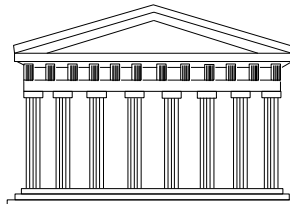


ACCREDITATION

CRITERIA

PUBLIC HEALTH PROGRAMS

AMENDED JUNE 2005



CEPH
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for PUBLIC HEALTH

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Basis of Accreditation Review

CEPH Purpose and Procedures

The Council on Education for Public Health (CEPH) is the independent agency recognized to accredit graduate schools of public health and certain public health programs outside schools of public health. CEPH assists schools and programs in evaluating the quality of their instructional, research, and service efforts, and grants accreditation to those schools and programs that meet its published criteria.

CEPH accreditation procedures are detailed in a separate manual, which should be used in conjunction with these criteria. A separate criteria document is published by CEPH for schools of public health.

Bases for Accreditation Criteria

Accreditation of institutions that prepare graduates for public health practice, as an area of specialized accreditation, is based on the unique functions that public health schools and programs perform in their parent universities and health science centers. Their educational functions derive from the variety of functions performed by school and program graduates in the health and medical care system and in society. The goals of those professionals working “to enhance health in human populations, through organized community effort”¹ are to identify the totality of health problems and needs of defined populations, to consider mechanisms by which the needs may be met, and to assure services essential to protect and promote the health of populations.

The missions and goals of public health schools and programs focus on preparation of individuals who will serve as practitioners, researchers, and teachers who are competent to carry out broad public health functions in local, state, national and international settings.

For purposes of CEPH accreditation, excellence in education relates directly to proficiency in practice. By defining educational quality in terms of competence of the graduates of schools and programs reviewed for accreditation, CEPH criteria serve to link learning with application. Graduates who prepare for practice in a defined professional specialty area should be ready, when granted their degrees, to begin professional careers with a level of competence appropriate to their education and previous experience, and to stay current with developments in public health and related fields.

¹ Definition adopted by CEPH, 1978

CEPH criteria for accreditation, as set out on the following pages, deal with both outcomes and process – the ends to be achieved through public health educational, research and service activities, the means used to achieve the desired ends, and evaluation of the degree to which the desired ends are attained.

Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.
- b. The program and its faculty shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the program shall offer the Master of Public Health (MPH) degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

Criteria, Interpretations and Documentation

1.0 The Public Health Program

1.1 **Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.**

Interpretation. While each program must define its own mission, it is expected that all public health programs will be guided by the broad mission of public health, which was defined by CEPH in 1978 as “enhancing health in human populations, through organized community effort.” Public health embraces an ecological approach that recognizes the interactions and relationships among multiple determinants of health. Thus, all public health programs will be constituted as a consortium of disciplines, together addressing the health of the community through instruction, research and community service. It is further expected that all public health programs, at a minimum, will prepare public health practitioners who are able to identify and assess needs of populations; plan, implement and evaluate programs to address those needs; and otherwise assure conditions that protect and promote the health of populations.

Beyond that, a program may define its mission to include other roles and functions, which derive from the purposes of its parent institution, which reflect its own aspirations, and which are responsive to changing health needs and demands of populations in what the program defines as its service region. The mission, goals and objectives should identify in specific terms what this particular program has set out to accomplish through its instructional, research and service activities. The program shall have a clearly formulated and publicly stated mission statement, with supporting goals and measurable objectives. The program shall foster the development of professional public health values, concepts and ethical practice.

The mission, goals and objectives of a program should prescribe and limit the activities of the program in ways that permit rational allocation of resources and evaluation of outcomes. The goals and objectives should be the basis of the program’s evaluation activities. There should be clear relationships between the mission and the goals and between the goals and the objectives. Each program will be evaluated by CEPH based upon its own mission, goals and objectives.

Required Documentation. The self-study document should include the following:

- a. A clear and concise mission statement for the program as a whole.
- b. One or more goal statements for each major function by which the program intends to attain its mission, including instruction, research and service.
- c. A set of measurable objectives relating to each major function through which the program intends to achieve its goals of instruction, research and service.
- d. A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.

- e. A statement of values that guide the program, with a description of how the values are determined and operationalized.
- f. Assessment of the extent to which this criterion is met.

1.2 Evaluation and Planning. The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

Interpretation. A public health program must undertake systematic, broad-based and integrated evaluation of its activities, to determine its effectiveness in achieving its stated mission, goals and objectives. The results of this process must be linked to and systematically utilized to inform the program's processes by which it plans for the future. Evaluation and planning are interrelated functions that should be ongoing and explicit and contribute to making the program a learning organization in all aspects. A program should demonstrate how evaluation and planning contribute to quality enhancement of its programs and activities.

The program should have regular data collection mechanisms to provide information needed for its own evaluation, management and planning. Information should be obtained on a regular basis from alumni and from public health agencies concerning careers in public health, the value of graduates' educational experiences, and current and future needs for professional education. Planning should reflect the program's accommodation to changes in health needs of populations and in society and institutional responses to such change.

Evaluation and planning processes should provide for participation of the program's major constituent groups, including administration, faculty, students, alumni and the community. A wide variety of methods for achieving their input is possible.

Required Documentation. The self-study document should include the following:

- a. Description of the evaluation procedures and planning processes used by the program, including an explanation of how constituent groups are involved in these processes.
- b. Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.
- c. Identification of outcome measures that the program uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the program's performance must be provided for each of the last three years.
- d. An analytical self-study document that provides a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation criteria.
- e. An analysis of the program's responses to recommendations in the last accreditation report (if any).

- f. A description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, teaching faculty, students, alumni and representatives of the public health community.
- g. Assessment of the extent to which this criterion is met.

1.3 Institutional Environment. The program shall be an integral part of an accredited institution of higher education.

Interpretation. An accredited institution of higher education is one that is accredited by a regional accrediting agency recognized by the US Department of Education. When a public health program is sponsored by more than one institution and is operated as a single organizational unit, each parent university must be accredited by a regional accrediting agency. Regardless of whether one parent university is the degree-granting institution, the organizational relationships with each participating institution shall be clearly defined and shall contribute to the integrity of the program.

Required Documentation. The self-study document should include the following:

- a. A brief description of the institution in which the program is located, along with the names of accrediting bodies (other than CEPH) to which the institution responds.
- b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines.
- c. A brief description of the university practices regarding:
 - lines of accountability, including access to higher-level university officials
 - prerogatives extended to academic units regarding names, titles and internal organization
 - budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund-raising
 - personnel recruitment, selection and advancement, including faculty and staff
 - academic standards and policies, including establishment and oversight of curricula
- d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.
- e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.
- f. Assessment of the extent to which this criterion is met.

1.4 Organization and Administration. The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the program's constituents.

Interpretation. Organization of the program should enhance the potential for fulfillment of its stated mission and goals. The administrative structure and resources should allow the program to carry out the majority of its teaching, research and service functions. The environment must be characterized by commitment to the integrity of the institution, including high ethical standards in the management of its affairs, fairness in its dealings with all constituents, support for the pursuit and dissemination of knowledge, and accountability to its constituencies.

Required Documentation. The self-study document should include the following:

- a. One or more organizational charts showing the administrative organization of the program, indicating relationships among its component offices or other administrative units and its relationship to higher-level departments, schools and divisions.
- b. Description of the roles and responsibilities of major units in the organizational chart.
- c. Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.
- d. Identification of written policies that are illustrative of the program's commitment to fair and ethical dealings.
- e. Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.
- f. Assessment of the extent to which this criterion is met.

1.5 Governance. The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in conduct of program evaluation procedures, policy-setting and decision-making.

Interpretation. Within the framework of the university rules and regulations, program administration and faculty should have sufficient prerogatives to assure integrity of the program and to allow accomplishment of the program's stated mission, goals and objectives. Program faculty should have formal opportunities for input in decisions affecting admissions and progress, resource allocation, faculty recruitment and promotion, curriculum design and evaluation, research and service activities, and degree requirements. Where degrees are awarded to program students through the university graduate school, program faculty should represent program views and interests in graduate school policy-setting and decision-making. Students should have formal methods to participate in policy-making and decision-making within the program.

Students should participate in appropriate aspects of evaluation including assessment of teaching, of research and service opportunities, of field experiences, and of career counseling and placement procedures. Administrative mechanisms should permit appropriate student involvement in program policy formulation and review. Standing and ad hoc committees, with explainable exceptions, should include student members.

Required Documentation. The self-study should include the following:

- a. Description of the program's governance and committee structure and processes, particularly as they affect:
 - general program policy development
 - planning
 - budget and resource allocation
 - student recruitment, admission and award of degrees
 - faculty recruitment, retention, promotion and tenure
 - academic standards and policies
 - research and service expectations and policies
- b. A copy of the constitution, bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program.
- c. A list of standing and important ad hoc committees, with a statement of charge, composition, and current membership for each.
- d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.
- e. Description of student roles in governance, including any formal student organizations, and student roles in evaluation of program functioning.
- f. Assessment of the extent to which this criterion is met.

1.6 Resources. The program shall have resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

Interpretation. Program resources shall be sufficient to achieve the program's mission, goals and objectives. These include financial resources, personnel (faculty, administration and staff), offices, classrooms, library facilities and holdings, laboratories, computer facilities, field experience sites, and other community resources that facilitate partnerships with communities to conduct instruction, research and service.

Adequacy of faculty resources is critical to the development and sustenance of a public health program. A critical mass of faculty is necessary to support each MPH specialty area and, unless otherwise justified, this would require at least three full-time faculty who are trained and experienced in the discipline. For areas offering a doctoral degree program, there must be at least five full-time faculty, trained and experienced in the discipline to support it. While teaching resources may be drawn from other parts of the university and from professionals in practice settings, as well as people from the community, there must be a central core of faculty to sustain the curricular requirements for each specialty.

The size of the faculty complement in relationship to the size of the student body should support and encourage effective and regular student/faculty interactions. An appropriate student/faculty

ratio depends on a number of factors, including the nature of the institution, the range of teaching responsibilities (undergraduate, master's and doctoral), and teaching intensity (eg, didactic material, laboratory supervision, practicum experiences, electronic methodologies). To assure a broad ecological perspective, the faculty complement will need to draw on various disciplines, regardless of the size of the student body. Teaching public health is labor-intensive and will generally require low student/faculty ratios.

Overall adequacy of resources relates to the ability of the program to assure the continuity of its degree programs and to meet its commitments to students and other constituents. The probable stability of resources is a factor in evaluating their adequacy.

Required Documentation. The self-study document should include the following:

- a. A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the program. This should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact on the resources available to the program.
- b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, which is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in table format as appropriate to the program. See CEPH Data Template A.
- c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.
- d. A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years.
- e. A table showing faculty, students, and student/faculty ratios, organized by specialty area, for each of the last three years. These data must be presented in table format and include at least: a) headcount of primary faculty who support the teaching programs, b) FTE conversion of faculty based on % time or % salary support devoted to the instructional programs, c) headcount of other faculty involved in the teaching programs (adjunct, part-time, secondary appointments, etc), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of core faculty plus other faculty, f) total FTE of core and other faculty, g) headcount of students in department or program area, h) FTE conversion of students, based on 9 or more credits per semester as full-time, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations. Note: CEPH does not specify the manner in which FTE faculty must be

calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in 4.1.a. and 4.1.b. See CEPH Data Template B.

- f. A concise statement or chart concerning the availability of other personnel (administration and staff).
- g. A concise statement or chart concerning amount of space available to the program by purpose (offices, classrooms, common space for student use, etc.), by program and location.
- h. A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.
- i. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.
- j. A concise statement of library/information resources available for program use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.
- k. A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.
- l. A concise statement of the amount and source of “in-kind” academic contributions available for instruction, research and service, indicating where formal agreements exist.
- m. Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years. At a minimum, the program must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.
- n. Assessment of the extent to which this criterion is met.

2.0 Instructional Programs

2.1 Master of Public Health Degree. The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master’s degree. The program may offer a generalist MPH degree or an MPH with areas of specialization. The program, depending upon how it defines the unit of accreditation, may offer other degrees, professional and academic, if consistent with its mission and resources.

The areas of knowledge basic to public health include:

Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;

Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;

Environmental health sciences – environmental factors including biological, physical and chemical factors that affect the health of a community;

Health services administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and

Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Interpretation. A degree program, sometimes referred to as a program of study, course of study or curriculum, is a series of planned and evaluated learning experiences that constitute the total requirements for the award of a degree. The program shall offer the Master of Public Health (MPH), the primary professional public health degree. Other master's degrees (eg, MHA, MHSA, MHS, MSPH) that also designate preparation for public health practice in a community setting are considered to be equivalent professional master's degrees. A program may offer other degrees as well, including bachelor's and doctoral degrees, if these are consistent with its stated mission and if it has the additional resources needed to do so.

A professional degree is one that, based on its learning objectives and types of positions its graduates pursue, prepares students with a broad mastery of the subject matter and methods necessary in a field of practice; it typically requires students to develop the capacity to organize, analyze, interpret and communicate knowledge in an applied manner. A research or academic degree program is one that, based on its learning objectives and the paths its graduates follow, prepares students for scholarly careers, particularly in academia and other research settings; it typically prepares students to investigate, acquire, organize, analyze and disseminate new knowledge in a discipline or field of study.

A public health program may offer a course of study to provide the student with a sound academic background in order to practice competently as a generalist in public health or may offer one or more courses of study in selected areas of basic public health knowledge or closely-related areas, sufficient to constitute an area of specialization. Depth of training requires a critical mass of faculty and sufficient advanced level courses to support the areas of specialization. Multiple public health specialties may be offered when the program has the critical mass of faculty to assure depth of training in those specialties.

The program is the unit of CEPH accreditation and it is the responsibility of the program to define what degree programs are included within that unit. The MPH degree program, in all areas of specialization and including those offered in a format other than regular on-site course sessions (eg, distance learning, executive) must be presented for accreditation review. Additional degrees, such as undergraduate or doctoral degrees, may be reviewed for accreditation if defined as part of the unit.

Required Documentation. The self-study document should include the following:

- a. An instructional matrix (See CEPH Data Template C) presenting all of the program's degree programs and areas of specialization, including undergraduate, master's and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.
- b. The bulletin or other official publication, which describes all curricula offered by the program. If the university does not publish a bulletin or other official publication, the program must provide for each degree and area of specialization identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.
- c. Assessment of the extent to which this criterion is met.

2.2 Program Length. An MPH degree program or equivalent professional master's degree must be at least 42 semester credit units in length.

Interpretation. Degree programs must conform to commonly accepted standards regarding program length and objectives of the credentials. The MPH degree normally takes two years of full-time study, or the equivalent of 42 semester credit units or 56 quarter credit units. Prior professional degrees or substantial public health work experience may off-set a limited number of those units, but only if relevant to specific requirements in the MPH curriculum. If a student can earn an MPH in less than 42 credit units, the reasons for this must be documented on an individual basis and the justification must be relevant to specific MPH curricular requirements. Student credit units may vary from institution to institution and program format may influence the duration of the course of study.

Required Documentation: The self-study document should include the following:

- a. Definition of a credit with regard to classroom/contact hours.
- b. Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this should be explained and an equivalency presented in a table or narrative.
- c. Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.
- d. Assessment of the extent to which this criterion is met.

2.3 Public Health Core Knowledge. All professional degree students must demonstrate an understanding of the public health core knowledge.

Interpretation. The core areas of public health knowledge are defined in Criterion 2.1. Concepts and competencies from these five areas must be integrated into all MPH curricula or

other equivalent professional master's degree offered by the public health program. Programs may define the public health core requirements more broadly than this, depending upon the mission of the program and the competencies it establishes for its graduates. At a minimum, the five core areas constitute the intellectual framework through which public health professionals in all specializations approach problem-solving.

Required Documentation. The self-study should include the following:

- a. Identification of the means by which the program assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.
- b. Assessment of the extent to which this criterion is met.

2.4 Practical Skills. All professional degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to the students' areas of specialization.

Interpretation. The program must provide opportunities for professional degree students to apply the knowledge and skills being acquired through their courses of study. Practical knowledge and skills are essential to successful practice. A planned, supervised and evaluated practice experience is an essential component of a public health professional degree program. These opportunities can take place in a variety of agencies and organizations, but should include especially local and state public health agencies to the extent possible and appropriate. An essential component of the practice experience is supervision by a qualified preceptor who is a public health professional. Programs must have well-defined learning objectives, procedures, and criteria for evaluation of the practice experience. Individual waivers, if granted, should be based on well-defined criteria; the possession of a prior professional degree in another field or prior work experience that is not closely related to the academic objectives of the student's degree program should not be sufficient reason for waiving the practice requirement.

While there are advantages to a practice placement conducted full-time in a concentrated block of time, this is not always possible for students. Programs should be sensitive to the constraints of students and may develop alternative modes for providing practice experiences. If the student can do a placement only in his or her regular place of employment, the assignment must extend beyond or be something other than his or her regular work duties and allow application of the knowledge and skills being learned. There should be regular assessment and evaluation of practice placement sites and preceptor qualifications.

Residents in preventive medicine, occupational medicine, aerospace medicine, and public health and general preventive medicine completing their academic year in the program may count their practicum year, accredited by the Accreditation Council for Graduate Medical Education, as the required practice experience for the MPH program.

Required Documentation. The self-study document should include the following:

- a. Description of the program's policies and procedures regarding practice placements, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites, preceptor qualifications and criteria for waiving the experience.
- b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.
- c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.
- d. Data on the number of preventive medicine, occupational medicine, aerospace medicine, and public health and general preventive medicine residents completing the academic program for each of the last three years, along with information on their practicum rotations.
- e. Assessment of the extent to which this criterion is met.

2.5 Culminating Experience. All professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

Interpretation. A culminating experience is one that requires a student to synthesize and integrate knowledge acquired in coursework and other learning experiences and to apply theory and principles in a situation that approximates some aspect of professional practice. It must be used as a means by which faculty judge whether the student has mastered the body of knowledge and can demonstrate proficiency in the required competencies. Many different models are possible, including written or oral comprehensive examinations, supervised practice experiences, a major written paper such as a thesis or an applied research project, development of case studies, capstone seminars, and others. Each professional degree program must require a culminating experience.

While the practice experience and the culminating experience are often separate requirements, it is possible to integrate the two experiences. In those instances when the practice experience also serves as the culminating experience, it is essential that these assignments be planned and implemented to assure that the student applies skills from across the curriculum and demonstrates synthesis and integration of knowledge. Ordinarily a major project or analytical paper would be a component of the practice experience, comparable in rigor to other culminating experiences. The evaluation of the practice experience takes on special significance when it is also used as the culminating experience, since this may be the sole means by which assessment of the full range of required competencies is achieved.

Required Documentation. The self-study document should include the following:

- a. Identification of the culminating experience required for each degree program. If this is common across the program's professional degree programs, it need be described only

once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

- b. Assessment of the extent to which this criterion is met.

2.6 Required Competencies. For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

Interpretation. Competencies define what a successful learner should know and be able to do upon completion of a particular program or course of study. These statements describe in measurable terms the knowledge, skills and abilities a successful graduate will demonstrate at the conclusion of the program. The relationship between competencies and learning objectives (the incremental learning experiences at the course and experiential levels that lead to the development of the competencies) should be explicit. Program-specific and concentration-specific competencies should be demonstrably related to the program's mission, goals and objectives, and, in turn, course learning objectives and other planned learning experiences should be demonstrably related to the stated competencies of the program.

The agreement about competencies and the articulation of learning objectives through which competencies are achieved are central to the educational process. Since competencies define the nature and content of a program and establish explicit student expectations, they should be widely available to students and prospective students. Competencies should guide the curriculum planning process and should be the primary measure against which student achievement is measured. Required competencies may change over time as practice changes, and a program needs to periodically assess changing needs to assure the continued relevance of its curricula to practice.

A program may develop its own competencies or may subscribe to competencies that have been promulgated by recognized public health organizations that demonstrate an understanding of public health practice needs. In public health specialty areas where there is profession-wide acceptance of specific competencies the program must subscribe to those accepted competencies or justify their modification.

Required Documentation. The self-study document should include the following:

- a. Identification of core public health competencies that all MPH or equivalent professional master's degree students are expected to achieve through their courses of study.
- b. A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the program, a single matrix will suffice. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.
- c. Identification of a set of competencies for each specialty area identified in the instructional matrix, including professional and academic degree curricula.

- d. A description of the manner in which competencies are developed, used and made available to students.
- e. A description of the manner in which the program periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.
- f. Assessment of the extent to which this criterion is met.

2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

Interpretation. A public health program shall award or recommend the award of a degree only when the student has demonstrated mastery of necessary theories, concepts and content and competence in the skills defined in the competencies. Procedures for measuring attainment of competencies may include course tests and examinations, evaluation of performance in practice placements, written project reports or theses, comprehensive examinations, portfolio assessments, and professional credentialing examinations, as examples. Successful completion of a set of required courses is not, in and of itself, sufficient evidence that a student has mastered the necessary content or demonstrated proficiency in the application of skills. A graduate-level curriculum is more than a set of required courses and the judgment about the success of an individual student in that curriculum should include an assessment about the student's ability to select theories, methods and techniques from across the content matter of a field, to integrate and synthesize knowledge, and to apply it to the solution of public health problems. The manner in which this assessment is done may differ between professional and academic programs and among degrees and among specializations.

Required Documentation. The self-study document should include the following:

- a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.
- b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each degree program, and presentation of data assessing the program's performance against those measures for each of the last three years.
- c. If the outcome measures selected by the program do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.
- d. A table showing the destination of graduates for each of the last three years. The table must include at least the number and percentage of graduates by program area each year going to a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary

organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed. See CEPH Data Template D.

- e. In public health fields where there is certification of professional competence, data on the performance of the program's graduates on these national examinations for each of the last three years.
- f. Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the program's graduates to effectively perform the competencies in a practice setting.
- g. Assessment of the extent to which this criterion is met.

2.8 Academic Degrees. If the program also offers curricula for academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

Interpretation. Because public health programs must provide an interdisciplinary learning environment, students pursuing academic health degrees should acquire a broad public health orientation, as well as depth of education in a specific discipline. Since these degree programs prepare students who may become public health faculty, as well as prepare researchers who will be expected to work in multidisciplinary settings, the curricula should facilitate a broad public health perspective.

Students in academic curricula should be familiar with the basic principles and application of epidemiology and should develop competence in other areas of public health knowledge that are particularly relevant to their own disciplines. Opportunities for cross-disciplinary work should be afforded to all academic students.

While opportunities to engage in research activities are important for all students, they are essential for students in academic or research curricula. Such opportunities are possible only when faculty themselves are actively engaged in research. Research curricula should culminate in an integrative activity that permits the student to demonstrate the ability to successfully undertake research.

Required Documentation. The self-study document should include the following:

- a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix may be referenced for this purpose.
- b. Identification of the means by which the program assures that students in research curricula acquire a public health orientation. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.
- c. Identification of the culminating experience required for each degree program. If this is common across the program's academic degree programs, it need be described only once.

If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

- d. Assessment of the extent to which this criterion is met.

2.9 Doctoral Degrees. The program may offer doctoral degree programs, if consistent with its mission and resources.

Interpretation. A public health program may offer doctoral degrees if it has sufficient faculty expertise, availability of advanced-level courses, and active research to support the development and offering of doctoral degree curricula. These curricula must meet CEPH's requirements for professional or academic degrees, as appropriate.

Required Documentation. The self-study document should include the following:

- a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix may be referenced for this purpose.
- b. Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.
- c. Assessment of the extent to which this criterion is met.

2.10 Joint Degrees. If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

Interpretation. Public health programs, in cooperation with other degree-granting units in the institution, may offer joint, coordinated or dual degrees, such as the MD/MPH, MBA/MPH and MPH/MSW. The required curriculum of the public health component of these joint degrees must be comparable to the curriculum in the separate public health degree.

Required Documentation. The self-study document should include the following:

- a. Identification of joint degree programs offered by the program and a description of the requirements for each.
- b. Assessment of the extent to which this criterion is met.

2.11 Distance Education or Executive Degree Programs. If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed

support for these programs, including administrative, travel, communication, and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess teaching and learning methodologies and to systematically use this information to stimulate program improvements.

Interpretation. A program of study may be delivered through various models and may use a wide range of teaching and learning technologies. Distance education or executive degree programs are those that are offered in a format or design that differs significantly from the established approach of students attending regular on-site course sessions spread over a semester, quarter or other standard term. The occasional use of sophisticated communications technologies in a regular program format need not be included in this section.

A degree program offered in a distance or executive format is a curriculum or course of study that is flexibly structured to meet the needs of a student population and that leads to the award of a degree. There is a great variation in these models but generally they are designed to accommodate the needs of employed professionals (or part-time students) who cannot pursue a course of study in a standard, in-residence time frame or format. Most often accommodations are introduced in terms of time, location or method of delivery. Executive or extended degree programs, for example, may be offered in concentrated blocks of time during the summer or throughout the academic year. They may be offered in locations distant from the main campus of the institution that awards the degree. Distance education may be offered in innovative formats, taking advantage of advanced technology such as interactive television, computer-assisted learning, and other contemporary teaching/learning methods.

Innovative means of offering public health degree programs and thereby upgrading the qualifications of the public health workforce are encouraged, particularly those models that respond to the needs of mid-career working public health professionals. Programs that do so, however, must plan, implement and evaluate these degree programs, consistent with principles of good practice regarding adult learning. While format and structure of the learning experiences must be appropriate to the adult student, academic rigor must be comparable regardless of the format and structure. Academic rigor takes into consideration such factors as the qualifications of the teacher, institutional approval and review processes, and congruence between degree of complexity and the level of the degree.

While CEPH supports innovative delivery modes, including distance learning modalities, institutions that pursue them must demonstrate adequate faculty support, adequate faculty/student and student/student interaction, successful integration of supervised and evaluated practice experiences, continuity of support to sustain the degree programs, and a commitment to evaluate the learning model. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

Required Documentation. The self-study document should include the following:

- a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through

distance education in which the instructor and student are separated in time or place or both. The instructional matrix may be referenced for this purpose.

- b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methodologies.
- c. Assessment of the extent to which this criterion is met.

3.0 Creation, Application and Advancement of Knowledge

3.1 Research. The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

Interpretation. The research program shall be consistent with the program's stated mission and goals and should complement teaching and learning objectives stated for the program's instructional programs. The program should provide an environment that is conducive to research and scholarly inquiry by all faculty. Such endeavors may involve basic and applied topics and appropriately include research aimed at improving the practice of public health. Opportunities should be available for students who would benefit from research experiences, whether or not such is required as a part of the curricula.

Required Documentation. The self-study document should include the following:

- a. A description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.
- b. A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.
- c. A list of current research activity of all primary and secondary faculty identified in 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. This data must be presented in table format and include at least the following: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based, and h) whether research provides for student involvement. Only research funding should be reported here; extramural funding for service or training grants should be reported elsewhere. See CEPH Data Template E.
- d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research

- funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings), and other indicators.
- e. A description of student involvement in research.
 - f. Assessment of the extent to which this criterion is met.

3.2 Service. The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

Interpretation. The program's service activities should contribute to the fulfillment of its stated mission and goals and should complement teaching and learning objectives. Because the community is the site where public health is implemented, effective linkages with organizations and agencies in the community are essential to the success of the program in meeting its overall objectives. As a consequence, faculty should be actively involved with the community through communication, collaboration, consultation, provision of technical assistance, and other means of sharing the program's professional knowledge and competence. There should, as well, be effective ways for the community to participate in the work of the program, from assessing the relevance of curricula, to participating in teaching, to evaluating the effectiveness of the program. The service activities may relate to local, regional, national and international opportunities and needs.

Opportunities to engage in service should be available to all students, regardless of curricular requirements. The program should offer opportunities for students to cultivate professionalism and conscious responsibility toward the profession and the goals of public health through service to communities, agencies, underserved populations, and organizations. The primary educational function of a program is the preparation of well-qualified public health professionals, and this takes place not only through courses and degree programs but also through service-based interactions with faculty.

Service is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through teaching and research. Participation in internal university committees is not within the definition of this section. Service as described herein refers to contributions of professional expertise to the public, including professional practice. While these activities may generate revenue, the value of service is not measured in financial terms.

Faculty engage in service by consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial bodies; serving as board members and officers of professional associations; and serving as members of community-based organizations, community advisory boards or other groups.

Required Documentation. The self-study document should include the following:

- a. A description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.
- b. A list of the program's current service activities, including identification of the community groups and nature of the activity, over the last three years.
- c. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years.
- d. A description of student involvement in service.
- e. Assessment of the extent to which this criterion is met.

3.3 Workforce Development. The program shall engage in activities that support the professional development of the public health workforce.

Interpretation. Although the primary educational function of a public health program is the preparation of qualified professionals; a program should also address the needs of the large numbers of personnel engaged in public health practice without formal training and previously trained professionals who seek to maintain and advance their knowledge and skills. Assessment of professional needs should be undertaken periodically in public health settings and short-term programs should be developed and made available in easily accessible locales and formats. Programs should collaborate with other institutions that train or employ public health personnel, in order to extend continuing education opportunities beyond the program's own market area.

The growth in certificate programs, both as an organized course sequence to supplement a degree program and as an independent sequence of courses to upgrade skills of non-degree students, is a positive development for the field of public health practice. If a program offers certificate programs, it should assure adequate academic oversight, appropriate faculty qualifications and credentials, truth in advertising, and appropriate quality assurance mechanisms.

If the program offers certificate programs, these shall be well defined, accurately described in promotional materials, and responsive to identified professional needs. If academic credits earned for the certificate can subsequently be applied to degree requirements, the conditions and limitations for such application should be defined and shared with prospective students at the time of admission to the certificate program.

If the program offers non-degree distance learning opportunities, these shall be responsive to identified professional needs and assure appropriate technological support. Non-degree offerings, regardless of format, should be regularly evaluated.

Required Documentation. The self-study document should include the following:

- a. A description of the program's continuing education activities, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies.
- b. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.
- c. A list of the continuing education programs offered by the program, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.
- d. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.
- e. Assessment of the extent to which this criterion is met.

4.0 Faculty, Staff and Students

4.1 Faculty Qualifications. The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, research and teaching competence, and practice experience, is able to fully support the program's mission, goals and objectives.

Interpretation. Faculty adequacy relates to a number of factors, including those stated above. The faculty of a public health program must draw broadly from the many disciplines that contribute substantially to public health and must, in particular, be able to support the instructional concentrations the program elects to offer. The full-time and part-time faculty that support each concentration area referenced in 1.6.e. must be trained and experienced in the discipline in which they teach. The core faculty may be complemented by faculty from other parts of the university as well as individuals from the community.

Faculty should teach and supervise student research and practice experiences in areas of knowledge with which they are thoroughly familiar and qualified by education and experience. To assure a broad public health perspective, in spite of increasing specialization in the field of public health, there should be faculty who have professional experience and have demonstrated competence in public health practice. To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, programs should regularly involve public health practitioners and other individuals involved in public health work through such arrangements as adjunct and part-time faculty appointments and use as preceptors. Programs should also encourage faculty to maintain ongoing practice links with public health agencies, especially state and local.

Required Documentation. The self-study document should include the following:

- a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is

submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current teaching areas, k) current research interests, and l) current and past public health practice activities. *Note: classification refers to alternative appointment categories that may be used at the institution. See CEPH Data Template F.

- b. If the program uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc), summary data on their qualifications should be provided in table format and include at least a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to teaching program, e) gender, f) race, g) graduate degrees earned, h) disciplines in which degrees were earned, and i) contributions to the teaching program. See CEPH Data Template G.
- c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program.
- d. Identification of outcome measures by which the program may judge the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.
- e. Assessment of the extent to which this criterion is met.

4.2 Faculty Policies and Procedures. The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

Interpretation. Policies, procedures and operational guidelines related to conditions of employment should be established and available to all faculty. Procedures should provide for fair and equitable treatment of faculty and should be consistently applied. Criteria for advancement should reflect the program's mission and goals. The program should provide opportunities to enhance the teaching capabilities of faculty and otherwise support their professional growth and development. If the program makes part-time, adjunct, clinical or other classes of faculty appointments, the responsibilities and privileges of these categories should be made explicit. Service to the community should be seen as a significant contribution in promotion and tenure deliberations. Procedures for evaluating faculty competence and performance, particularly in the area of teaching, should be in place and consistently applied.

Required Documentation. The self-study document should include the following:

- a. A faculty handbook or other written document that outlines faculty rules and regulations.
- b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.
- c. Description of formal procedures for evaluating faculty competence and performance.

- d. Description of the processes used for student course evaluation and evaluation of teaching effectiveness.
- e. Description of the emphasis given to community service activities in the promotion and tenure process.
- f. Assessment of the extent to which this criterion is met.

4.3 Faculty and Staff Diversity. The program shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

Interpretation. Given the mission of public health of enhancing health in human populations and the mission of a public health program to prepare professionals who address health needs and problems of populations, the inclusion of all segments of society is directly relevant to the achievement of the mission of a public health program. A faculty and staff that reflects the diverse demographic characteristics of the population can provide incentives for enrollment, matriculation and achievement of students from diverse demographic groups. Policies, procedures and practices of a public health program should encourage the inclusion of faculty and staff members who contribute to the diversity of the program.

Required Documentation. The self-study document should include the following:

- a. Summary demographic data on the program's faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a. Data must be presented in table format. See CEPH Data Template H.
- b. Summary demographic data on the program's staff, showing at least gender and ethnicity. Data must be presented in table format. See CEPH Data Template I.
- c. Description of policies and procedures regarding the program's commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.
- d. Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.
- e. Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.
- f. Identification of outcome measures by which the program may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the program against those measures for each of the last three years.
- g. Assessment of the extent to which this criterion is met.

4.4 Student Recruitment and Admissions. The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

Interpretation. A public health program should seek individuals who have the educational prerequisites, interest and motivation for undertaking and advancing in public health careers, consonant with the program's stated mission, goals and objectives. Admission procedures and policies should emphasize public health experience as an important factor when considering applicants.

Catalogs and bulletins used by the program to describe its educational offerings must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards, and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

Required Documentation. The self-study document should include the following:

- a. Description of the program's recruitment policies and procedures.
- b. Statement of admissions policies and procedures.
- c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.
- d. Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each of the last three years. Data must be presented in table format. See CEPH Data Template J.
- e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization. Data must be presented in table format. See CEPH Data Template K.
- f. Identification of outcome measures by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.
- g. Assessment of the extent to which this criterion is met.

4.5 Student Diversity. Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

Interpretation. A program should encourage the inclusion of students who reflect the diversity of the population. Programs should have plans to recruit, admit and graduate students from groups that are underrepresented in the public health professions.

Required Documentation. The self-study document should include the following:

- a. Description of policies, procedures and plans to achieve a diverse student population.
- b. Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.
- c. Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format. See CEPH Data Template L.
- d. Identification of measures by which the program may evaluate its success in achieving a demographically diverse student body, along with data regarding the program's performance against these measures for each of the last three years.
- e. Assessment of the extent to which this criterion is met.

4.6 Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

Interpretation. Each student enrolled in the program should have access, from time of enrollment, to advisors who are knowledgeable about the program's curricula overall and about specific courses and programs of study. Orientation, including written documentation, should be provided for all entering students. Career and placement counseling should be available to students. Advisors should be sensitive to the differing needs of students in regard to career and placement counseling.

Required Documentation. The self-study document should include the following:

- a. Description of the advising and career counseling services, including sample orientation materials such as student handbooks.
- b. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.
- c. Information about student satisfaction with advising and career counseling services.
- d. Assessment of the extent to which this criterion is met.

Templates for Data Presentations

CEPH developed data templates in an effort to simplify and standardize the program's approach to self-study documents. We realize that due to the uniqueness of each program, there may be instances in which certain data presentations may need to be modified from the format we have provided. Content for the templates is included in appropriate locations throughout the document. While the format of the tables may change so that they are more appropriate to the program, the data required, as outlined throughout the document, must be provided. Templates are available for download at www.ceph.org