Quality Initiative to suit its own needs, (2) chooses from a Commission list of topics, or (3) chooses to participate in a Commission-facilitated program.
- The Quality Initiative may begin in Years 5 to 7 of the cycle and must conclude by Year 9 of the cycle.

Quality Initiative Proposal

- The institution develops a proposal for its Quality Initiative.
- The Proposal includes the institution's goals and expected outcomes.
- Peer reviewers review the proposal. The institution may choose a paper review or a Commission Quality Initiative Forum for the review.
- Upon approval, the institution launches and conducts its Quality Initiative.

Quality Initiative Report

- At the conclusion, the institution prepares a Quality Initiative Report.
- A peer review team reviews the report at a distance.
- The team writes a review and recommendations.
- No sanctions can arise from the Quality Initiative.
- An institution in the Open Pathway may lose its eligibility by failing to make a serious effort to conduct its Quality Initiative.

Commission Decision Processes

Panels of peer reviewers are provided the reports from the Assurance and Improvement Processes, together with a staff summary. Final action is taken regarding the institution's accreditation status, including any follow-up requirement, change in pathway, or sanction as recommended by the Assurance Review.

Ongoing Monitoring: The Commission will continue to review data submitted through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.

¹ The eligibility factors for the Open Pathway appear on page 3. The Standard Pathway is described on pages 23-24. Non-affiliated institutions interested in pursuing status with the Commission begin with the Eligibility Process. Institutions seeking initial candidacy or initial accreditation follow the Candidacy Pathway. Institutions under sanction or Show Cause order are on a separate, heightened level of monitoring by the Commission and are not on this or any other pathway.

Master Chart of the Open Pathway Ten-Year Cycle

This chart outlines the cycle for the major components of the Open Pathway—the Assurance Process and the Improvement Process.¹ The chart does not reflect any reports or focused visits that may be required by some component of the Assurance Process, by Commission policy, or by institutional change requests.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance Process	Institution may contribute documents to Evidence File		Assurance Argument Filed	Assurance Review (no visit ²)	Institution may contribute documents to Evidence File			Assurance Review (with visit)	Assurance Argument Filed	
Improvement Process						Quality Initiative Proposal Filed (window of opportunity to submit)				
Commission Action				Assurance Review Accepted by IAC ⁴			Quality Initiative Proposal Reviewed ³	Quality Initiative Report Filed	Quality Initiative Report Review	Action on Comprehensive Review and Reaffirmation of Accreditation
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.									

Key



Documents filed electronically by the institution
 Review does not include a visit
 Review includes a visit
 Commission actions

Notes

- ¹ the chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or Show Cause order are among those that are not eligible for the Open Pathway
- ² a visit may be requested by the team
- ³ the institution may choose a paper review or a Commission-facilitated forum for the proposal review
- ⁴ certain team recommendations may require IAC action

12.12.11

HLC Pathways Construction Project:

Section 2. Transitioning from PEAQ to the Open Pathway

The table below provides an overview of how institutions currently in the Program to Evaluate and Advance Quality (PEAQ) will transition to the Open Pathway ten-year cycle. Customized transition maps for each year are provided on the pages that follow. They are based on the academic year scheduled for the next reaffirmation review. The date is available in the last Commission action letter to the institution. It is also available on the Commission Web site www.ncahlc.org (check “Understanding Accreditation,” then “Directory of HLC Institutions”), or by calling the Commission staff liaison assigned to the institution.

From PEAQ to the Open Pathway: A Transition Calculator and Transition Maps

This calculator allows institutions currently maintaining accreditation with the Commission through PEAQ to determine the timing of their transition to the Open Pathway. It assumes that the transition of eligible institutions will begin in 2012-13. The calculator should be used in conjunction with the document, “Master Chart of the Open Pathway Ten-Year Cycle,” appearing on page 11.

The right-most column identifies the appropriate Transition Map for each year. **Each Transition Map has been customized to apply to that year. Therefore, it is important to look only at the applicable map. Attempting to compare maps may only cause confusion.**

The calculator applies only to those institutions determined to be eligible for the Open Pathway. Some institutions will transition to the Standard Pathway.** The AQIP Pathway will be unchanged, as will the qualifications and timing for institutions to join AQIP. Current AQIP institutions may elect to participate in the Open Pathway at a time that appropriately aligns the two cycles.

Next PEAQ Reaffirmation Visit Scheduled	PEAQ Visit Actually Takes Place	Year the Institution Transitions to the Open Pathway	Place on Open Pathway Cycle at Transition	Refer to Transition Map
2011-12	2011-12	2012-13	Year 1	Map A
2012-13	2012-13	2013-14	Year 1	Map B
2013-14	2013-14	2014-15	Year 1	Map C
2014-15	2014-15	2015-16	Year 1	Map D
2015-16	n/a	2012-13	Year 7	Map E
2016-17	n/a	2012-13	Year 6	Map F
2017-18	n/a	2012-13	Year 5	Map G
2018-19	n/a	2012-13	Year 4*	Map H
2019-20	n/a	2012-13	Year 3*	Map I
2020-21	n/a	2012-13	Year 2*	Map J

* The Year 4 Assurance Review is waived for institutions in these transition years.

** The eligibility factors for the Open Pathway appear on page 3. The Standard Pathway is described on pages 23-24. Non-affiliated institutions interested in pursuing status with the Commission begin with the Eligibility Process. Institutions seeking initial candidacy or initial accreditation follow the Candidacy Pathway. Institutions under sanction or Show Cause order are on a separate, heightened level of monitoring by the Commission and are not on this or any other pathway.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.¹

Transition Map A: For institutions with the next PEAQ reaffirmation visit in 2011-12

The chart assumes the outcome of the last PEAQ visit is to place the institution on a ten year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
PEAQ Visit		PEAQ Visit										
Pathway Cycle		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Assurance Process		Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Assurance Argument Filed Assurance Review (no visit?)	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Assurance Argument Filed Comprehensive Review (with visit)
Improvement Process						Quality Initiative Proposal Filed	Quality Initiative Proposal Filed	Quality Initiative Proposal Filed ³	Quality Initiative Report Filed	Quality Initiative Report Filed	Quality Initiative Report Filed	
Commission Action						Assurance Review Accepted by IAC ⁴						Action on Comprehensive Review and Reaffirmation of Accreditation
New Criteria⁵	Alpha Version Released 3/1/11	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13									
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.											

¹ The chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

² A visit may be requested by the team

³ The institution may choose a paper review or a Commission-facilitated forum for the proposal review

⁴ Certain team recommendations may require IAC action

⁵ Alpha version released March 1, 2011; Beta version released July 15, 2011; Gamma version released November 15, 2011; final version to be adopted February 23-24, 2012

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.¹

Transition Map B: For institutions with the next PEAQ reaffirmation visit in 2012-13

The chart assumes the outcome of the last PEAQ visit is to place the institution on a ten year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
PEAQ Visit			PEAQ Visit										
Pathway Cycle				Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance Process				Institution may contribute documents to Evidence File			Assurance Argument Filed	Institution may contribute documents to Evidence File					
							Assurance Review (no visit)						Assurance Argument Filed
													Comprehensive Review (with visit)
Improvement Process								Quality Initiative Proposal Filed					
								Quality Initiative Proposal Reviewed ³					
										Quality Initiative Report Filed			
										Quality Initiative Report Reviewed			
Commission Action							Assurance Review Accepted by IAC ⁴						Action on Comprehensive Review and Reaffirmation of Accreditation
New Criteria⁵	Alpha Version Released 3/1/11	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13										
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.												

¹ The chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

² A visit may be requested by the team

³ The institution may choose a paper review or a Commission-facilitated forum for the proposal review

⁴ Certain team recommendations may require IAC action

⁵ Alpha version released March 1, 2011; Beta version released July 15, 2011; Gamma version released November 15, 2011; final version to be adopted February 23-24, 2012

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.¹

Transition Map C: For institutions with the next PEAQ reaffirmation visit in 2013-14

The chart assumes the outcome of the last PEAQ visit is to place the institution on a ten year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	
PEAQ Visit		PEAQ Visit											
Pathway Cycle		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Assurance Process			Institution may contribute documents to Evidence File			Assurance Argument Filed	Institution may contribute documents to Evidence File						Assurance Argument Filed
					Assurance Review (no visit ²)							Comprehensive Review (with visit)	
Improvement Process							Quality Initiative Proposal Filed						
							Quality Initiative Proposal Reviewed ³						
									Quality Initiative Report Filed				
Commission Action													
						Assurance Review Accepted by IAC ⁴						Action on Comprehensive Review and Reaffirmation of Accreditation	
New Criteria⁵		Effective for All Members 1/1/13											
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.												

¹ The chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

² A visit may be requested by the team

³ The institution may choose a paper review or a Commission-facilitated forum for the proposal review

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MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.¹

Transition Map D: For institutions with the next PEAQ reaffirmation visit in 2014-15

The chart assumes the outcome of the last PEAQ visit is to place the institution on a ten year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
PEAQ Visit			PEAQ Visit										
Pathway Cycle				Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance Process				Institution may contribute documents to Evidence File			Assurance Argument Filed Assurance Review (no visit ²)	Institution may contribute documents to Evidence File					
Improvement Process								Quality Initiative Proposal Filed					
								Quality Initiative Proposal Reviewed ³					
										Quality Initiative Report Filed			
										Quality Initiative Report Reviewed			
Commission Action							Assurance Review Accepted by IAC ⁴						Action on Comprehensive Review and Reaffirmation of Accreditation
New Criteria⁵			Effective for All Members 1/1/13										
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.												

¹ The chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

² A visit may be requested by the team

³ The institution may choose a paper review or a Commission-facilitated forum for the proposal review

⁴ Certain team recommendations may require IAC action

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MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently maintaining affiliation through PEAQ based on the ten year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.¹

Transition Map E: For institutions with the next reaffirmation review in 2015-16

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Pathway Cycle	Year 7	Year 8	Year 9	Year 10	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance Process	Institution may contribute documents to Evidence File		Assurance Argument Filed Comprehensive Review (with visit)		Institution may contribute documents to Evidence File			Assurance Argument Filed Assurance Review (no visit) ²	Institution may contribute documents to Evidence File					
Improvement Process	The requirements for the Quality Initiative will be modified to fit this compressed schedule								Quality Initiative Proposal Filed Quality Initiative Proposal Reviewed ³					
Commission Action	Quality Initiative Report Reviewed										Quality Initiative Report Filed Quality Initiative Report Reviewed			
New Criteria⁵	Effective for All Members 1/1/13										Action on Comprehensive Review and Reaffirmation of Accreditation			
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.													

¹ The chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

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MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently maintaining affiliation through PEAQ based on the ten year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.¹

Transition Map F: For institutions with the next reaffirmation review in 2016-17

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27			
Pathway Cycle	Year 6	Year 7	Year 8	Year 9	Year 10	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10			
Assurance Process	Institution may contribute documents to Evidence File				Assurance Argument Filed Comprehensive Review (with visit)	Institution may contribute documents to Evidence File				Assurance Argument Filed Assurance Review (no visit) ²	Institution may contribute documents to Evidence File							
Improvement Process	Quality Initiative Proposal Filed																	
	Quality Initiative Proposal Reviewed ³																	
			Quality Initiative Report Filed										Quality Initiative Report Filed					
Commission Action			Quality Initiative Report Reviewed										Quality Initiative Report Reviewed					
New Criteria⁵	Effective for All Members 1/1/13																	
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.																	

¹ The chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

² A visit may be requested by the team

³ The institution may choose a paper review or a Commission-facilitated forum for the proposal review

⁴ Certain team recommendations may require IAC action

⁵ Alpha version released March 1, 2011; Beta version released July 15, 2011; Gamma version released November 15, 2011; final version to be adopted February 23-24, 2012

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently maintaining affiliation through PEAQ based on the ten year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.¹

Transition Map G: For institutions with the next reaffirmation review in 2017-18

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	
Pathway Cycle	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Assurance Process	Institution may contribute documents to Evidence File						Assurance Argument Filed Comprehensive Review (with visit)	Institution may contribute documents to Evidence File						Institution may contribute documents to Evidence File			
Improvement Process	Quality Initiative Proposal Filed		Quality Initiative Proposal Reviewed ³		Quality Initiative Report Filed		Quality Initiative Proposal Filed		Quality Initiative Proposal Reviewed ³		Quality Initiative Report Filed		Quality Initiative Report Reviewed		Quality Initiative Report Filed		
	Quality Initiative Proposal Filed		Quality Initiative Proposal Reviewed ³		Quality Initiative Report Filed		Quality Initiative Proposal Filed		Quality Initiative Proposal Reviewed ³		Quality Initiative Report Filed		Quality Initiative Report Reviewed		Quality Initiative Report Filed		
Commission Action	Effective for All Members 1/1/13						Assurance Review Accepted by IAC ⁴						Assurance Argument Filed Comprehensive Review (with visit)				
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.																

¹ The chart applies to institutions eligible for the Open Pathway, institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

² A visit may be requested by the team

³ The institution may choose a paper review or a Commission-facilitated forum for the proposal review

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MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently maintaining affiliation through PEAQ based on the ten year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.¹

Transition Map H: For institutions with the next reaffirmation review in 2018-19

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Pathway Cycle	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 1	Year 2	Year 3	Year 4
Assurance Process	ASSURANCE REVIEW WAIVED			Institution may contribute documents to Evidence File			Assurance Argument Filed Comprehensive Review (with visit)		Institution may contribute documents to Evidence File		Assurance Argument Filed Assurance Review (no visit) ²
Improvement Process		Quality Initiative Proposal Filed									
Commission Action	ASSURANCE REVIEW WAIVED			Quality Initiative Proposal Reviewed ³	Quality Initiative Report Filed						
					Quality Initiative Report Reviewed						
New Criteria ⁵	Effective for All Members 1/1/13						Action on Comprehensive Review and Reaffirmation of Accreditation				Assurance Review Accepted by IAC ⁴
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.										

1 The chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

2 A visit may be requested by the team

3 The institution may choose a paper review or a Commission-facilitated forum for the proposal review

4 Certain team recommendations may require IAC action

5 Alpha version released March 1, 2011; Beta version released July 15, 2011; Gamma version released November 15, 2011; final version to be adopted February 23-24, 2012

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently maintaining affiliation through PEAQ based on the ten year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.¹

Transition Map I: For institutions with the next reaffirmation review in 2019-20

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Pathway Cycle	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 1	Year 2	Year 3	Year 4
Assurance Process	Institution may contribute documents to Evidence File	ASSURANCE REVIEW WAIVED	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Assurance Argument Filed	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Assurance Argument Filed
								Comprehensive Review (with visit)				Assurance Review (no visit?)
Improvement Process			Quality Initiative Proposal Filed									
			Quality Initiative Proposal Reviewed ³									
					Quality Initiative Report Filed							
						Quality Initiative Report Reviewed						
Commission Action		ASSURANCE REVIEW WAIVED						Action on Comprehensive Review and Reaffirmation of Accreditation				Assurance Review Accepted by IAC ⁴
New Criteria⁵	Effective for All Members 1/1/13											
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.											

¹ The chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

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MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently maintaining affiliation through PEAQ based on the ten year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.¹

Transition Map J: For institutions with the next reaffirmation review in 2020-21

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Pathway Cycle	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 1	Year 2	Year 3	Year 4
Assurance Process	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	ASSURANCE REVIEW WAIVED	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Assurance Argument Filed Comprehensive Review (with visit)	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Institution may contribute documents to Evidence File	Assurance Argument Filed Assurance Review (no visit?)
Improvement Process				Quality Initiative Proposal Filed Quality Initiative Reviewed ³									
Commission Action			ASSURANCE REVIEW WAIVED						Action on Comprehensive Review and Reaffirmation of Accreditation				Assurance Review Accepted by IAC ⁴
New Criteria⁵	Effective for All Members 1/1/13												
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.												

¹ The chart applies to institutions eligible for the Open Pathway; institutions that are in the first ten years of receiving initial accreditation and institutions under sanction or show cause order are among those that are not eligible for the Open Pathway

² A visit may be requested by the team

³ The institution may choose a paper review or a Commission-facilitated forum for the proposal review

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Section 3. The Standard Pathway Model for Continued Accreditation

Note: This section has been updated to reflect further refinement of the Standard Pathway (December 2011)

Overview

The Standard Pathway is expected for all institutions in the first ten-year period of initial accreditation and also allows the Commission to attend more readily to other institutions that are not eligible for the Open or AQIP Pathways. Eligibility for the Open Pathway is based on a range of factors, including the institution's past relationship with the Commission and the current context and capacity of the institution. In addition, the Standard Pathway is available as an option to those member institutions that elect to be engaged in a more rigorous assurance and improvement agenda.

The Standard Pathway and the Open Pathway have a number of common elements. Both Pathways feature:

- a ten-year cycle;
- assurance and improvement focus;
- Assurance Reviews in Years 4 and 10;
- use of the HLC electronic Assurance System.

However, the Standard Pathway differs from the Open Pathway in that:

- it provides for more interaction with the Commission during the ten-year cycle;
- improvement expectations are embedded in assurance expectations and both are addressed through a single filing and peer review;
- reports and focused visits are more likely to be required in Years 1-3 and Years 5-9;
- the Year 4 and Year 10 reviews are comprehensive reviews and both reviews include visits; the Year 10 review also includes a decision on reaffirmation of accreditation.

All Commission Pathways require the annual filing of the Institutional Update, all require annual monitoring of financial and non-financial indicators, and all follow Commission policies and practices on institutional change.

The Standard Pathway

Institutions in the Standard Pathway undergo comprehensive reviews in Years 4 and 10. In preparation for these reviews, the institution submits its **Assurance and Improvement Report** through a Standard Pathway version of the Commission's Assurance System. The Assurance and Improvement Report includes an expanded version of the Assurance Argument, in which the institution details its strengths and weaknesses in relation to each Criterion and Core Component, responds to any areas that were previously identified by the Commission as needing institutional attention, and documents any improvements identified related to each Criterion.

* Non-affiliated institutions interested in pursuing status with the Commission begin with the Eligibility Process. Institutions seeking initial candidacy or initial accreditation follow the Candidacy Pathway. Institutions under sanction or Show Cause order are on a separate, heightened level of monitoring by the Commission and are not on this or any other pathway.

***** CAUTION! THIS DOCUMENT IS A WORK IN PROGRESS *****

Follow the progress of the Pathways Project at www.ncahlc.org • Send comments to pathways@hlcommission.org

In preparation for the Year 4 and Year 10 comprehensive reviews, the Commission provides the evaluation team with information from the institution’s file with the Commission, including previous accreditation reviews, any reports or visits that have been conducted since the last accreditation review, and any other relevant interactions.

In Year 4 and again in Year 10, a team of peer reviewers reviews the Assurance and Improvement Report, conducts an on-site visit to the institution, and submits a report and recommendations to the Commission. If the team identifies issues with one or more of the Core Components, the Commission may call for follow-up through reports and focused visits in Years 1-3 or Years 5-9. This monitoring enables the Commission to ensure that progress is being made on the concerns identified and may also allow the Commission to determine whether other areas of concern have emerged. In a more serious case, the review may result in the Commission imposing a sanction or Show Cause order.

Action on the Year 4 review informs the next stage of the Standard Pathway. Action taken at Year 10 considers the institution’s documents, the Year 4 and Year 10 peer reviews, and any institutional response in order to determine the next phase of the institution’s relationship with the Commission, including eligibility to move to another Pathway.

A Note about Transition to the New Pathways Models

Institutions with PEAQ comprehensive reviews in years 2011-12 through 2014-15 will continue in the current PEAQ process. Pathway eligibility will be determined following Commission action at the conclusion of those reviews. Institutions with comprehensive evaluations scheduled after 2014-15 that are not eligible for the Open or AQIP pathways or that choose the Standard Pathway will transition into the Standard Pathway in 2012-13.

Master Chart of the Standard Pathway Ten-Year Cycle

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance and Improvement Process	Interim Reports and Visits as Required			Assurance and Improvement Report Filed	Interim Reports and Visits as Required					Assurance and Improvement Report Filed
Commission Activity	Review and Action on Interim Reports and Visits as Required			Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required					Assurance and Improvement Comprehensive Review (with visit)
				Action on Comprehensive Review ¹						Action on Comprehensive Review and Reaffirmation of Accreditation ²

¹ Outcome does not determine eligibility to move to another Pathway. Action on reaffirmation of accreditation occurs only for those institutions that are undergoing the first comprehensive review following initial accreditation.

² Outcome determines eligibility to move to another Pathway.

HLC Pathways Construction Project:

Section 4. Transitioning from PEAQ to the Standard Pathway

The table below provides an overview of how institutions currently in the Program to Evaluate and Advance Quality (PEAQ) will transition to the **Standard Pathway** ten-year cycle. Customized transition maps for each year are provided on the pages that follow. They are based on the academic year scheduled for the next reaffirmation review. The date is available in the last Commission action letter to the institution. It is also available on the Commission Web site www.ncahlc.org (check “Understanding Accreditation,” then “Directory of HLC Institutions”), or by calling the Commission staff liaison assigned to the institution.

From PEAQ to the Standard Pathway: A Transition Calculator and Transition Maps

This calculator allows institutions currently maintaining accreditation with the Commission through PEAQ to determine the timing of their transition to the Standard Pathway. It assumes that the transition of institutions will begin in 2012-13. The calculator should be used in conjunction with the document, “Master Chart of the Standard Pathway Ten-Year Cycle,” appearing on page 24.

The right-most column below identifies the appropriate Transition Map for each year. **Each Transition Map has been customized to apply to that year. Therefore, it is important to look only at the applicable map. Attempting to compare maps may only cause confusion.**

The calculator applies to institutions that are not eligible for the Open or AQIP Pathways as well as those that choose the Standard Pathway.* Transition maps for the Open Pathway appear elsewhere in this booklet. The AQIP Pathway will be unchanged, as will the qualifications and timing for institutions to join AQIP.

Next PEAQ Reaffirmation Visit Scheduled	PEAQ Visit Actually Takes Place	Year the Institution Transitions to the Standard Pathway	Place on Standard Pathway Cycle at Transition	Refer to Transition Map
2011-12**	2011-12	2012-13	Year 1	Map K
2012-13**	2012-13	2013-14	Year 1	Map L
2013-14**	2013-14	2014-15	Year 1	Map M
2014-15**	2014-15	2015-16	Year 1	Map N
2015-16	n/a	2012-13	Year 7	Map O
2016-17	n/a	2012-13	Year 6	Map P
2017-18	n/a	2012-13	Year 5	Map Q
2018-19***	n/a	2012-13	Year 4	Map R
2019-20***	n/a	2012-13	Year 3	Map S
2020-21***	n/a	2012-13	Year 2	Map T

* The eligibility factors for the Open Pathway appear on page 3. The Standard Pathway is described on pages 23-24. Non-affiliated institutions interested in pursuing status with the Commission begin with the Eligibility Process. Institutions seeking initial candidacy or initial accreditation follow the Candidacy Pathway. Institutions under sanction or Show Cause order are on a separate, heightened level of monitoring by the Commission and are not on this or any other Pathway.

** Pathway eligibility will be determined at the conclusion of the PEAQ review. This chart will apply to those institutions that will follow the Standard Pathway.

*** See the separate Transition Maps for possible modifications to the Standard Pathway cycle in the transition years.

MAPPING THE TRANSITION OF INSTITUTIONS INTO THE STANDARD PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Standard Pathway cycle. It assumes that the transition of institutions will begin in 2012-13. All institutions will have transitioned from PEAQ to a Pathway by 2015-2016.

Transition Map K: For institutions with the next PEAQ reaffirmation visit in 2011-12

Pathway eligibility will be determined at the conclusion of the PEAQ review in 2011-12. The chart applies to those institutions that will follow the Standard Pathway either by placement or by choice.

Year	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
PEAQ Visit	PEAQ Visit										
Pathway Cycle	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Assurance and Improvement Process	Interim Reports and Visits as Required			Assurance and Improvement Report Filed	Interim Reports and Visits as Required						
Commission Activity	Review and Action on Interim Reports and Visits as Required			Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required						
					Action on Comprehensive Review ¹						
New Criteria ³	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13									
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.										

¹ Outcome does not determine eligibility to move to another Pathway. Action on reaffirmation of accreditation occurs only for those institutions that are undergoing the first comprehensive review following initial accreditation.

² Outcome determines eligibility to move to another Pathway.

³ Alpha version released March 1, 2011; Beta version released July 15, 2011; Gamma version released November 15, 2011; final version to be adopted February 23-24, 2012

MAPPING THE TRANSITION OF INSTITUTIONS INTO THE STANDARD PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Standard Pathway cycle. It assumes that the transition of institutions will begin in 2012-13. All institutions will have transitioned from PEAQ to a Pathway by 2015-2016.

Transition Map L: For institutions with the next PEAQ reaffirmation visit in 2012-13

Pathway eligibility will be determined at the conclusion of the PEAQ review in 2012-13. The chart applies to institutions that will follow the Standard Pathway either by placement or by choice.

Year	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
PEAQ Visit		PEAQ Visit										
Pathway Cycle		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Assurance and Improvement Process		Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed
Commission Activity			Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)
New Criteria³	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13				Action on Comprehensive Review ¹						Action on Comprehensive Review and Reaffirmation of Accreditation ²
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.											

¹ Outcome does not determine eligibility to move to another Pathway. Action on reaffirmation of accreditation occurs only for those institutions that are undergoing the first comprehensive review following initial accreditation.

² Outcome determines eligibility to move to another Pathway.

³ Alpha version released March 1, 2011; Beta version released July 15, 2011; Gamma version released November 15, 2011; final version to be adopted February 23-24, 2012

MAPPING THE TRANSITION OF INSTITUTIONS INTO THE STANDARD PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Standard Pathway cycle. It assumes that the transition of institutions will begin in 2012-13. All institutions will have transitioned from PEAQ to a Pathway by 2015-2016.

Transition Map M: For institutions with the next PEAQ reaffirmation visit in 2013-14

Pathway eligibility will be determined at the conclusion of the PEAQ review in 2013-14. The chart applies to institutions that will follow the Standard Pathway either by placement or by choice.

Year	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
PEAQ Visit			PEAQ Visit										
Pathway Cycle				Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance and Improvement Process				Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed
Commission Activity				Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)
New Criteria³	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13					Action on Comprehensive Review ¹						Action on Comprehensive Review and Reaffirmation of Accreditation ²
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.												

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MAPPING THE TRANSITION OF INSTITUTIONS INTO THE STANDARD PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Standard Pathway cycle. It assumes that the transition of institutions will begin in 2012-13. All institutions will have transitioned from PEAQ to a Pathway by 2015-2016.

Transition Map N: For institutions with the next PEAQ reaffirmation visit in 2014-15

Pathway eligibility will be determined at the conclusion of the PEAQ review in 2014-15. The chart applies to institutions that will follow the Standard Pathway either by placement or by choice.

Year	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	
PEAQ Visit				PEAQ Visit											
Pathway Cycle					Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Assurance and Improvement Process					Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed	Interim Reports and Visits as Required						Assurance and Improvement Report Filed
Commission Activity					Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required						Assurance and Improvement Comprehensive Review (with visit)
New Criteria³	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13						Action on Comprehensive Review ¹						Action on Comprehensive Review and Reaffirmation of Accreditation ²	
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.														

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MAPPING THE TRANSITION OF INSTITUTIONS INTO THE STANDARD PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Standard Pathway cycle. It assumes that the transition of institutions will begin in 2012-13. All institutions will have transitioned from PEAQ to a Pathway by 2015-2016.

Transition Map O: For institutions with the next PEAQ reaffirmation visit in 2015-16

Pathway eligibility will be determined at the conclusion of the PEAQ review in 2015-16. The chart applies to those institutions that will follow the Standard Pathway either by placement or by choice.

Year	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Pathway Cycle		Year 7	Year 8	Year 9	Year 10	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Assurance and Improvement Process		Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed	Interim Reports and Visits as Required	Interim Reports and Visits as Required
Commission Activity		Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required
					Action on Comprehensive Review and Reaffirmation of Accreditation ¹				Action on Comprehensive Review ²		
New Criteria ³	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13									
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.										

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MAPPING THE TRANSITION OF INSTITUTIONS INTO THE STANDARD PATHWAY

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Transition Map P: For institutions with the next PEAQ reaffirmation visit in 2016-17

Pathway eligibility will be determined at the conclusion of the PEAQ review in 2016-17. The chart applies to those institutions that will follow the Standard Pathway either by placement or by choice.

Year	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	
Pathway Cycle		Year 6	Year 7	Year 8	Year 9	Year 10	Year 1	Year 2	Year 3	Year 4	Year 5	
Assurance and Improvement Process		Interim Reports and Visits as Required				Assurance and Improvement Report Filed	Interim Reports and Visits as Required		Assurance and Improvement Report Filed			Interim Reports and Visits as Required
Commission Activity		Review and Action on Interim Reports and Visits as Required				Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required		Assurance and Improvement Comprehensive Review (with visit)			Review and Action on Interim Reports and Visits as Required
New Criteria³	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13				Action on Comprehensive Review and Reaffirmation of Accreditation ¹				Action on Comprehensive Review ²		
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.											

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MAPPING THE TRANSITION OF INSTITUTIONS INTO THE STANDARD PATHWAY

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Transition Map Q: For institutions with the next PEAQ reaffirmation visit in 2017-18

Pathway eligibility will be determined at the conclusion of the PEAQ review in 2017-18. The chart applies to those institutions that will follow the Standard Pathway either by placement or by choice.

Year	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Pathway Cycle	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Assurance and Improvement Process			Interim Reports and Visits as Required			Assurance and Improvement Report Filed	Interim Reports and Visits as Required			Assurance and Improvement Report Filed	
Commission Activity			Review and Action on Interim Reports and Visits as Required			Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required			Assurance and Improvement Comprehensive Review (with visit)	
New Criteria³	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13					Action on Comprehensive Review and Reaffirmation of Accreditation ¹				Action on Comprehensive Review ²
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.										

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MAPPING THE TRANSITION OF INSTITUTIONS INTO THE STANDARD PATHWAY

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Transition Map R: For institutions with the next PEAQ reaffirmation visit in 2018-19

Pathway eligibility will be determined at the conclusion of the PEAQ review in 2018-19. The chart applies to those institutions that will follow the Standard Pathway either by placement or by choice.

Year	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Pathway Cycle		Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 1	Year 2	Year 3
Assurance and Improvement Process		Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed ¹	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required
Commission Activity		Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required
New Criteria⁴	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13		Action on Comprehensive Review ²				Action on Comprehensive Review and Reaffirmation of Accreditation ³			
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.										

¹ Modified schedule during transition years.

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MAPPING THE TRANSITION OF INSTITUTIONS INTO THE STANDARD PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Standard Pathway cycle. It assumes that the transition of institutions will begin in 2012-13. All institutions will have transitioned from PEAQ to a Pathway by 2015-2016.

Transition Map S: For institutions with the next PEAQ reaffirmation visit in 2019-20

Pathway eligibility will be determined at the conclusion of the PEAQ review in 2019-20. The chart applies to those institutions that will follow the Standard Pathway either by placement or by choice.

Year	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Pathway Cycle		Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance and Improvement Process		Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed ¹	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Interim Reports and Visits as Required	Assurance and Improvement Report Filed
Commission Activity		Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Review and Action on Interim Reports and Visits as Required	Assurance and Improvement Comprehensive Review (with visit)
New Criteria⁴	Final Version Adopted 2/23-24/12	Effective for All Members 1/1/13			Action on Comprehensive Review ²				Action on Comprehensive Review and Reaffirmation of Accreditation ³
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.								

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MAPPING THE TRANSITION OF INSTITUTIONS INTO THE STANDARD PATHWAY

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Transition Map T: For institutions with the next PEAQ reaffirmation visit in 2020-21

Pathway eligibility will be determined at the conclusion of the PEAQ review in 2020-21. The chart applies to those institutions that will follow the Standard Pathway either by placement or by choice.

Year	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Pathway Cycle		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance and Improvement Process		Interim Reports and Visits as Required								
Commission Activity		Review and Action on Interim Reports and Visits as Required								
		Assurance and Improvement Report Filed ¹								
		Assurance and Improvement Comprehensive Review (with visit)								
New Criteria ⁴										
		Effective for All Members 1/1/13								
	Final Version Adopted 2/23-24/12									
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update; will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.									

¹ Modified schedule during transition years.

² Outcome does not determine eligibility to move to another Pathway. Action on reaffirmation of accreditation occurs only for those institutions that are undergoing the first comprehensive review following initial accreditation.

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Pathways for Seeking and Maintaining Accreditation*

A	Status	Initial or Continued Candidacy	Initial Accreditation	Continued Accreditation	
B	Routes to Seek and Maintain Status	CANDIDACY PATHWAY	STANDARD PATHWAY	AQIP PATHWAY	OPEN PATHWAY
C	Who Participates	Required for all institutions seeking initial or continued candidacy or initial accreditation	Required for all institutions granted initial accreditation through the first ten years	All accredited institutions that are not eligible for the other pathways and those that choose this pathway	All eligible institutions that elect to use this pathway
D	How Pathway Assures Compliance with Criteria, Federal Requirements, Other Commission Policies	<ul style="list-style-type: none"> • Two-year cycle • Comprehensive self-study process and report • On-site evaluation visit • After two years, evaluation for continued candidacy or initial accreditation • Four-year limit 	<ul style="list-style-type: none"> • Ten-year cycle • Assurance and Improvement Reports and Comprehensive Reviews with visits in Years 4 and 10 	<ul style="list-style-type: none"> • Seven-year cycle • Periodic systems appraisals and quality checkup visit 	<ul style="list-style-type: none"> • Ten-year cycle • Assurance reviews in Year 4 (no visit) and in Year 10 (with visit)
E	How Pathway Encourages Improvement	Follows standard Commission policies and practices on institutional change	<ul style="list-style-type: none"> • May require interim reports and focused visits • Follows standard Commission policies and practices on institutional change 	<ul style="list-style-type: none"> • May require interim reports and focused visits • Follows standard Commission policies and practices on institutional change 	<ul style="list-style-type: none"> • May require interim reports and focused visits • Follows standard Commission policies and practices on institutional change
F	Role of Peer Reviewers	Improvement is aligned with assurance	Improvement is aligned with assurance	Improvement focused action projects and strategy forums	<ul style="list-style-type: none"> • Quality Initiative in Years 5-9 • Initiative approval at launch (paper review or Commission forum) • Report review at conclusion (no visit)
Institutional Update Filing and Analysis					
Corps of trained and experienced professionals serve as peer reviewers and decision makers in these processes					

* Institutions under sanction or show cause order are on a separate, heightened level of monitoring by the Commission and are not on any of the Pathways described in this document.