



**Accreditation Council for Pharmacy
Education**

**Self-Assessment Instrument for the
Professional Degree Program of Colleges
and Schools of Pharmacy**

**Version 2.0
Standards 2016 / Guidelines 1.0**

Effective July 1, 2016

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Accreditation Council for Pharmacy Education Self-Assessment Instrument for the Professional Degree Program of Colleges and Schools of Pharmacy

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Introduction: The *Accreditation Council for Pharmacy Education (ACPE) Self-Assessment Instrument for the Professional Degree Program of Colleges and Schools of Pharmacy* is designed to assist a college or school of pharmacy prepare its self-study report and document how its pharmacy degree program is addressing ACPE's Standards. The instrument identifies the documents, data and descriptive text that will need to be provided by the college or school for evaluation during the on-site visit in order to determine how the program is addressing each of the Standards. Additional guidance related to the self-study process and report is provided on the ACPE website www.acpe-accredit.org.

An equivalent evaluation instrument (commonly referred to as the "Rubric") is used by members of the on-site evaluation team to validate (or contradict) the college or school's Self-Study Report and as the basis for the *Evaluation Team Report (ETR)* sent to the college or school and the ACPE Board of Directors. The findings of the evaluation team are used to advise the ACPE Board of Directors. The ACPE Board of Directors will consider the *ETR* along with other supplementary written or verbal information in order to determine the pharmacy degree program's overall compliance with ACPE Standards and to prepare the ACPE *Action and Recommendations (A&R)* document, which is the official accreditation action.

Directions for Completing the Self-Assessment Instrument

For each standard, the college or school should do the following:

- 1) **Documentation and Data:** Use a check to indicate documents and data that have been submitted in advance or made available on site.

For each standard, the following documentation and data sections are included:

- Required Documentation and Data
- Data Views and Standardized Tables*
- Optional Documentation and Data

* The AACP Curriculum Quality Surveys question numbers have been revised. The demographic questions were moved to the end of all surveys. The data views in AAMS will reflect this change starting in fall 2019.

Please Note: For self-study reports submitted electronically to ACPE, the preferred file format for documents and data is Portable Document Format (PDF).

For each data view and standardized table, it is optional for the college or school to provide brief comments about the chart or table. Comments should be provided below the chart or table and should be limited to, for example, explanations of missing data or apparent anomalies. The comments should not exceed 1,000 characters (approximately 170 words) per chart/table; this text is not included in the overall 150 page limit for the self-study report. The college or school's interpretation of the data, especially any notable differences from national or peer group norms, should be provided in the descriptive text under Section 3 (College or School's Comments on the Standard) of the applicable standards, not in the brief optional comments under a data view or table.

- 2) **College or School's Self-Assessment:** Self-assess the program on aspects of the standard using the following scale:

- **S:** The program's compliance with this element of the standard is **satisfactory**
- **N.I.:** The program **needs improvement** with this element of the standard to be fully compliant
- **U:** The program's compliance with this element of the standard is **unsatisfactory**

- 3) **College or School's Comments on the Standard:** The college or school's text should describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Specific areas that should be addressed by the college or school are noted for each standard. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

Page and character limits have been provided for each standard with ACPE's overall limit of 150 pages (375,000 characters) for all 25 standards for the descriptive text used to address this element (Section 3) of the self-study report. All standards have been assigned a 6-page or 15,000 character limit.

4) **College or School's Final Self-Evaluation:** Self-assess compliance of the program on the standard using the following classifications:

Compliant:¹

No factors exist that compromise current compliance; no factors² exist that, if not addressed, may compromise future compliance.

Compliant with Monitoring:

- No factors exist that compromise current compliance; factors² exist that, if not addressed, may compromise future compliance **OR**
- Factors exist that compromise current compliance; an appropriate plan³ exists to address the factors that compromise compliance; the plan has been fully implemented;⁴ sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.

Partially Compliant:

Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated;⁵ the plan has not been fully implemented⁴ and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.

Non Compliant:

- Factors exist that compromise current compliance; an appropriate plan³ to address the factors that compromise compliance does not exist or has not yet been initiated **/or**
- Adequate information was not provided to assess compliance⁶

Notes:

1. Compliant means *meets, substantially meets, or exceeds* the requirements and expectations of the standard. A program may have elements of a Standard that are assessed as needing improvement, but overall the Standard may be rated as Compliant.
2. Factors could include innovations and planned or unplanned substantive changes to the program.
3. A plan is appropriate (acceptable to ACPE) if it meets the following criteria: is likely to succeed, is feasible, has been approved by the university or applicable authority (if necessary), has an acceptable timeline, and is adequately resourced.
4. Fully implemented means that all components of the plan have been implemented and are proceeding to completion; no additional steps need to be taken; all that is required is continued monitoring and collection of assessment data to provide further evidence that the plan is succeeding as intended.
5. Initiated means that some of the first steps of the plan have been started.
6. Other than for the first bullet point under Non Compliant, the above classifications assume that the information provided was adequate to assess compliance. Information to assess compliance may come from a self-study report, an on-site evaluation, a post-visit supplementary report, or an interim report.

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

ACPE Annual Monitoring Policies

ACPE's Annual Monitoring Policies can be found on the ACPE (see Section 11.6). The criteria specified in the policies, such as, passing rate of graduates on the North American Pharmacist Licensure Examination™ (NAPLEX®) are not incorporated in ACPE Standards or Guidelines and in and of themselves are not used as a direct determinant of compliance or non-compliance. The criteria are used as the basis for ongoing monitoring of programs and, when applicable, requests for additional information from a college or school of pharmacy. The policies provide an indication of what data would trigger additional monitoring by ACPE in accordance with the policy. Programmatic data that fall outside of the monitoring parameters may be indicative of underlying issues that could impact compliance with accreditation standards.

The Annual Monitoring Policies are most relevant to:

- Standard No. 16: Admissions (changes and trends in enrollment)
- Standard No. 17: Progression (graduation rate monitoring)
- Standard No. 18: Faculty and Staff—Quantitative Factors (changes and trends in enrollment)
- Standard No. 21: Physical Facilities (changes and trends in enrollment)
- Standard No. 23: Financial Resources (changes and trends in enrollment)
- Standard No. 24: Assessment Elements for Section I: Educational Outcomes (changes and trends in NAPLEX outcomes)

College or School's Overview

The college or school is invited to provide an overview of changes and developments related to the program and the college or school since the last comprehensive on-site evaluation. The summary should be organized by the three sections of the Standards.

[TEXT BOX] [Maximum 5,000 characters including spaces] (Approximately two pages)

Summary of the College or School's Self-Study Process

The college or school is invited to provide a summary of the self-study process. ACPE does not require any supporting documentation for the Summary of the Self-Study Process; however, the college or school may provide supporting documentation (such as, a list of the members of the self-study committees) as an appendix in the self-study report.

[TEXT BOX] [Maximum 5,000 characters including spaces] (Approximately two pages)

Documentation

The members of the on-site evaluation team will use the following form to evaluate the college or school's self-study process and the clarity of the report, and will provide feedback to assist the college or school to improve the quality of future reports.

| | Commendable | Meets Expectations | Needs Improvement |
|---|---|---|---|
| Participation in the Self-Study Process | The self-study report was written and reviewed with broad-based input from students, faculty, preceptors, staff, administrators and a range of other stakeholders, such as, patients, practitioners, and employers. <input type="checkbox"/> | The self-study report was written and reviewed with broad-based input from students, faculty, preceptors, staff and administrators. <input type="checkbox"/> | The self-study report was written by a small number who did not seek broad input from students, faculty, preceptors, staff, and administrators. <input type="checkbox"/> |
| Knowledge of the Self-Study Report | Students, faculty, preceptors, and staff are conversant in the major themes of the report and how the program intends to address any deficiencies. <input type="checkbox"/> | Students, faculty, preceptors, and staff are aware of the report and its contents. <input type="checkbox"/> | Students, faculty, preceptors, and staff have little or no knowledge of the content of the self-study report or its impact on the program. <input type="checkbox"/> |
| Completeness and Transparency of the Self-Study Report | All narratives and supporting documentation are thorough, clear and concise. The content appears thoughtful and honest. Interviews match the self-study findings. <input type="checkbox"/> | All narratives and supporting documentation are present. The content is organized and logical. <input type="checkbox"/> | Information is missing or written in a dismissive, uninformative or disorganized manner. Portions of the content appear biased or deceptive. <input type="checkbox"/> |
| Relevance of Supporting Documentation | Supporting documentation of activities is informative and used judiciously. <input type="checkbox"/> | Supporting documentation is present when needed. <input type="checkbox"/> | Additional documentation is missing, irrelevant, redundant, or uninformative. <input type="checkbox"/> |
| Evidence of Continuous-Quality Improvement | The program presents thoughtful, viable plans to not only address areas of deficiency, but also to further advance the quality of the program beyond the requirements of the Standards. <input type="checkbox"/> | The program proactively presents plans to address areas where the program is in need of improvement. <input type="checkbox"/> | No plans are presented or plans do not appear adequate or viable given the issues and the context of the program. <input type="checkbox"/> |
| Organization of the Self-Study Report | All sections of the report are complete and organized or hyper-linked to facilitate finding information, e.g., pages are numbered and sections have labeled or tabbed dividers. <input type="checkbox"/> | The reviewer is able to locate a response for each standard and the supporting documentation with minimal difficulty. <input type="checkbox"/> | Information appears to be missing or is difficult to find. Sections are not well labeled. <input type="checkbox"/> |

Summary of the College or School's Self-Evaluation of All Standards

Please complete this summary () **after** self-assessing compliance with the individual standards using the Self-Assessment Instrument.

| Standards | Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--------------------------|---------------------------|--------------------------|--------------------------|
| SECTION I: EDUCATIONAL OUTCOMES | | | | |
| 1. Foundational Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Essentials for Practice and Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Approach to Practice and Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Personal and Professional Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES | | | | |
| 5. Eligibility and Reporting Requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. College or School Vision, Mission, and Goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Strategic Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Organization and Governance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Organizational Culture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Curriculum Design, Delivery, and Oversight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Interprofessional Education (IPE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Pre-Advanced Pharmacy Practice Experiences (Pre-APPE) Curriculum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Advanced Pharmacy Practice Experiences (APPE) Curriculum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Student Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Academic Environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Admissions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Progression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Faculty and Staff – Quantitative Factors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Faculty and Staff – Qualitative Factors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Preceptors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Physical Facilities and Educational Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Practice Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Financial Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION III: ASSESSMENT OF STANDARDS AND KEY ELEMENTS | | | | |
| 24. Assessment Elements for Section I: Educational Outcomes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Assessment Elements for Section II: Structure and Process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section I

Educational Outcomes

Standard No. 1: Foundational Knowledge: The professional program leading to the Doctor of Pharmacy degree (hereinafter “the program”) develops in the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- A copy of the professional PharmD curriculum

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Students – Questions 4-6, 69
- AACP Standardized Survey: Preceptors – Questions 11-13
- AACP Standardized Survey: Alumni – Questions 14-16

Optional Documentation and Data:

- Annual performance of students nearing completion of the didactic curriculum on Pharmacy Curriculum Outcomes Assessment (PCOA) outcome data for the last 3 years
- Annual performance of students nearing completion of the didactic curriculum on Pharmacy Curriculum Outcomes Assessment (PCOA) outcome data **for the last 3 years broken down by campus/branch/pathway** (*breakdown only required for multi-campus and/or multi-pathway programs*)
- Other documentation or data that provides supporting evidence of compliance with the standard

2) **College or School’s Self-Assessment:** Use the checklist below to self-assess the program’s compliance with the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 1.1. Foundational knowledge – The graduate is able to develop, integrate, and apply knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care. | ○ | ○ | ○ |

3) **College or School’s Comments on the Standard:** The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school’s self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe the breadth and depth of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences components of the didactic curriculum.
- Describe the strategies utilized to integrate the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences components of the didactic curriculum.

- Describe how the college or school integrates the foundational sciences to improve student ability to develop, integrate and apply knowledge to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|--|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance. |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 2: Essentials for Practice and Care: The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Outcome assessment data summarizing overall student achievement of Standard 2 key elements for didactic coursework, introductory pharmacy practice experiences (IPPE), and advanced pharmacy practice experiences (APPE)
- List of courses, teaching methods, and assessment measures used to address each key element of Standard 2

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Students – Questions 7-11
- AACP Standardized Survey: Preceptors – Questions 14-18
- AACP Standardized Survey: Alumni – Questions 17-21

Optional Documentation and Data: (Uploads)

- Other documentation or data that provides supporting evidence of compliance with the standard

2) **College or School’s Self-Assessment:** Use the checklist below to self-assess the program’s compliance with the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|---|---|------|---|
| 2.1. Patient-centered care – The graduate is able to provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities). | ○ | ○ | ○ |
| 2.2. Medication use systems management – The graduate is able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems. | ○ | ○ | ○ |
| 2.3. Health and wellness – The graduate is able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness. | ○ | ○ | ○ |
| 2.4. Population-based care – The graduate is able to describe how population-based care influences patient-centered care and the development of practice guidelines and evidence-based best practices. | ○ | ○ | ○ |

3) **College or School’s Comments on the Standard:** The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school’s self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how the college or school supports the development of pharmacy graduates throughout the curriculum who are able to provide patient-centered care.
- Describe how the college or school supports the development of pharmacy graduates throughout the curriculum who are able to manage medication use systems.
- Describe how the college or school supports the development of pharmacy graduates throughout the curriculum who are able to promote health and wellness.
- Describe how the college or school supports the development of pharmacy graduates throughout the curriculum who are able to describe the influence of population-based care on patient-centered care.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 3: Approach to Practice and Care: The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Outcome assessment data summarizing overall student achievement of Standard 3 key elements for didactic coursework, introductory pharmacy practice experiences (IPPE), and advanced pharmacy practice experiences (APPE)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Students – Questions 12-18
- AACP Standardized Survey: Preceptors – Questions 19-25
- AACP Standardized Survey: Alumni – Questions 22-28

Optional Documentation and Data: (Uploads)

- Other documentation or data that provides supporting evidence of compliance with the standard

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 3.1. Problem solving – The graduate is able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution. | ○ | ○ | ○ |
| 3.2. Education – The graduate is able to educate all audiences by determining the most effective and enduring ways to impart information and assess learning. | ○ | ○ | ○ |
| 3.3. Patient advocacy – The graduate is able to represent the patient's best interests. | ○ | ○ | ○ |
| 3.4. Interprofessional collaboration – The graduate is able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs. | ○ | ○ | ○ |
| 3.5. Cultural sensitivity – The graduate is able to recognize social determinants of health to diminish disparities and inequities in access to quality care. | ○ | ○ | ○ |
| 3.6. Communication – The graduate is able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how the college or school supports the development of pharmacy graduates who are to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.
- Describe how the college or school incorporates interprofessional education activities into the curriculum.
- Describe how assessments have resulted in improvements in patient education and advocacy.
- Describe how assessments have resulted in improvements in professional communication.
- Describe how assessments have resulted in improvements in student problem-solving and critical thinking achievement.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|--|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |

| | | | |
|---|--|--|---|
| | current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | evidence that the plan is addressing the factors and will bring the program into compliance. | |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 4: Personal and Professional Development: The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation and entrepreneurship, and professionalism.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Plan for Student Achievement of the Key Elements of Standards 3 and 4 (Co-Curricular Plan) or Co-Curriculum Manual broken down by campus, branch, and pathway (branch and pathway requirements for applicable programs). The plan should include timeline, activities, outcomes, and assessment tools
- Outcome assessment data summarizing students' overall achievement of Standard 4 key elements for didactic coursework, introductory pharmacy practice experiences (IPPE), and advanced pharmacy practice experiences (APPE)
- Examples (2-3 for each standard) of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standards 3 and 4

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Students – Questions 19-23, 25
- AACP Standardized Survey: Preceptors – Questions 26-29
- AACP Standardized Survey: Alumni – Questions 8, 29-32

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 4.1. Self-awareness – The graduate is able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth. | ○ | ○ | ○ |
| 4.2. Leadership – The graduate is able to demonstrate responsibility for creating and achieving shared goals, regardless of position. | ○ | ○ | ○ |
| 4.3. Innovation and entrepreneurship – The graduate is able to engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals. | ○ | ○ | ○ |
| 4.4. Professionalism – The graduate is able to exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe the plan for student achievement of the key elements of Standards 3 and 4 (co-curricular plan).
- Describe the tools utilized to capture students' reflections on personal/professional growth and development.
- Describe the processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning.
- Describe the curricular and co-curricular experiences related to professionalism, leadership, self-awareness, and creative thinking throughout the curriculum.
- Describe how assessment results have resulted in improvements in professionalism, leadership, self-awareness, and creative thinking.
- Describe how the curriculum fosters the development of students as leaders and agents of change and helps students to embrace the ethical purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|---|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |

| | | | |
|---|--|---|---|
| | evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | | |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]

Section II:
Structure and Process To Promote
Achievement of Educational Outcomes

Subsection IIA: Planning and Organization

Standard No. 5: Eligibility and Reporting Requirements: The program meets all stated degree-granting eligibility and reporting requirements.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- University organizational chart depicting the reporting relationship(s) for the Dean of the college or school
- Document(s) verifying institutional accreditation
- Documents verifying legal authority to offer/award the Doctor of Pharmacy degree
- Complete institutional accreditation reports identifying any applicable deficiencies
- Relevant extract(s) from accreditation report that identifies any deficiencies from institutional accreditation that impact or potentially impact the college, school or program
 - Or check here if no applicable deficiencies

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 5.1. Autonomy – The academic unit offering the Doctor of Pharmacy program is an autonomous unit organized as a college or school of pharmacy (within a university or as an independent entity). This includes autonomy to manage the professional program within stated policies and procedures, as well as applicable state and federal regulations. | ○ | ○ | ○ |
| 5.2. Legal empowerment – The college or school is legally empowered to offer and award the Doctor of Pharmacy degree. | ○ | ○ | ○ |
| 5.3. Dean's leadership – The college or school is led by a dean, who serves as the chief administrative and academic officer of the college or school and is responsible for ensuring that all accreditation requirements of ACPE are met. | ○ | ○ | ○ |
| 5.4. Regional/institutional accreditation – The institution housing the college or school, or the independent college or school, has (or, in the case of new programs, is seeking) full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education. | ○ | ○ | ○ |
| 5.5. Regional/institutional accreditation actions – The college or school reports to ACPE within 30 days any issue identified in regional/institutional accreditation actions that may have a negative impact on the quality of the professional degree program and compliance with ACPE standards. | ○ | ○ | ○ |
| 5.6. Substantive change – The dean promptly reports substantive changes in organizational structure and/or processes (including financial factors) to ACPE for the purpose of evaluation of their impact on programmatic quality. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided

to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how the college or school participates in the governance of the university/institution (if applicable).
- Describe how the autonomy of the college or school is assured and maintained.
- Describe how the college or school collaborates with university officials to secure adequate resources to effectively deliver the program and comply with all accreditation standards.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|---|---|--|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 6: College or School Vision, Mission, and Goals: The college or school publishes statements of its vision, mission, and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Vision, mission and goal statements for the college/school, parent institution, and department/division

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program's compliance with the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 6.1. College or school vision and mission – These statements are compatible with the vision and mission of the university in which the college or school operates. | ○ | ○ | ○ |
| 6.2. Commitment to educational outcomes – The mission statement is consistent with a commitment to the achievement of the Educational Outcomes (Standards 1–4). | ○ | ○ | ○ |
| 6.3. Education, scholarship, service, and practice – The statements address the college or school's commitment to professional education, research and scholarship, professional and community service, pharmacy practice, and continuing professional development. | ○ | ○ | ○ |
| 6.4. Consistency of initiatives – All program initiatives are consistent with the college or school's vision, mission, and goals. | ○ | ○ | ○ |
| 6.5. Subunit goals and objectives alignment – If the college or school organizes its faculty into subunits, the subunit goals are aligned with those of the college or school. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how the college or school's mission is aligned with the mission of the institution.
- Describe how the mission and associated goals¹ address education, research/scholarship, service, and practice and provide the basis for strategic planning.
- Describe how the mission and associated goals² are developed and approved with the involvement of various stakeholders, such as, faculty, students, preceptors, alumni, etc.
- Describe how and where the mission statement is published and communicated.
- Describe how the college or school promotes initiatives and programs that specifically advance its stated mission.
- Describe how the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|--|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or |

¹ Goals should be distinguished between long-term (perpetual) goals that relate to the overall vision and mission of the college or school, and short-term goals (± two to five years) that are included in the college or school's strategic plan. Goals within a strategic plan will align with and support the vision and mission of the college or school.

| | | | |
|---|--|---|--|
| | current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
 [TEXT BOX] [1,000 character limit, including spaces]

Standard No. 7: Strategic Plan: The college or school develops, utilizes, assesses, and revises on an ongoing basis a strategic plan that includes tactics to advance its vision, mission, and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- College or school's strategic planning documents

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- Questions –11-12 from Faculty Survey

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program's compliance with the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|-----------------------|-----------------------|-----------------------|
| 7.1. Inclusive process – The strategic plan is developed through an inclusive process, including faculty, staff, students, preceptors, practitioners, and other relevant constituents, and is disseminated in summary form to key stakeholders. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7.2. Appropriate resources – Elements within the strategic plan are appropriately resourced and have the support of the university administration as needed for implementation. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7.3. Substantive change planning – Substantive programmatic changes contemplated by the college or school are linked to its ongoing strategic planning process. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working.

Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how the college or school's strategic plan was developed, including evidence of the involvement of various stakeholder groups, such as, faculty, students, preceptors, alumni, etc.
- Describe how the college or school's strategic plan aligns with the University or institutional strategic plan.
- Describe how the strategic plan facilitates the achievement of mission-based (long-term) goals.
- Describe how the college or school's strategic plan incorporates timelines for action, measures, responsible parties, identification of resources needed, mechanisms for ongoing monitoring and reporting of progress.
- Describe how the college or school monitors, evaluates and documents progress in achieving the goals and objectives of the strategic plan.
- Describe how the support and cooperation of University administration for the college or school plan was sought and achieved, including evidence of support for resourcing the strategic plan.
- Describe how the strategic plan is driving decision making in the college or school, including for substantive changes to the program.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
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5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 8: Organization and Governance: The college or school is organized and staffed to advance its vision and facilitate the accomplishment of its mission and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- College or school organizational chart
- Job descriptions and responsibilities for college or school Dean and other administrative leadership team members
- Faculty Handbook and/or written bylaws and policies and procedures of college or school
- List of committees with their members and designated charges
- College, school, or university policies and procedures that address systems failures, data security and backup, and contingency planning
- Curriculum Vitae of the Dean and other administrative leadership team members
- Evidence of faculty participation in university governance

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 1, 2, 5, 10
- AACP Standardized Survey: Alumni – Question 2
- Table: Distribution of Full-Time faculty by Department and Rank

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | N.I. |
|---|---|------|------|
| 8.1. Leadership collaboration – University leadership and the college or school dean collaborate to advance the program's vision and mission and to meet ACPE accreditation standards. The dean has direct access to the university administrator(s) with ultimate responsibility for the program. | ○ | ○ | ○ |
| 8.2. Qualified dean – The dean is qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service. | ○ | ○ | ○ |
| 8.3. Qualified administrative team – The dean and other college or school administrative leaders have credentials and experience that have prepared them for their respective roles and collectively have the needed backgrounds to effectively manage the educational program. | ○ | ○ | ○ |

| | | | |
|--|---|---|---|
| 8.4. Dean's other substantial administrative responsibilities – If the dean is assigned other substantial administrative responsibilities, the university ensures adequate resources to support the effective administration of the affairs of the college or school. | ○ | ○ | ○ |
| 8.5. Authority, collegiality, and resources – The college or school administration has defined lines of authority and responsibility, fosters organizational unit collegiality and effectiveness, and allocates resources appropriately. | ○ | ○ | ○ |
| 8.6. College or school participation in university governance – College or school administrators and faculty are effectively represented in the governance of the university, in accordance with its policies and procedures. | ○ | ○ | ○ |
| 8.7. Faculty participation in college or school governance – The college or school uses updated, published documents, such as bylaws, policies, and procedures, to ensure faculty participation in the governance of the college or school. | ○ | ○ | ○ |
| 8.8. Systems failures – The college or school has comprehensive policies and procedures that address potential systems failures, including technical, administrative, and curricular failures. | ○ | ○ | ○ |
| 8.9. Alternate pathway equitability* – The college or school ensures that any alternative pathways to the Doctor of Pharmacy degree are equitably resourced and integrated into the college or school's regular administrative structures, policies, and procedures, including planning, oversight, and evaluation. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how the college or school's organization and administration and the process for ongoing evaluation of the effectiveness of each operational unit.
- Provide a self-assessment of how well the organizational structure and systems of communication and collaboration are serving the program and supporting the achievement of the mission and goals.
- Describe how college or school bylaws, policies and procedures are developed and modified.
- Describe how the college or school's administrative leaders foster relationships that support interprofessional education and practice opportunities.
- Describe how the credentials and experience of college or school administrative leaders working with the dean have prepared them for their respective roles.
- Describe how the dean provides leadership for the college or school and program and how the qualifications and characteristics of the dean support the achievement of the mission and goals.
- Describe how the authority and responsibility of the dean ensures all expectations of the standard and guidelines are achieved.
- Describe how the dean interacts with and is supported by the other administrative leaders in the college or school.
- Describe how the dean is providing leadership to the academy at large, and advancing the pharmacy education enterprise on local, regional, and national levels.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

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| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 9: Organizational Culture: The college or school provides an environment and culture that promotes self-directed lifelong learning, professional behavior, leadership, collegial relationships, and collaboration within and across academic units, disciplines, and professions.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- College, school, or university policies describing expectations of faculty, administrators, students and staff behaviors and conduct
- Examples of intra/interprofessional and intra/interdisciplinary collaboration
- Examples of affiliation agreements for practice or service relationships (other than experiential education agreements)
- Examples of affiliation agreements for the purposes of research collaboration (if applicable)
- Examples of affiliation agreements for academic or teaching collaboration (if applicable)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 3, 4, 6, 35, 37
- AACP Standardized Survey: Student - Questions 46, 51-53, 55

- AACP Standardized Survey: Alumni – Questions 1, 3-5
- AACP Standardized Survey: Preceptor – Question 30

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 9.1. Leadership and professionalism – The college or school demonstrates a commitment to developing professionalism and to fostering leadership in administrators, faculty, preceptors, staff, and students. Faculty and preceptors serve as mentors and positive role models for students. | ○ | ○ | ○ |
| 9.2. Behaviors – The college or school has policies that define expected behaviors for administrators, faculty, preceptors, staff, and students, along with consequences for deviation from those behaviors. | ○ | ○ | ○ |
| 9.3. Culture of collaboration – The college or school develops and fosters a culture of collaboration within subunits of the college or school, as well as within and outside the university, to advance its vision, mission, and goals, and to support the profession. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe strategies that the college or school has used to promote professional behavior and outcomes.
- Describe strategies that the college or school has used to promote harmonious relationships among students, faculty, administrators, preceptors, and staff; and the outcomes.
- Describe strategies that the college or school has used to promote student mentoring and leadership development, and the outcomes.
- Describe the number and nature of affiliations external to the college or school.
- Provide details of academic research activity, partnerships and collaborations outside the college or school.
- Provide details of alliances that promote and facilitate interprofessional or collaborative education.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

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| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Subsection IIB: Educational Program for the Doctor of Pharmacy Degree

Standard No. 10: Curriculum Design, Delivery, and Oversight: The curriculum is designed, delivered, and monitored by faculty to ensure breadth and depth of requisite knowledge and skills, the maturation of professional attitudes and behaviors, and the opportunity to explore professional areas of interest. The curriculum also emphasizes active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making.

1) Documentation and Data:

Required Documentation and Data:

Uploads:

- Description of curricular and degree requirements, including elective didactic and experiential expectations
- A map/cross-walk of the curriculum (didactic and experiential) to the professional competencies and outcome expectations of the program
- Tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments
- A list of the members of the Curriculum Committee (or equivalent) with including their position/affiliation to the college or school, committee charges and assignments
- A list the major accomplishments of the Curriculum Committee in the last 3 years
- Example documents used by faculty, preceptors and students to evaluate learning experiences and provide formative and/or summative feedback
- Representative examples of instructional methods (2-3 of each) employed by faculty to actively engage learners, integrate and reinforce content across the curriculum, provide opportunity for mastery of skills, instruct within the experiential learning program, stimulate higher-order thinking, problem solving, and clinical-reasoning skills, and address/accommodate diverse learning styles.
- All course syllabi (didactic and experiential)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions –9, 32-36
- AACP Standardized Survey: Student – Questions 23-28, 55, 60
- AACP Standardized Survey: Alumni – Questions 7, 8, 12
- AACP Standardized Survey: Preceptor – Questions 2, 9

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include a curricular overview, the college or school's curricular map, and data that link teaching-and-learning methods with curricular outcomes. Examples could include assessments and documentation of student performance and the attainment of desired core knowledge, skills and values.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|-----------------------|-----------------------|-----------------------|
| 10.1. Program duration – The professional curriculum is a minimum of four academic years of full-time study or the equivalent. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.2. Curricular oversight – Curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, (3) effectively communicate and coordinate efforts with body/bodies responsible for curricular assessment, and (4) are adequately resourced to ensure and continually advance curricular quality. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.3. Knowledge application – Curricular expectations build on a pre-professional foundation of scientific and liberal studies. The professional curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base that culminates in the demonstrated ability of learners to apply knowledge to practice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.4. Skill development – The curriculum is rigorous, contemporary, and intentionally sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the Educational Outcomes articulated in Section I. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.5. Professional attitudes and behaviors development – The curriculum inculcates professional attitudes and behaviors leading to personal and professional maturity consistent with the Oath of the Pharmacist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.6. Faculty and preceptor credentials/expertise – All courses in the curriculum are taught by individuals with academic credentials and expertise that are explicitly linked to their teaching responsibilities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.7. Content breadth and depth – Programs document, through mapping or other comparable methods, the breadth and depth of exposure to curricular content areas deemed essential to pharmacy education at the doctoral level (Appendices 1 and 2). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.8. Pharmacists' Patient Care Process – The curriculum prepares students to provide patient-centered collaborative care as described in the <i>Pharmacists' Patient Care Process</i> model endorsed by the Joint Commission of Pharmacy Practitioners. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.9. Electives – Time is reserved within the core curriculum for elective didactic and experiential education courses that permit exploration of and/or advanced study in areas of professional interest. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.10. Feedback – The curriculum allows for timely, formative performance feedback to students in both didactic and experiential education courses. Students are also provided the opportunity to give formative and/or summative feedback to faculty, including preceptors, on their perceptions of teaching/learning effectiveness. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.11. Curriculum review and quality assurance – Curriculum design, delivery, and sequencing are regularly reviewed and, when appropriate, revised by program faculty to ensure optimal achievement of educational outcomes with reasonable student workload expectations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.12. Teaching and learning methods – The didactic curriculum is delivered via teaching/learning methods that: (1) facilitate achievement of learning outcomes, (2) actively engage learners, (3) promote student responsibility for self-directed learning, (4) foster collaborative learning, and (5) are appropriate for the student population (i.e., campus-based vs. distance-based). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.13. Diverse learners – The didactic curriculum incorporates teaching techniques and strategies that address the diverse learning needs of students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.14. Course syllabi – Syllabi for didactic and experiential education courses, developed and updated through a faculty-approved process, contain information that supports curricular quality assurance assessment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.15. Experiential quality assurance – A quality assurance procedure for all pharmacy practice experiences is established and implemented to: (1) facilitate achievement of stated course expectations, (2) standardize key components of experiences across all sites offering the same experiential course, and (3) promote consistent assessment of student performance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | |
|--|---|---|---|
| 10.16. Remuneration/employment – Students do not receive payment for participating in curricular pharmacy practice experiences, nor are they placed in the specific practice area within a pharmacy practice site where they are currently employed. ² | ○ | ○ | ○ |
| 10.17. Academic integrity* – To ensure the credibility of the degree awarded, the validity of individual student assessments, and the integrity of student work, the college or school ensures that assignments and examinations take place under circumstances that minimize opportunities for academic misconduct. The college or school ensures the correct identity of all students (including distance students) completing proctored assessments. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

Design:

- Describe the college or school's curricular philosophy.
- Describe the professional competencies of the curriculum.
- Describe the curricular structure and content of all curricular pathways including the elective courses and experiences available to students.

Delivery:

- Provide examples of evidence that knowledge, practice skills and professional attitudes and values are integrated, reinforced and advanced throughout the didactic and experiential curriculum.
- Describe the efforts of the college or school to address the diverse learning needs of students.
- Describe how the Pharmacists' Patient Care Process has been incorporated into the curriculum.
- Describe any nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable).

Oversight:

- Describe how the college or school completes curriculum review process.
- Describe how the results of curricular assessments are used to improve the curriculum with examples provided (if applicable).
- Based on mapping, describe how gaps in curricular content or inappropriate redundancies are identified and inform curricular revision with examples provided (if applicable).
- Describe how the curriculum design enables students to integrate, achieve, and apply competency areas needed for the delivery of holistic patient care with examples provided.
- Describe how teaching/learning methods are used to: facilitate achievement of learning outcomes, actively engage learners, promote student responsibility for self-directed learning, foster collaborative learning, and are appropriate for the student population (i.e., campus-based vs. distance-based) with examples provided.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

³ A professional degree program in an institution that meets the definition of and has an institution-wide commitment to "cooperative education" (Cooperative Education and Internship Association; <http://www.ceiainc.org>) may apply to ACPE for a waiver of this requirement.

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 11: Interprofessional Education (IPE): The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Vision, mission, and goal statements related to interprofessional education
- Statements addressing interprofessional education and practice contained within student handbooks and/or catalogs
- A copy of the Interprofessional Education Plan that documents the student involvement, other health profession involvement, timeline, activities, outcomes, assessment, resources, and tools utilized.
- Student IPPE and APPE evaluation data documenting the extent of exposure to interprofessional, team-based patient care
- Outcome assessment data summarizing overall student participation and outcomes in IPE activities
- Representative examples (2-3) of instructional methods employed by faculty to incorporate meaningful interprofessional learning opportunities

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Student – Questions 3, 38

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 11.1. Interprofessional team dynamics – All students demonstrate competence in interprofessional team dynamics, including articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities. Interprofessional team dynamics are introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings. | ○ | ○ | ○ |
| 11.2. Interprofessional team education – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations. | ○ | ○ | ○ |
| 11.3. Interprofessional team practice – All students competently participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. They participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, including face-to-face interactions that are designed to advance interprofessional team effectiveness. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how the college or school supports the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team.
- Describe how the curriculum is preparing graduates to work as members of an interprofessional team, including a description of the courses that focus specifically on interprofessional education.
- Describe how the results of interprofessional education outcome assessment data are used to improve the curriculum.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box .

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|--|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has | Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or |

| | | | |
|---|--|--|--|
| | <ul style="list-style-type: none"> Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum: The Pre-APPE curriculum provides a rigorous foundation in the biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences, incorporates Introductory Pharmacy Practice Experience (IPPE), and inculcates habits of self-directed lifelong learning to prepare students for Advanced Pharmacy Practice Experience (APPE).

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, preprofessional) curriculum
- Overview of IPPE curriculum (duration, types of required and elective rotations, etc.)
- List of simulation activities and hours counted within the introductory pharmacy practice experiences 300 hour requirement
- Introductory pharmacy practice experiences student manual
- Introductory pharmacy practice experiences preceptor manual
- Introductory pharmacy practice experiences student and preceptor assessment tools
- Introductory pharmacy practice experiences preceptor recruitment and training manuals and/or programs

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Question 34
- AACP Standardized Survey: Student – Questions 24, 26-28, 58, 59, 69-71
- AACP Standardized Survey: Alumni – Questions 7, 10

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include assessments and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; aggregate data from students about the type (diversity) and number of patients, problems encountered, and interventions; evidence of assuring, measuring, and maintaining the quality of site used for practice experiences; and quality improvements resulting from practice site assessments.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 12.1. Didactic curriculum – The didactic portion of the Pre-APPE curriculum includes rigorous instruction in all sciences that define the profession (see Appendix 1). Appropriate breadth and depth of instruction in these sciences is documented regardless of curricular model employed (e.g., blocked, integrated, traditional 'stand-alone' course structure, etc.). | ○ | ○ | ○ |
| 12.2. Development and maturation – The Pre-APPE curriculum allows for the development and maturation of the knowledge, skills, abilities, attitudes, and behaviors that underpin the Educational Outcomes articulated in Standards 1–4 and within Appendices 1 and 2. | ○ | ○ | ○ |
| 12.3. Affective domain elements – Curricular and, if needed, co-curricular activities and experiences are purposely developed and implemented to ensure an array of opportunities for students to document competency in the affective domain-related expectations of Standards 3 and 4. Co-curricular activities complement and advance the learning that occurs within the formal didactic and experiential curriculum. | ○ | ○ | ○ |
| 12.4. Care across the lifespan – The Pre-APPE curriculum provides foundational knowledge and skills that allow for care across the patient's lifespan. | ○ | ○ | ○ |
| 12.5. IPPE expectations – IPPEs expose students to common contemporary U.S. practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviors, and direct patient care activities. IPPEs are structured and sequenced to intentionally develop in students a clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning APPE. | ○ | ○ | ○ |
| 12.6. IPPE duration – IPPE totals no less than 300 clock hours of experience and is purposely integrated into the didactic curriculum. A minimum of 150 hours of IPPE are balanced between community and institutional health-system settings. | ○ | ○ | ○ |
| 12.7. Simulation for IPPE – Simulated practice experiences (a maximum of 60 clock hours of the total 300 hours) may be used to mimic actual or realistic pharmacist-delivered patient care situations. However, simulation hours do not substitute for the 150 clock hours of required IPPE time in community and institutional health-system settings. Didactic instruction associated with the implementation of simulated practice experiences is not counted toward any portion of the 300 clock hour IPPE requirement. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how student performance is assessed and documented in IPPEs, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes.
- Describe, in aggregate, how the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings.

- Describe how the college or school ensures that the majority of students' IPPE hours are provided in and balanced between community pharmacy and institutional health system settings.
- Describe how the college or school uses simulation in the IPPE curriculum (if applicable).
- Describe how the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
 [TEXT BOX] [1,000 character limit, including spaces]

Standard No. 13: Advanced Pharmacy Practice Experience (APPE) Curriculum: A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice-ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum and in co-curricular activities.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- A map/crosswalk of all advanced pharmacy practice experiences against the activities listed in Appendix 2 of the Standards. (Note: Each practice experience should be mapped to the activities listed and the map should demonstrate that students' experiences would cover all the activities. The list of activities mapped, however, can include activities not specifically listed in Appendix 2.)

- Overview of APPE curriculum (duration, types of required and elective rotations, etc.)
- Advanced pharmacy practice experience student manual
- Advanced pharmacy practice experience preceptor manual
- Advanced pharmacy practice experience student and preceptor assessment tools
- Student advanced pharmacy practice experience evaluation data documenting exposure to diverse patient populations and interprofessional, team-based patient care

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Student – Questions 29-38
- AACP Standardized Survey: Alumni – Questions 9, 13

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include assessments and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; aggregate data from students about the type (diversity) and number of patients, problems encountered, and interventions; evidence of assuring, measuring, and maintaining the quality of site used for practice experiences; and quality improvements resulting from practice site assessments.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 13.1. Patient care emphasis – Collectively, APPEs emphasize continuity of care and incorporate acute, chronic, and wellness-promoting patient-care services in outpatient (community/ambulatory care) and inpatient (hospital/health system) settings. | ○ | ○ | ○ |
| 13.2. Diverse populations – In the aggregate, APPEs expose students to diverse patient populations as related to age, gender, race/ethnicity, socioeconomic factors (e.g., rural/urban, poverty/affluence), and disease states) | ○ | ○ | ○ |
| 13.3. Interprofessional experiences – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team. | ○ | ○ | ○ |
| 13.4. APPE duration – The curriculum includes no less than 36 weeks (1440 hours) of APPE. All students are exposed to a minimum of 160 hours in each required APPE area. The majority of APPE is focused on direct patient care. | ○ | ○ | ○ |
| 13.5. Timing – APPEs follow successful completion of all IPPE and required didactic curricular content. Required capstone courses or activities that provide opportunity for additional professional growth and insight are allowed during or after completion of APPEs. These activities do not compromise the quality of the APPEs, nor count toward the required 1440 hours of APPE. | ○ | ○ | ○ |
| 13.6. Required APPE – Required APPEs occur in four practice settings: (1) community pharmacy; (2) ambulatory patient care; (3) hospital/health system pharmacy; and (4) inpatient general medicine patient care. | ○ | ○ | ○ |
| 13.7. Elective APPE – Elective APPEs are structured to give students the opportunity to: (1) mature professionally, (2) secure the breadth and depth of experiences needed to achieve the Educational Outcomes articulated in Standards 1–4, and (3) explore various sectors of practice. | ○ | ○ | ○ |
| 13.8. Geographic restrictions – Required APPEs are completed in the United States or its territories or possessions. All quality assurance expectations for U.S.-based experiential education courses apply to elective APPEs offered outside of the U.S. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes.
- Describe, in aggregate, how the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings.
- Describe how the college or school ensures that students' advanced pharmacy practice experience hours fulfill the required four practice settings.
- Describe how the college or school provides students' an in-depth experience in delivering direct patient care as part of an interprofessional team.
- Describe how the college or school provides students with elective advanced practice pharmacy experiences that allow students the opportunity to mature professionally, meet the educational outcomes articulated in Standards 1-4, and explore a variety of practice sectors.
- Describe how the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix 2 of Standards 2016 to ensure that students' experience will cover, at a minimum, all the listed activities.
- Describe how the college or school is applying the guidelines for this standard, **and the additional guidance provided in Appendix 2**, in order to comply with the intent and expectation of the standard.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box .

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]

Subsection IIC: Students

Standard No. 14: Student Services: The college or school has an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and well-being.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Curriculum Vitae of the student affairs administrative officer
- An organizational chart depicting student services and the corresponding responsible person(s)
- Student Handbook and/or Catalog Handbook (college, school or university)
- Copies of information distributed to students regarding student service elements (financial aid, health insurance, etc.)
- Copies of policies that ensure nondiscrimination and access to allowed disability accommodations

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Student – Questions 39-43, 45, 49, 50
- AACP Standardized Survey: Alumni – Question 11
- AACP Standardized Survey: Preceptor – Question 5

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include documents used for student orientation, guidance and counseling.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|---|---|------|---|
| 14.1. FERPA – The college or school has an ordered, accurate, and secure system of student records in compliance with the Family Educational Rights and Privacy Act (FERPA). Student services personnel and faculty are knowledgeable regarding FERPA law and its practices. | ○ | ○ | ○ |
| 14.2. Financial aid – The college or school provides students with financial aid information and guidance by appropriately trained personnel. | ○ | ○ | ○ |
| 14.3. Healthcare – The college or school offers students access to adequate health and counseling services. Appropriate immunization standards are established, along with the means to ensure that such standards are satisfied. | ○ | ○ | ○ |
| 14.4. Advising – The college or school provides academic advising, curricular and career-pathway counseling, and information on post-graduate education and training opportunities adequate to meet the needs of its students. | ○ | ○ | ○ |

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| 14.5. Nondiscrimination – The college or school establishes and implements student service policies that ensure nondiscrimination as defined by state and federal laws and regulations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14.6. Disability accommodation – The college or school provides accommodations to students with documented disabilities that are determined by the university Disability Office (or equivalent) to be reasonable, and provides support to faculty in accommodating disabled students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14.7. Student services access* – The college or school offering multiple professional degree programs (e.g., PharmD/MPH) or pathways (campus and distance pathways) ensures that all students have equitable access to a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3) **College or School’s Comments on the Standard:** The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school’s self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe the student services offered and, if applicable, how the college or school ensures that students in all degree program pathways and geographic locations have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, and counseling).
- Describe the sections of the student handbook that deal with specific requirements of the standard and guidelines.
- Describe how the college or school provides students with financial aid information and guidance, academic advising, career-pathway and other personal counseling, and information about post-graduate education and training opportunities.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACPS standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box .

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|---|---|--|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 15: Academic Environment: The college or school develops, implements, and assesses its policies and procedures that promote student success and well-being.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- URL or link to program information on the college or school's website
- Student complaint policy related to college or school adherence to ACPE standards
- Number and nature of student complaints related to college or school adherence to ACPE standards (inspection of the file by evaluation teams during site visits)
- List of committees involving students with names and professional years of current student members
- College or school's code of conduct (or equivalent) addressing professional behavior
- Policies related to academic integrity
- Recruitment brochures

Required Documentation for On-Site Review:

- The Student Complaints File

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Question 38, 39
- AACP Standardized Survey: Student – Questions 44, 47-48, 50, 56-57, 60
- AACP Standardized Survey: Preceptor – Questions 3-4

Optional Documentation and Data

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples of assessment and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; examples of how assessment data has been used to improve student learning and curricular effectiveness

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 15.1. Student information – The college or school produces and makes available to enrolled and prospective students updated information of importance, such as governance documents, policies and procedures, academic calendars, handbooks, and catalogs. | ○ | ○ | ○ |
| 15.2. Complaints policy – The college or school develops, implements, and makes available to students a complaints policy that includes procedures for how students may file complaints within the college or school and also directly to ACPE regarding their college or school's adherence to ACPE standards. The college or school maintains a chronological record of such student complaints, including how each complaint was resolved. | ○ | ○ | ○ |
| 15.3. Student misconduct – The college or school develops and implements policies regarding academic and non-academic misconduct of students that clearly outline the rights and responsibilities of, and ensures due process for, all parties involved. | ○ | ○ | ○ |
| 15.4. Student representation – The college or school considers student perspectives and includes student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities. | ○ | ○ | ○ |
| 15.5. Distance learning policies* – For colleges and schools offering distance learning opportunities, admissions information clearly explains the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe the participation and contribution of students on college or school committees.
- Describe the organization, empowerment, and implementation of a student government association or council.
- Describe other methods (e.g., focus groups, meetings with the Dean or other administrators, involvement in self-study activities, review of student complaints) used to gather student perspectives.
- Provide examples of quality improvements in the college or school that have been made as a result of student representation and perspectives.
- Describe how the complaint policy is communicated to students.
- Describe how the college or school handles student misconduct.
- Describe how the college or school provides information regarding distance education opportunities (if applicable).
- Provide the number of complaints since the last accreditation visit and the nature of their resolution.
- Describe any other notable achievements, innovations or quality improvements.
- Provide an interpretation of the data from the applicable AACPE standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 16: Admissions: The college or school develops, implements, and assesses its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

Note: PCAT, GPA, Math GPA and Science GPA data requested below are provided as data views in the Assessment and Accreditation Management System (AAMS) for colleges and schools that participate in PharmCAS. For colleges and schools that do not participate in PharmCAS, the charts and tables must be created from the college or school's own data. Colleges and schools that do not participate in PharmCAS will not have access to peer comparison reports for these data.

- List of preprofessional requirements for admission into the professional degree program
- Copies of Early Assurance Program agreement(s) between the college or school and the associated institution(s) or student (if applicable)
- Enrollment data for the past three years by year and enrollment projections for the next year (if applicable, broken down by branch/campus and by pathway). (Template available for download)
- Organizational chart depicting Admissions unit and responsible administrator(s)
- Pharmacy College Aptitude Test (PCAT) scores (**mean, maximum, and minimum**), if required, for the past three admitted classes (**required for nonparticipating PharmCAS institutions only**)
- GPA scores (**mean, maximum, and minimum**) for preprofessional coursework for the past three admitted classes (**required for nonparticipating PharmCAS institutions only**)

- GPA scores (**mean, maximum, and minimum**) for preprofessional science courses for the past three admitted classes (**required for nonparticipating PharmCAS institutions only**)
- Comparisons of PCAT scores (if applicable) and preprofessional GPAs with peer schools for last admitted three admitted classes (**nonparticipating PharmCAS institutions will not have access to peer data**)
- List of admission committee members with name and affiliation
- Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies
- Professional and technical standards for school, college, and/or university (if applicable)
- Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication
- Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions
- Link to websites (or documentation of other mechanisms) that provide to the public information on required indicators of quality

Data Views and Standardized Tables:

Note: PCAT, GPA, and Science GPA data views listed below are provided as data views in the Assessment and Accreditation Management System (AAMS) for colleges and schools that participate in PharmCAS. For colleges and schools that do not participate in PharmCAS, the charts and tables must be created from the college or school's own data (see Required Data and Documentation above).

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- Application and admissions/enrollments for the past three years
- Enrollment data for the past three years by year and gender
- Enrollment data for the past three years by year and race/ethnicity
- PCAT Scores (Mean, Maximum and Minimum) for past 3 admitted classes (**if applicable; for participating PharmCAS institutions only**)
- GPA (Mean, Maximum and Minimum) for past 3 admitted classes (**for participating PharmCAS institutions only**)
- Science GPA (Mean, Maximum and Minimum) for past 3 admitted classes (**for participating PharmCAS institutions only**)

Optional Documentation and Data:

- Mean PCAT Scores for Admitted Class for Past 3 Years Compared to Peer Schools (**for participating PharmCAS institutions only**)
- Mean GPA for Admitted Class for Past 3 Years Compared to Peer Schools (**for participating PharmCAS institutions only**)
- Mean Science GPA for Admitted Class for Past 3 Years Compared to Peer Schools (**for participating PharmCAS institutions only**)
- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include recruitment aids, extracts from the college or school's catalog, brochures, screenshots from the college or school website; data on student employment after graduation; and curricular outcomes data correlated with admissions data.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|---|-----------------------|-----------------------|-----------------------|
| 16.1. Enrollment management – Student enrollment is managed by college or school administration. Enrollments are in alignment with available physical, educational, financial, faculty, staff, practice site, preceptor, and administrative resources. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16.2. Admission procedures – A duly constituted committee of the college or school has the responsibility and authority for the selection of students to be offered admission. Admission criteria, policies, and procedures are not compromised regardless of the size or quality of the applicant pool. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16.3. Program description and quality indicators – The college or school produces and makes available to the public, including prospective students: (1) a complete and accurate description of the professional degree program; (2) the program's current accreditation status; and (3) ACPE-required program performance information including on-time graduation rates and most recent NAPLEX first-attempt pass rates. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16.4. Admission criteria – The college or school sets performance expectations for admission tests, evaluations, and interviews used in selecting students who have the potential for success in the professional degree program and the profession. Applicant performance on admission criteria is documented; and the related records are maintained by the college or school as per program/university requirements. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16.5. Admission materials – The college or school produces and makes available to prospective students the criteria, policies, and procedures for admission to the professional degree program. Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional and technical standards for graduation. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16.6. Written and oral communication assessment – Written and oral communication skills are assessed in a standardized manner as part of the admission process. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16.7. Candidate interviews – Standardized interviews (in-person, telephonic, and/or computer-facilitated) of applicants are conducted as a part of the admission process to assess affective domain characteristics (i.e., the Personal and Professional Development domain articulated in Standard 4). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16.8. Transfer and waiver policies – A college or school offering multiple professional degree programs, or accepting transfer students from other schools or colleges of pharmacy, establishes and implements policies and procedures for students who request to transfer credits between programs. Such policies and procedures are based on defensible assessments of course equivalency. A college or school offering multiple pathways to a single degree has policies and procedures for students who wish to change from one pathway to another. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how specific requirements of the standards and guidelines for admissions and enrollment are met, including those for early admission agreements or policies, if applicable.
- Describe how admission evaluations of students are documented and how records are maintained.
- Describe the college or school's recruitment methods.
- Describe the methods used to assess verbal and written communication skills of applicants to the program.
- Describe how enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources.
- Describe how curricular outcomes data are correlated and related to admissions data.
- Describe the number of transfer students, including (if applicable) international students or graduates of other professional degree programs admitted with advanced standing, and an assessment of the correlation between the criteria in the transfer policy and success in the program. If applicable, comparative performance data should be provided.

Describe any other notable achievements, innovations or quality improvements.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 17: Progression: The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Section of Student Handbook, Catalog, and/or policies and procedures regarding student progression, early intervention, academic probation, remediation, missed course work or credit, leaves of absence, dismissal, readmission, due process, and appeals
- Relationship analysis of student variables, admission variables, and academic performance

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- Analysis of student academic performance throughout the program (e.g. progression rates, academic probation rates, attrition rates)
- On-time graduation rates for the last three admitted classes (compared to national rate)
- Percentage total attrition rate for the last three admitted classes (compared to national rate)

- Percentage academic dismissals for the last three admitted classes (compared to national rate)
- AACP Standardized Survey: Faculty – Question 40

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|---|------|---|
| 17.1. Progression policies – The college or school creates, makes available to students and prospective students, and abides by criteria, policies, and procedures related to: | ○ | ○ | ○ |
| • Academic progression | ○ | ○ | ○ |
| • Remediation | ○ | ○ | ○ |
| • Missed course work or credit | ○ | ○ | ○ |
| • Academic probation | ○ | ○ | ○ |
| • Academic dismissal | ○ | ○ | ○ |
| • Dismissal for reasons of misconduct | ○ | ○ | ○ |
| • Readmission | ○ | ○ | ○ |
| • Leaves of absence | ○ | ○ | ○ |
| • Rights to due process | ○ | ○ | ○ |
| • Appeal mechanisms (including grade appeals) | ○ | ○ | ○ |
| 17.2. Early intervention – The college or school's system of monitoring student performance provides for early detection of academic and behavioral issues. The college or school develops and implements appropriate interventions that have the potential for successful resolution of the identified issues. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how student matriculation, progression and graduation rates relate to admission and transfer variables.
- Describe how academic counseling and/or student support staff work with students seeking to retain or regain good academic standing, and how extensively they are utilized.
- Describe the early intervention and remediation policies and how these rates affect to progression.
- Describe how academic probation, leaves of absence, dismissal, readmission, due process, and appeals rates affect to progression at your program.
- Describe any other notable achievements, innovations or quality improvements (if applicable).

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Subsection IID: Resources

Standard No. 18: Faculty and Staff—Quantitative Factors: The college or school has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program.

1) Documentation and Data:

Required Documentation and Data:

Uploads:

- Organizational chart depicting all full-time faculty by department/division
- ACPE Faculty Resource Report related to number of full-time and part-time faculty. (Template available for download).
- List of faculty turnover for the last 5 years, by department/division, with reasons for departure
- List of voluntary or adjunct faculty, with academic title/status (not including preceptors)
- An analysis of teaching load of faculty members, including commitments outside the professional degree program.
- Evidence of faculty and staff capacity planning and succession planning.

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- List of key university and college or school administrators, and full-time and part-time (≥ 0.5 FTE) faculty, including a summary of their current academic rank, primary discipline, title/position, credentials, post-graduate training, and licensure (if applicable)
- AACP Standardized Survey: Faculty – Questions –25, 30
- Table: Allocation of Faculty Effort (total for all faculty with ≥ 0.5 FTE) [see example table at <http://www.acpe-accredit.org/pdf/Excel%20Documents/AllocationFacultyEffort.xls>]
- Table: Distribution of Full-Time Pharmacy Faculty by Rank and Years in Rank

Optional Documentation and Data

- Other documentation or data that provides supporting evidence of compliance with the standard

2) College or School's Self-Assessment: Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|---|---|------|---|
| 18.1. Sufficient faculty – The college or school has a sufficient number of faculty members to effectively address the following programmatic needs: | ○ | ○ | ○ |
| • Teaching (didactic, simulation, and experiential) | ○ | ○ | ○ |
| • Professional development | ○ | ○ | ○ |
| • Research and other scholarly activities | ○ | ○ | ○ |
| • Assessment activities | ○ | ○ | ○ |

| | | | |
|---|-----------------------|-----------------------|-----------------------|
| • College/school and/or university service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Intraprofessional and interprofessional collaboration | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Student advising and career counseling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Faculty mentoring | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Professional service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Community service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Pharmacy practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Responsibilities in other academic programs (if applicable) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Support of distance students and campus(es) (if applicable)* | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18.2. Sufficient staff – The college or school has a sufficient number of staff to effectively address the following programmatic needs: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Student and academic affairs-related services, including recruitment and admission | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Experiential education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Assessment activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Research administration | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Laboratory maintenance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Information technology infrastructure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Pedagogical and educational technology support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Teaching assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • General faculty and administration clerical support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Support of distance students and campus(es) (if applicable)* | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe the process and interval for conducting faculty workload and needs assessments.
- Describe the process and interval for conducting staff workload and needs assessments.
- Describe the rationale for hiring any part-time faculty, and the anticipated duration of their contract.
- Describe how the college or school is planning for faculty and staff capacity and succession planning.
- Provide the college or school's student-to-faculty ratio and describe how the ratio ties in with the college or school's mission and goals for the program.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACPS standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 19: Faculty and Staff—Qualitative Factors: Faculty and staff have academic and professional credentials and expertise commensurate with their responsibilities to the professional program and their academic rank.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years
- Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty
- Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention
- CVs of faculty and staff

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACPS Standardized Survey: Faculty – Questions 7, 13-24
- Table: Distribution of Full-Time Pharmacy Faculty by Rank, Gender and Race/Ethnicity

- Table: Distribution of Full-Time Pharmacy Faculty by Rank and Highest Degree Earned
- Table: Distribution of Full-Time Pharmacy Faculty by Rank and Tenure Status
- Table: Distribution of Full-Time Pharmacy Faculty by Department and Tenure Status
- Table: Research and Scholarly Activity of Full-Time Faculty by Department

Optional Documentation and Data

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include job descriptions, recruitment advertisements, faculty and staff policies and procedures, and extracts from committee meeting minutes.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|---|---|------|---|
| 19.1. Educational effectiveness – Faculty members have the capability and demonstrate a continuous commitment to be effective educators and are able to effectively use contemporary educational techniques to promote student learning in all offered pathways. | ○ | ○ | ○ |
| 19.2. Scholarly productivity – The college or school creates an environment that both requires and promotes scholarship and also develops mechanisms to assess both the quantity and quality of faculty scholarly productivity. | ○ | ○ | ○ |
| 19.3. Service commitment – In the aggregate, faculty engage in professional, institutional, and community service that advances the program and the profession of pharmacy. | ○ | ○ | ○ |
| 19.4. Practice understanding – Faculty members, regardless of their discipline, have a conceptual understanding of and commitment to advancing current and proposed future pharmacy practice. | ○ | ○ | ○ |
| 19.5. Faculty/staff development – The college or school provides opportunities for career and professional development of its faculty and staff, individually and collectively, to enhance their role-related skills, scholarly productivity, and leadership. | ○ | ○ | ○ |
| 19.6. Policy application – The college or school ensures that policies and procedures for faculty and staff recruitment, performance review, promotion, tenure (if applicable), and retention are applied in a consistent manner. | ○ | ○ | ○ |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe the process used to assess and confirm the credentials of faculty and staff, and to assure that faculty credentials are appropriate for their assigned teaching responsibilities.
- Describe how the college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement.
- Describe how the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences.
- Describe how the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings.

- Describe the college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty.
- Describe how faculty, instructors, and teaching assistants involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning (if applicable).
- Describe the performance review process for full-time, part-time and voluntary/adjunct faculty and staff.
- Describe the faculty and staff development programs and opportunities offered or supported by the college or school.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 20: Preceptors: The college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Curriculum vitae of administrator(s) responsible for overseeing the experiential education component of the curriculum
- List of active preceptors (student placements within the past 3 years) with credentials and practice site

- Number and percentage of all APPE precepted by non-pharmacists categorized by type of experience.
- Preceptor recruitment and training manuals and/or programs
- Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention
- Examples of quality improvements made to improve student learning outcomes as a result of preceptor and site/facility assessment

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Student – Questions 53-54
- AACP Standardized Survey: Preceptor – Questions 1, 6-10, 30-33

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|---|-----------------------|-----------------------|-----------------------|
| 20.1. Preceptor criteria – The college or school makes available and applies quality criteria for preceptor recruitment, orientation, performance, and evaluation. The majority of preceptors for any given student are U.S. licensed pharmacists. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20.2. Student-to-preceptor ratio – Student to precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20.3. Preceptor education and development – Preceptors are oriented to the program's mission, the specific learning expectations for the experience outlined in the syllabus, and effective performance evaluation techniques before accepting students. The college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20.4. Preceptor engagement – The college or school solicits the active involvement of preceptors in the continuous quality improvement of the educational program, especially the experiential component. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20.5. Experiential education administration – The experiential education component of the curriculum is led by a pharmacy professional with knowledge and experience in experiential learning. The experiential education program is supported by an appropriate number of qualified faculty and staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe experiential education office including faculty/staff and a workload analysis.
- Describe how the college or school applies the policies and procedures for preceptor recruitment, orientation, performance, and evaluation.

- Discuss the college or school's student-to-preceptor ratio and how the ratio allows for individualized mentoring and targeted professional development of learners.
- Describe how the college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program.
- Describe the process for soliciting active involvement of preceptors in the continuous quality improvement of the education program, especially the experiential component.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 21: Physical Facilities and Educational Resources: The college or school has adequate and appropriately equipped physical and educational facilities to achieve its mission and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Floor plans for college or school's facilities and descriptions of the use(s) of available space

- Analysis of the quantity and quality of space available to the program and plans to address identified inadequacies
- Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable

Required Documentation for On-Site Review:

- Plans/architectural drawings of the physical facilities (if not feasible to provide as part of Self-Study Report)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 26-29, 31
- AACP Standardized Survey: Student – Questions 60-68
- AACP Standardized Survey: Preceptor – Questions 34-35

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|---|-----------------------|-----------------------|-----------------------|
| 21.1. Physical facilities – The college or school's physical facilities (or the access to other facilities) meet legal and safety standards, utilize current educational technology, and are clean and well maintained. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21.2. Physical facilities' attributes – The college or school's physical facilities also include adequate: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Faculty office space with sufficient privacy to permit accomplishment of responsibilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Classrooms that comfortably accommodate the student body and that are equipped to allow for the use of required technology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Laboratories suitable for skills practice, demonstration, and competency evaluation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Access to educational simulation capabilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Faculty research laboratories with well-maintained equipment including research support services within the college or school and the university | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Animal facilities that meet care regulations (if applicable) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Individual and group student study space and student meeting facilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21.3. Educational resource access – The college or school makes available technological access to current scientific literature and other academic and educational resources by students, faculty, and preceptors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21.4 Librarian expertise access – The college or school has access to librarian resources with the expertise needed to work with students, faculty, and preceptors on effective literature and database search and retrieval strategies. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along

with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe the physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, faculty offices, laboratories, etc.
- Describe how the college or school's physical facilities (or access to other facilities) utilize current educational technology.
- Describe the educational resources available to faculty, preceptors, and students (library, internet access, etc.).
- Describe how the college or school makes available technological access to current scientific literature and other academic and educational resources to students, faculty, and preceptors.
- Describe the equipment for educational activities, including classroom and simulation areas.
- Describe the equipment for the facilities for research activities.
- Describe the facility resources available for student organizations.
- Describe the facilities available for individual or group student studying and meetings.
- Describe any shared space and how the facilities encourage and support interprofessional interactions.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|---|---|--|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 22: Practice Facilities: The college or school has the appropriate number and mix of facilities in which required and elective practice experiences are conducted to accommodate all students. Practice sites are appropriately licensed and selected based on quality criteria to ensure the effective and timely delivery of the experiential component of the curriculum.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Examples of affiliation agreements between college/school and practice sites (all agreements will be reviewed during site visits)
- A list of practices sites (classified by type of practices), specifying IPPE and/or APPE, with number of students served, interaction with other health professional students and practitioners, the number of pharmacy or other preceptors serving the facility, and their licensure status. (Sites with student placements in the past 3 years should be identified.)
- ACPE IPPE Capacity Chart (Template available for download)
- ACPE APPE Capacity Chart (Template available for download)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|---|-----------------------|-----------------------|-----------------------|
| 22.1. Quality criteria – The college or school employs quality criteria for practice facility recruitment and selection, as well as setting forth expectations and evaluation based on student opportunity to achieve the required Educational Outcomes as articulated in Standards 1–4. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22.2. Affiliation agreements – The college or school secures and maintains signed affiliation agreements with the practice facilities it utilizes for the experiential component of the curriculum. At a minimum, each affiliation agreement ensures that all experiences are conducted in accordance with state and federal laws. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22.3. Evaluation – Practice sites are regularly evaluated. Quality enhancement initiatives and processes are established, as needed, to improve student learning outcomes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Provide a capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites and preceptors for present and, if applicable, proposed future student enrollment.
- Describe the strategies used for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements.
- Describe how the college or school assures, measures, and maintains the quality of sites and preceptors used for practice experiences.
- Describe how quality improvements are made based on assessment data from practice sites.

- Describe how the college or school determines the need to discontinue a relationship that does not meet preset quality criteria.
- Describe any other notable achievements, innovations or quality improvements

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
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| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
 [TEXT BOX] [1,000 character limit, including spaces]

Standard No. 23: Financial Resources: The college or school has current and anticipated financial resources to support the stability of the educational program and accomplish its mission, goals, and strategic plan.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Detailed budget plan or proforma (previous, current, and subsequent years)
- In-state and out-of-state tuition compared to peer schools
- An analysis of federal and state government support (if applicable), tuition, grant funding, and private giving.
- An assessment of faculty generated external funding support in terms of its contribution to total program revenue.

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 27, 28
- AACP Standardized Survey: Preceptor – Question 34
- In-state tuition for past five years compared to national data
- Out-of-state tuition for past five years compared to national data
- Grant funding for past five years compared to national data

Optional Documentation and Data:

- In-state tuition for past five years, with peer school comparisons
- Out-of-state tuition for past five years, with peer school comparisons
- Total grant funding for past five years, with peer school comparisons
- NIH funding for past five years, with peer school comparisons
- Faculty salaries by academic rank expressed as a percentile against a selected peer group of colleges and schools. (*Note: This report is available from AACP on request.*). Request form available for download.
- Other documentation or data that provides supporting evidence of compliance with the standard

2) **College or School’s Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|---|-----------------------|-----------------------|-----------------------|
| 23.1. Enrollment support – The college or school ensures that student enrollment is commensurate with resources. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23.2. Budgetary input – The college or school provides input into the development and operation of a budget that is planned, executed, and managed in accordance with sound and accepted business practices. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23.3. Revenue allocation – Tuition and fees for pharmacy students are not increased to support other educational programs if it compromises the quality of the professional program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23.4. Equitable allocation – The college or school ensures that funds are sufficient to maintain equitable facilities (commensurate with services and activities) across all program pathways. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3) **College or School’s Comments on the Standard:** The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school’s self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how the college or school and university develop annual budgets (including how the college or school has input into the process) and an assessment of the adequacy of financial resources to efficiently and effectively deliver the program and support all aspects of the mission and goals.
- Describe how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees.

- Describe how the resource requirements of the college or school's strategic plan have been or will be addressed in current and future budgets.
- Describe how business plans were developed to provide for substantive changes in the scope of the program or student numbers, if applicable.
- Describe any other notable achievements, innovations or quality improvements.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
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| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Section III:

Assessment of Standards and Key Elements

Standard No. 24: Assessment Elements for Section I: Educational Outcomes: The college or school develops, resources, and implements a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice.

1) Documentation and Data:

Required Documentation and Data:

Uploads:

- The college or school's assessment plan (or equivalent) (plan should cover curriculum, structure, and process)
- Description of formative, summative, standardized and comparative assessments of student learning and professional development used by college or school (Template available for download)
- Examples of assessment and documentation of student performance and the attainment of desired core knowledge, skills and values
- Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years (only NABP provided documents required for upload)
- Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years **broken down by campus/branch/pathway** (*only required for multi-campus and/or multi-pathway programs*) (Template available for download)
- Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 3 years (only NABP provided documents required for upload)
- Outcome assessment data summarizing students' overall achievement of educational outcomes/professional competencies in the pre-APPE and APPE curriculum

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Student – Questions 4-22
- AACP Standardized Survey: Alumni – Questions 14-32
- AACP Standardized Survey: Preceptor – Question 11-29

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard Examples of assessment and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; examples of how assessment data has been used to improve student learning and curricular effectiveness

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|-----------------------|-----------------------|-----------------------|
| 24.1. Formative and summative assessment – The assessment plan incorporates systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24.2. Standardized and comparative assessments – The assessment plan includes standardized assessments as required by ACPE (see Appendix 3) that allow for national comparisons and college- or school-determined peer comparisons. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24.3. Student achievement and readiness – The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the Educational Outcomes in aggregate and at the individual student level. In addition to college/school desired assessments, the plan includes an assessment of student readiness to: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Enter advanced pharmacy practice experiences | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Provide direct patient care in a variety of healthcare settings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Contribute as a member of an interprofessional collaborative patient care team | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24.4. Continuous improvement – The college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the Educational Outcomes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Describe how the assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the educational outcomes in aggregate and at the individual student level.
- Describe how the college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the educational outcomes.
- Describe how the college or school assesses student competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program prior to the first APPE.
- Describe the assessment measures and methods used to evaluate achievement of professional competencies and outcomes along with evidence of how feedback from the assessments is used to improve outcomes
- Describe how the assessment plan measures student achievement at defined levels of the professional competencies in aggregate and at the individual student level.
- Describe how the college or school uses information generated within the assessment plan(s) to advance quality within its Doctor of Pharmacy program.
- Describe how feedback from the assessments is used to improve student learning, outcomes, and curricular effectiveness.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

- 4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Standard No. 25: Assessment Elements for Section II: Structure and Process: The college or school develops, resources, and implements a plan to assess attainment of the Key Elements within Standards 5–23.

- 1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- List of the individual(s) and/or committee(s) involved in developing and overseeing the assessment plan
- Examples of instruments used in assessment and evaluation (of structure and process)

Complete Data Set from the AACP Standardized Surveys:

Note: Data related to specific standards are also presented under the applicable standard. Composite data are provided under this standard for additional reference.

- Graduating Student Survey Summary Report (all questions)
- Faculty Survey Summary Report (all questions)
- Preceptor Survey Summary Report (all questions)
- Alumni Survey Summary Report (all questions)

Responses to Open-Ended Questions on AACP Standardized Surveys:

Note: These data will have restricted access. For the open-ended questions, ACPE provides the opportunity for programs to redact (not remove) offensive text, names, and identifying characteristics. In the EXCEL document downloaded from the AACP Survey System with the results from each survey, redaction can be achieved through highlighting in black the specific items listed previously. The document can then be saved as a PDF and emailed directly to ACPE. No comments should be completely removed.

- Graduating Student Survey: Responses to Open-Ended Question 72
- Faculty Survey: Responses to Open-Ended Question 45
- Preceptor Survey: Responses to Open-Ended Question 36
- Alumni Survey: Responses to Open-Ended Question 36

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee or faculty meeting minutes; analyses/evaluation findings/reports generated as a result of assessment and evaluation activities

2) **College or School’s Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

| | S | N.I. | U |
|--|-----------------------|-----------------------|-----------------------|
| 25.1. Assessment of organizational effectiveness – The college or school’s assessment plan is designed to provide insight into the effectiveness of the organizational structure in engaging and uniting constituents and positioning the college or school for success through purposeful planning. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25.2. Program evaluation by stakeholders – The assessment plan includes the use of data from AACP standardized surveys of graduating students, faculty, preceptors, and alumni. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25.3. Curriculum assessment and improvement – The college or school systematically assesses its curricular structure, content, organization, and outcomes. The college or school documents the use of assessment data for continuous improvement of the curriculum and its delivery. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25.4. Faculty productivity assessment – The college or school systematically assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25.5. Pathway comparability* – The assessment plan includes a variety of assessments that will allow comparison and establishment of educational parity of alternative program pathways to degree completion, including geographically dispersed campuses and online or distance learning-based programs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25.6. Interprofessional preparedness – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25.7. Clinical reasoning skills – Evidence-based clinical reasoning skills, the ability to apply these skills across the patient’s lifespan, and the retention of knowledge that underpins these skills, are regularly assessed throughout the curriculum. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25.8. APPE preparedness – The Pre-APPE curriculum leads to a defined level of competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program. Competence in these areas is assessed prior to the first APPE. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25.9. Admission criteria – The college or school regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body, members of which have the potential for academic success and the ability to practice in team-centered and culturally diverse environments. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3) **College or School’s Comments on the Standard:** The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school’s

self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, data/results should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- For each of the following, describe the process for assessment, and how the outcomes/results of the process advance overall programmatic quality:
 - a. effectiveness of the organizational structure
 - b. mission and goals
 - c. didactic curriculum
 - d. experiential curriculum
 - e. co-curriculum activities
 - f. clinical reasoning skills
 - g. interprofessional education
 - h. faculty effectiveness in scholarship, teaching, and professional/community service
 - i. admissions process to ensure the selection of a qualified and diverse student body who have the potential for academic success and the ability to practice in team-centered and culturally diverse environments
 - j. alternative program pathways to degree completion
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Describe how the AACP Curriculum Quality Surveys results inform decision making, quality assurance, and quality improvement; and reflect on strengths and limitations of data.

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

| Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Compliant with Monitoring | <input type="checkbox"/> Partially Compliant | <input type="checkbox"/> Non Compliant |

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
[TEXT BOX] [1,000 character limit, including spaces]