

# CPME 330

## PROCEDURES FOR APPROVAL OF PODIATRIC MEDICINE AND SURGERY RESIDENCIES

### COUNCIL ON PODIATRIC MEDICAL EDUCATION

#### DRAFT I

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## INTRODUCTION

The Council on Podiatric Medical Education (CPME) is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine. The Council evaluates, accredits, and approves educational institutions and programs. The scope of the Council's approval activities extends to institutions throughout the United States and its territories and Canada.

The mission of the Council is to promote the quality of graduate education, postgraduate education, certification, and continuing education. By confirming these programs meet established standards and requirements, the Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine.

The Council was established by the APMA House of Delegates in 1918 and charged with formulating educational standards. The Council began accrediting colleges of podiatric medicine in 1922. The Council conducted its first residency evaluation in 1964.

The Council has been authorized by APMA to approve institutions that sponsor residency programs demonstrating and maintaining compliance with the standards and requirements published in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*. Podiatric residency approval is based on programmatic evaluation and periodic review by the Residency Review Committee (RRC) and the Council. The American Board of Foot and Ankle Surgery (ABFAS) and the American Board of Podiatric Medicine (ABPM) collaborate with the RRC and the Council in evaluating residencies.

“Approval” is the recognition accorded residencies that are determined to be in substantial compliance with established standards and requirements. The approval process related to a residency is essentially a six-step process, involving: (1) development of application and/or pre-evaluation materials documenting the ability of the program to comply with the Council's standards and requirements; (2) on-site evaluation conducted at the institution, at which time the application and/or pre-evaluation materials are validated by an evaluator or evaluation team appointed by the Council; (3) subsequent review by the RRC of findings identified in the report of the on-site evaluation and any information that the program provides following the visit; (4) an approval recommendation from the RRC to the Council; (5) determination of approval status by the Council; and (6) periodic follow-up of progress in improving the quality of the program. Procedural reconsideration, reconsideration, and appeal of a proposed adverse approval action are available as described in this document.

Recommendations and decisions relative to the approval process for residencies are the sole responsibilities of the RRC and/or the Council, as indicated in this publication. Neither Council staff, on-site evaluators, individual members of the RRC or the Council, nor any other agent of the RRC or the Council is empowered to make or modify approval recommendations or decisions.

Prior to adoption, all Council policies, procedures, standards, and requirements are disseminated

widely in order to obtain information regarding how the Council's community of interest may be affected.

The following evaluation/approval procedures have been developed to assist residencies in preparing for initial or continuing approval and to guide the RRC and the Council in their deliberations concerning the approval of residencies.

Throughout this publication, the use of the terms "institution" and "program" is premised on the idea that the program exists within and is sponsored by an institution.

## **COMMUNICATION BETWEEN RRC/COUNCIL AND THE SPONSORING INSTITUTION**

Both the sponsoring institution and the program director are responsible for administering the residency program. Standards 1-4 in CPME publication 320 are institutional standards and compliance with these standards is the responsibility of the sponsoring institution. Standards 5-7 are program-specific standards and compliance with these standards is the responsibility of the program director.

The RRC and the Council have adopted the following general policies related to communication with an institution sponsoring a residency. Information related to specific correspondence (e.g., notification of approval actions) appears in the pertinent sections of this document.

The RRC and the Council require that the program's director is the individual responsible for submitting all materials to Council staff related to all application, on-site evaluation, and approval processes. All materials submitted by the sponsoring institution must be submitted on media as determined by the Council or its committees accompanied by a cover letter signed by the program director. Signatures may be electronic or handwritten. The RRC, the Council, and evaluators will not consider unsigned or, unverified, ~~or signature stamped~~ correspondence, resident logs, and/or resident evaluation forms. Such materials do not document review and validation by the director. Unsigned or, unverified, ~~or signature stamped~~ correspondence or residency materials will be returned to the program director; submission of such materials may adversely affect the approval status of the residency.

All correspondence and inquiries must be directed to the Council office. Utilization of other channels of communication may delay the processing of information submitted by the sponsoring institution and result in inconvenience to the institution.

The RRC and the Council e-mail correspondence to the program director at the director's office preferred e-mail address indicated on the institution's application and/or most recent annual or pre-evaluation report. The institution's chief administrative officer (CAO) or designated institutional official (DIO) is copied on all correspondence. In a co-sponsored program, the e-mailing address is that of the institution at which the program director is based (although administrators of all co-sponsoring institutions will receive copies of correspondence from the Council).

The sponsoring institution is responsible for informing the Council office in writing within 30 calendar days of substantive changes in the program. The institution must inform the Council of changes in areas including, but not limited to, sponsorship, and/or appointment of a new program director and/or the chief administrative officer, training sites, and curriculum. Notice of appointment of a new program director ~~or new chief administrative officer~~ must be submitted by an appropriate member of the institution's administrative staff rather than by a representative of the residency.

The Council's residency documents and forms are available on the Council's website ([www.cpme.org](http://www.cpme.org)), including. ~~Additionally, copies of the Council's "Memo to Program Directors" are available on the website. These memos include all~~ proposed changes to Council documents (standards, requirements, and procedures) with a request for comments by a specific deadline. ~~The memo also is designed to inform directors and sponsoring institutions of document changes adopted by the Council, as well as any revisions that were tabled, modified, or deleted as a result of comments provided previously by the community of interest.~~ When the RRC or the Council develops a policy (e.g., interpretation of a particular requirement in a Council or RRC document), the policy is included in the memo to program directors published on CPME's website.

Administration of the residency program falls directly under the purview of the program director and the institution's chief administrative officer or designated institutional official. As such, formal communication with CPME will always include these individuals. Communication with administrative staff /program coordinator is not part of the formal communication process. The program director is ultimately responsible for administration of the program.

## **RESIDENCY REVIEW COMMITTEE**

The RRC is responsible for determining eligibility of applicant institutions for initial on-site evaluation, authorizing increases in or reclassification of residency positions, and recommending to the Council approval of residency programs. The RRC reviews reports of on-site evaluations, progress reports, and other requested information submitted by sponsoring institutions. The RRC may modify its own policies and/or recommend to the appropriate ad hoc committee modifications in standards, requirements, and procedures for residency program evaluation and approval.

Composition of the RRC includes two representatives each from ABFAS and ABPM, one-two representatives from the Council of Teaching Hospitals (COTH) of the American Association of Colleges of Podiatric Medicine, one-two representatives from residency programs at large (selected by the Council), and at least two Council members.

**Although the RRC is the joint responsibility of various organizations, the Council and its staff administer the affairs of the RRC. Appropriate agreements and financial compensation are arranged among the participating organizations for the administration of the RRC.**

# APPLICATION FOR PROVISIONAL APPROVAL OF A NEW RESIDENCY PROGRAM

## Submission of the Application

The Council encourages the applicant institution to contact Council staff early in the developmental stages of the program should questions arise related to the Council's standards, requirements, and procedures.

The Council recognizes that programs seeking approval do so voluntarily. Therefore, the burden of proof regarding compliance with Council standards and requirements is the responsibility of the sponsor. Submission of a new application may be required when an approved sponsoring institution or residency has undergone a change so substantial that it is essentially a new institution or program.

The applicant institution must be in operation for at least 12 months before applying for approval to assure that sufficient resources are available for the program. The institution must have an active podiatric and/or foot and ankle service ~~for at least 12 months~~ prior to applying for approval.

An institution seeking approval of a new podiatric residency is required to submit an application fee and the appropriate number of copies of RRC-CPME form 309, *Application for Provisional Approval*, and required supplementary documentation (~~the requested number of copies is indicated on the application~~) (see Fee Policies). **The application must be submitted prior to activation of the residency.** The process for submission of the application through determination of an approval action by the Council may require 9-12 months or more.

Council staff reviews the application for completeness. If the application is considered to be incomplete, Council staff corresponds with the program director and specifies the information required to complete the application. If the application, supplementary documentation, and fee are in order, Council staff forwards the institution's application to the RRC for determination of eligibility for on-site evaluation.

If the sponsoring institution ascertains that it has the capability to train more residents than the number indicated on the application, the institution must amend its application. This amendment must occur **before** eligibility for on-site evaluation has been determined. The program director must inform the Council office of the institution's intention and provide appropriate documentation substantiating the ability of the program to increase its proposed number of positions. Council staff will include this information in the materials to be presented to the RRC once the application is complete. (Alternatively, the sponsoring institution may request an increase in or reclassification of positions following the granting of provisional approval; see Authorization of Increases in Residency Positions.)

## Determination of Eligibility for On-site Evaluation

The RRC considers the application for provisional approval by [mail-e-ballot](#), [virtual](#)/conference call, or at one of its [semi-annual](#) meetings. ~~RRC will consider a complete application within 60 calendar days of its receipt.~~

The RRC reviews the application to determine whether the new residency is eligible for on-site evaluation. In determining eligibility, the RRC will not consider a number of resident positions other than that for which the institution has applied. The RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent [virtual](#)/conference call or upcoming ~~regularly-scheduled~~ meeting.

When the RRC determines a new residency is eligible for on-site evaluation, this status indicates the institution appears to be developing a residency that has the potential for meeting the Council's standards and requirements for approval.

Neither eligibility for on-site evaluation nor the conduct of an initial on-site evaluation ensures eventual approval.

Correspondence regarding the RRC action is addressed to the program director. A copy of the letter is forwarded to the chief administrative officer [or designated institutional official](#) of the sponsoring institution. If eligibility for on-site evaluation is confirmed, the letter includes a copy of CPME 312, *Agenda Guide for Provisional Approval*, to assist the program director in planning for the initial on-site evaluation.

If the RRC proposes denial of eligibility for on-site evaluation, justification for the action is delineated in the letter and provisions for requesting procedural reconsideration, reconsideration, and appeal are identified (see Procedural Reconsideration, Reconsideration, and Appeal). ~~If RRC proposes denial of eligibility for on-site evaluation, the institution is required to verify to the Council, in writing, that all program applicants selected for interview and/or incoming residents have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).~~

[An institution may not interview prospective residents or schedule interviews prior to receiving provisional approval from CPME.](#)

### **Withdrawal or Termination of the Application**

A sponsoring institution that has submitted an application for provisional approval or for which eligibility for on-site evaluation has been determined may withdraw its application at any time before the RRC takes an action on the approval status of the program.

Council staff may terminate the application for either of the following reasons:

- The sponsoring institution fails to [formally](#) respond ~~in writing~~ within six months to written requests from Council staff and/or RRC for information to complete the application.

- The sponsoring institution fails to schedule the on-site visit within six months of the date the institution was determined eligible for the evaluation.

Council staff will correspond with the program director and the institution's chief administrative officer [or designated institutional official](#) to inform them that the application has been terminated. The sponsoring institution may submit a new application, supplemental materials, and application fee after the application has been terminated.

## **RE-EVALUATION AND CONTINUING APPROVAL OF AN EXISTING RESIDENCY PROGRAM**

Council staff regularly reviews the list of approved programs and contacts the appropriate program directors when re-evaluation is due (see Categories of Approval and Approval Period). ~~For reasons of economic feasibility, Council staff gives consideration to the geographic proximity of institutions when developing the list of institutions to be evaluated during each evaluation cycle.~~

The Council may elect to deviate from the established on-site evaluation cycle by conducting either a comprehensive or focused visit to follow up on identified concerns. Circumstances that may warrant scheduling a follow-up visit include: when a program has been transferred to another institution; when a residency has undergone a substantial change; when major deterioration in the residency has occurred; and when a formal complaint against an approved residency requires on-site evaluation of the issues related to the complaint. ~~In any event,~~ The Council reserves the right to conduct an evaluation of the residency whenever circumstances require such review. Continuation of approval by the Council is contingent upon the findings of the on-site evaluation [team and approval recommendation by the RRC](#). Therefore, the re-evaluation may have an impact on the previously-granted approval status.

### **Pre-evaluation Materials**

Institutions seeking continuing approval of residencies must submit CPME form 310, Pre-evaluation Report, along with all required supplementary documentation. If the pre-evaluation report is considered to be incomplete, the program director will be notified and requested to submit the required information. An on-site evaluation will not be conducted if this requested material is not received, which may jeopardize the approval status of the program. In the event the on-site evaluation is cancelled due to non-receipt of requested information in a timely manner, the visit may be re-scheduled, but all costs related to the visit will be the responsibility of the sponsoring institution.

## **ON-SITE EVALUATION (NEW AND EXISTING RESIDENCY PROGRAMS)**

The on-site evaluation is conducted to assess the general quality of the residency, the institution's ability to establish a curriculum that assures each resident achieves the competencies

identified by the Council, and the institution's plans for continued improvement. The evaluation team appointed to conduct the visit gathers information related to validation of the institution's application for provisional approval or pre-evaluation report. The evaluation team develops a report of its findings that includes a narrative summary identifying program strengths and weaknesses and areas of potential noncompliance.

Evaluation team members do not act as consultants to the residency or the sponsoring institution. The team members' primary roles as fact-finders and observers are to provide the RRC an assessment of the sponsor's potential compliance with the Council's standards and requirements. With a view toward assisting the institution to understand more completely its role as related to the residency, the evaluation team report may include non-binding recommendations for improvement of the program.

## Evaluation Team

The Council chair appoints the evaluation team based upon a recommendation from the RRC chair and Council staff. The initial on-site evaluation is conducted by at least two evaluators, ~~one of whom must be a podiatric physician~~. On-site re-evaluation of an approved residency is generally conducted by a team comprised of at least three ~~persons, evaluators two of whom must be podiatric physicians~~. Under certain circumstances, two ~~podiatric physicians~~ individuals may evaluate an approved residency.

The institution has the prerogative of rejecting any member of the proposed evaluation team when an appropriate cause related to conflict of interest can be clearly identified. In such a case, a formal written statement from the sponsoring institution is to be submitted to the Council office no later than ~~30-15~~ calendar days ~~before the date of the on-site evaluation~~ after receipt of the on-site confirmation letter, affording the Council sufficient opportunity to appoint a replacement evaluator. The Council does not appoint members to the evaluation team who have any known conflict of interest in the evaluation of the institution, including graduates and current and former faculty members or administrators of the institution.

The evaluation team represents the Council and the RRC. At least one of the members of the evaluation team is an ABFAS diplomate, and at least one of the members of the evaluation team is an ABPM diplomate. ~~Potential evaluators representing RRC are identified as a collaborative effort of the Council, RRC, ABFAS, and ABPM.~~

~~Evaluation team members also may include, but not be limited to, Individuals (e.g., current and former members of the Council and the Council's committees and members of the Council's professional staff). Another individual (e.g., a representative of the state board for examination and licensure) may accompany an evaluation team to observe the on-site evaluation.~~

~~If the Council and/or RRC elect to conduct a focused visit, the individual(s) appointed to conduct the visit may represent either the Council or RRC, depending upon the reason(s) for which the visit is scheduled.~~

Individuals who are selected to serve on Council evaluation teams will have participated in a

training session for residency evaluators. Individuals who are selected to serve as team chairs will have participated previously in on-site evaluations of residencies.

The Collaborative Residency Evaluation Committee (CREC), consisting of representatives of ABFAS, ABPM, and the Council, identify and are responsible for training new and current on-site evaluators.

## **Preparation for On-site Evaluation**

The chair of the evaluation team determines the date of the on-site evaluation in conjunction with the program director and the other member(s) of the evaluation team. Once eligibility for on-site evaluation is determined for a new program, the evaluation is conducted in sufficient time to allow for consideration of the report of the on-site evaluation at ~~regularly-scheduled~~ meetings of the RRC and the Council. Ordinarily, an institution sponsoring an existing program is given approximately 45 calendar days' notice prior to the on-site evaluation. The timeline for evaluating an existing program may be abbreviated when the on-site evaluation is conducted in response to the RRC and/or Council concerns about major deterioration or substantial change in the residency or when a formal complaint against an approved residency requires on-site evaluation of the issues related to the complaint.

Once the evaluation team and the sponsoring institution have agreed on the date and time of the evaluation, Council staff corresponds with the program director to confirm the members of the evaluation team and the time and date of the evaluation. A copy of CPME 310, *Agenda Guide* is forwarded to the program director. Using the *Agenda Guide*, the program director is required to work with the team chair to prepare a schedule identifying personnel to be interviewed by the evaluation team. The agenda must be forwarded to the Council office at least four weeks prior to the on-site visit to allow for adjustments if necessary.

~~The program director of a provisionally approved or an existing residency also must make available appropriate resident clinical logs to the evaluation team at least four weeks prior to the date of the evaluation.~~ The team members are provided access to clinical logs and review the logs to establish a list of charts that they wish to review during the on-site evaluation. The team provides this list to the program director in advance of the on-site evaluation. The evaluation team retains the prerogative of requesting additional charts on the day of the visit if warranted.

When a focused visit is scheduled, the letter informing the program director of the date of the evaluation includes specific information related to interviews to be conducted and information to be available for review by the evaluator(s).

## **Conduct of the On-site Evaluation**

Depending on the number of individuals and facilities involved, a minimum of one day (~~eight hours~~) is required to evaluate a podiatric residency. In order for the evaluation team to assess the curriculum content and the extent of resident supervision, the agenda for the on-site evaluation requires that key participants in the program be interviewed, as indicated in CPME 310.

As part of the on-site evaluation, the team conducts interviews with the program director, chief administrative officer or designated institutional official, members of the podiatric and non-podiatric faculty, and, for provisionally-approved and existing programs only, the podiatric resident(s). The evaluation includes a tour of the physical facilities, [a working session to allow for review of charts and additional information provided, an](#) executive session of the evaluation team to discuss findings and recommendations, and a concluding session with the program director and the chief administrative officer to discuss the findings. During the exit interview with institutional representatives, the evaluation team chair explains the Council's procedures for initial and/or continuing approval of residencies (specifically, the sequence of events that will follow the visit).

Failure of key participants in the residency to be available will be cause for cancellation of the on-site visit, which may jeopardize the approval status of the program.

[Interviews must be conducted with active faculty directly involved in the residents' training and for all rotations provided by the program. Video interviews may be acceptable for rotation faculty only if a rationale is provided. Video interviews must be approved by the team chair in conjunction with CPME staff on a CPME-approved platform determined ahead of time and provided by the institution.](#)

[In special circumstances, if a team member is unable to physically attend the on-site evaluation due to emergency circumstances, a team member may participate virtually in the site visit.](#)

### Virtual Site Visits

[CPME staff, in consultation with the Council chair, may determine that a virtual site visit must be conducted in lieu of an on-site visit due to natural disasters, pandemics, or other circumstances of that magnitude. The program director is responsible to ensure that the evaluation team has adequate opportunity to engage in all of the meetings listed above. The program director should prepare, ahead of time, all technological necessities to ensure that the evaluation team meets with the individuals as cited above and for all documentation reviews. Additionally, the program director is to prepare contingency plans in case of unforeseeable technological difficulties including power loss or other acts of nature. CPME will provide the virtual platform and will share the access codes for the meetings.](#)

[If for any reason the evaluation team is not provided with the opportunity to hold these meetings, or if the individuals requested are not in attendance sufficient to adequately assess the program, then the Council may determine that the report of the on-site evaluation is not sufficient to grant approval of the program and may schedule another site visit at cost to the program. Inability to communicate with the individuals due to technological barriers will be viewed negatively by the evaluation team and ultimately by the Council.](#)

## **Preparation of the Report**

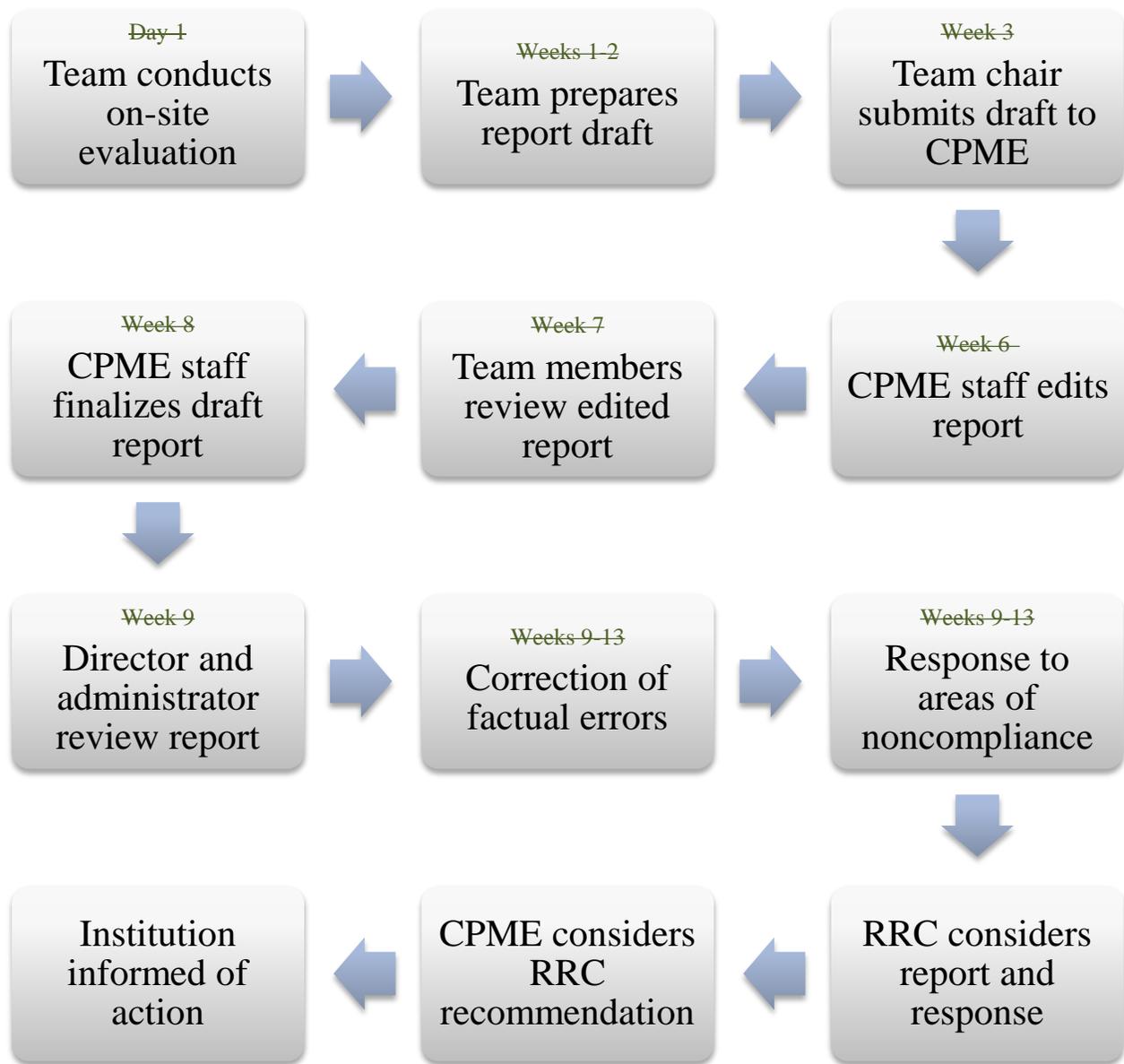
The evaluation team prepares a draft report based on [findings-observations-and-impressions](#) from the on-site evaluation. The team forwards this draft report to the Council office for editing. The

edited draft of the report is then returned to each member of the team for review and comments.

A draft copy of the report, consisting of a summary of findings, a list of interviewees, areas of potential noncompliance, [commendations](#), and recommendations, is forwarded to the program director and the chief administrative officer of the sponsoring institution.

The sponsoring institution ~~is encouraged to~~ [must](#) provide a substantive response to areas of potential noncompliance ~~and recommendations~~ identified by the evaluation team, [including as well as any](#) supporting documentation, prior to consideration of the report by the RRC. The cover letter to the institution specifies the deadline for their receipt. ~~Factual information included in the report may be corrected by the institution; however, impressions and observations based on the on-site visit will not be modified.~~

The following steps are included in the approval process:



**CONSIDERATION BY THE RRC AND THE COUNCIL**

**RRC Review**

~~RRC meets prior to each of the semiannual meetings of the Council. The Committee~~ The RRC reviews evaluation team reports, institutional responses to evaluation team reports, interim progress reports from provisionally-approved programs, progress reports from provisionally-approved and approved programs, applications for provisional approval, requests for increase in or reclassification of residency positions, ~~and~~ requests for reconsideration, and other requests to the RRC.

During discussions about the approval status of individual residencies, any RRC member who is affiliated with the institution under consideration in a governance, administrative, staff, or faculty capacity must recuse himself or herself from the deliberations. Members of the RRC who served on the most recent residency evaluation team are required to recuse themselves from voting until the Council has determined a final approval action.

### Review of Evaluation Team Reports

~~For each residency visit where a member of RRC is a member of the evaluation team, the RRC member provides a verbal summary of team findings and answers any questions of the Committee. For each visit where a member of RRC is not on the team, a member of the Committee is designated by Council staff as a “liaison” to the team.~~

~~The liaison Committee member communicates the team's findings and presents the team's evaluation report to the Committee. The liaison is expected to be prepared fully for the presentation of the team report to RRC. This includes detailed review of pre-evaluation materials, the team report, and all pertinent correspondence, such as the response(s) to the report, and consultation with the team chair after the visit. Council staff forwards the materials to the liaison Committee member.~~

~~The liaison Committee member is expected to have open communication with the team chair in order to facilitate discussion of the report. The liaison should discuss any questions regarding the report with the team chair prior to the RRC meeting at which the report is presented. In addition, the liaison should inform the team chair of the dates of the RRC meeting at which the report will be considered and obtain a telephone number where the team chair can be reached during the time frame of the meeting. Telephone contact during the meeting may be needed to clarify ambiguities or to answer questions that arise during Committee discussion of the report.~~

Based upon ~~discussion with the RRC member on the team or RRC liaison to the team,~~ review of the draft team report and any response submitted by the sponsoring institution, the RRC makes a confidential recommendation to the Council regarding the approval status of the program (see Categories of Approval and Approval Period).

The confidential recommendation includes the approval status, date by which the next on-site evaluation must be conducted and/or approval period, authorized number of residents, identification of areas in noncompliance with Council standards and requirements, ~~identification of areas of noncompliance addressed in the institution's response to the team report,~~ identification of areas that merit commendation, and a schedule for requesting progress reports, including the interim progress report required of a provisionally-approved program. In reviewing

an on-site evaluation report, the RRC has the prerogative of recommending that the Council ~~accept a revised~~ report, which may include adding, modifying, or deleting areas of potential noncompliance.

### Review of Interim Progress Reports and Progress Reports

The RRC considers interim progress reports submitted by provisionally-approved programs related to development of the proposed clinical and didactic curriculum once a resident(s) is active in the program (see Categories of Approval and Approval Period).

The RRC also considers progress reports submitted by existing provisionally-approved and approved programs related to correction of specific areas of noncompliance with CPME standards and requirements and/or concerns identified by the RRC and/or the Council.

Based upon review of the progress report and/or the interim progress report, the RRC determines the extent to which the submitted information addresses previously-identified areas of noncompliance and/or concerns and/or makes a confidential recommendation to the Council regarding the approval status of the program (see Categories of Approval and Approval Period).

The confidential recommendation includes the approval status, date by which the next on-site evaluation must be conducted and/or approval period, authorized number of residents, identification of areas that are in noncompliance with Council standards and requirements, identification of areas of noncompliance that have been addressed in the progress report, ~~identification of areas that merit commendation,~~ and a schedule for requesting progress reports. The institution may be requested to submit further documentation of progress made in addressing areas of noncompliance and/or concerns expressed by the RRC.

In reviewing an interim progress report and/or a progress report, the RRC has the prerogative to add, modify, or delete areas of noncompliance or ~~to make a confidential recommendation to the Council regarding a change in the approval status of the program that the Council add, modify, or delete areas of noncompliance~~ (see Categories of Approval and Approval Period).

### **Council Action**

At a meeting of the Council, the RRC chair presents for each residency program the confidential recommendation of the RRC regarding approval status, date by which the next on-site evaluation must be conducted and/or approval period, authorized number of residents, identification of areas that are in noncompliance with Council standards and requirements, identification of areas of noncompliance that have been addressed in the institution's response to the evaluation team report or in the institution's progress report, ~~identification of areas that merit commendation,~~ and a schedule for requesting progress reports. Areas of noncompliance determined by the Council may include, but are not limited to, those indicated by the evaluation team and the RRC. The institution may be requested to submit documentation of progress made in addressing areas of noncompliance and/or concerns expressed by the RRC or the Council.

Approval actions are taken by the Council at official meetings of the Council. Under special

circumstances, [mail-e](#)-ballots or [virtual](#)/conference calls may be used for residency approval decisions.

During discussions about the approval status of individual residencies, any member of the Council who is affiliated with the institution under consideration in a governance, administrative, staff, or faculty capacity must recuse himself or herself from the deliberations. Members of the Council who served on the most recent residency evaluation team are required to recuse themselves from discussion and voting until the final approval action has been determined.

## CATEGORIES OF APPROVAL AND APPROVAL PERIOD

The following approval actions are available to the Council:

- For a **new residency that has completed an initial on-site evaluation**, the Council grants provisional approval or withholds provisional approval.
- For a **provisionally approved residency that has submitted an interim progress report and/or a progress report**, the Council extends provisional approval (with or without further progress reports) or probation with or without an immediate on-site evaluation.
- For a **provisionally approved residency that has completed an on-site re-evaluation**, the Council extends approval (with or without further progress reports) or extends probation.
- For an **existing approved residency that has completed an on-site re-evaluation or that has submitted a progress report**, the Council extends approval (with or without further progress reports), extends probation, or withdraws approval (the option of withdrawal of approval applies only to a program already on probation).

The Council bases the approval action on the category and number of resident positions that each institution has requested. The Council has established the following categories of approval:

### Provisional Approval

Provisional approval indicates recognition of a new residency that, in general, is expected to be in substantial compliance with the Council's standards and requirements for approval upon activation of the program. Provisional approval is determined on the basis of on-site evaluation prior to activation of the residency. When the Council grants provisional approval, this status is effective on the date the action is taken by the Council (see Activation of a Provisionally-approved Residency). Provisional approval will not be considered for any training year or portion of a training year prior to the effective date of granting of provisional approval.

As a condition of continued provisional approval, the institution must provide an **interim progress report** by a date identified in the approval letter. The interim progress report allows the RRC to monitor the continued development of the program in accordance with the program's

proposed clinical and didactic curriculum once the resident is active in the program. The interim progress report includes, but is not limited to, resident logs documenting participation in all relevant podiatric [medical and surgical](#) activities, documentation of the program's assessment of the resident's progress in achieving the competencies identified by the Council, the formal schedule for clinical training, and the signed resident contract or letter of appointment.

As a further condition of continued provisional approval, the institution also may be requested to provide one or more **progress reports** at specified intervals, as indicated in the approval letter. The progress report(s) is to demonstrate correction of specific areas of noncompliance in meeting one or more requirements and/or to address concerns identified by the RRC and/or the Council.

~~Customarily, the institution is provided at least six months from the time of the on-site evaluation or submission of the most recent progress report to correct areas of noncompliance.~~

Provisional approval extends no longer than 24 months beyond the designated length of the program.

The approval letter includes the date by which the next scheduled on-site evaluation will occur. Ordinarily, on-site re-evaluation of a **new** provisionally-approved podiatric residency is conducted during the program's fourth year of operation. The RRC and/or the Council may schedule an earlier on-site re-evaluation should significant concerns become evident from review of the program's progress report(s).

## Approval

Approval indicates recognition of an existing residency that, ~~in general,~~ is in substantial compliance with the Council's standards and requirements for approval. In granting ~~an extended period of~~ approval, the Council expresses its confidence in the abilities of the institution to continue providing adequate support and implementing ongoing improvements in the residency.

As a condition of continued approval, the institution may be requested to provide one or more progress reports at specified intervals, as indicated in the approval letter. The progress report(s) is to demonstrate correction of specific areas of noncompliance in meeting one or more requirements or to address concerns identified by the RRC and/or the Council. ~~Customarily, the institution is provided at least six months from the time of the on-site evaluation or submission of the most recent progress report to correct areas of noncompliance.~~

The approval letter includes the date by which the next scheduled on-site evaluation will occur. Re-evaluation of an existing program is scheduled ~~no later than~~ [approximately every](#) six years from the date of its previous evaluation. The RRC and/or the Council may schedule an earlier on-site re-evaluation should significant concerns become evident from review of the program's progress report(s).

The RRC may request that the institution submit additional progress reports. These reports enable the Committee to answer any questions it may have to review matters considered to be of significant importance.

## Probation

Probation indicates that a residency is in noncompliance with the Council's standards and requirements for approval to the extent that the quality and effectiveness of the residency are in jeopardy. This category serves as a strong warning to the institution that serious problems exist that could cause the residency to fail. When probation is extended, the residency is considered to be a candidate for withdrawal of approval. The RRC and/or the Council have the prerogative of adding to the probationary action the requirement that no new residents or transfers enter the residency until areas of noncompliance have been addressed to the satisfaction of the RRC and the Council.

The program must provide evidence of significant progress in correction of areas of noncompliance within a specified period. ~~Customarily, the institution is provided at least six months from the time of the on-site evaluation or submission of the most recent progress report to correct areas of noncompliance. Probation may not extend for more than two years. This period of probation is to be determined by the Council, but is usually limited to a maximum of two years. Failure to meet the requirements as stated by the Council during the two-year period, including any extension for good cause, will result in withdrawal of approval.~~

~~This category applies only to previously approved programs (including provisionally approved programs) and is a published approval status.~~ A decision to extend probation is not subject to the Council's procedures for procedural reconsideration, reconsideration, or appeal.

The institution is required to verify to the Council, in writing, that all current residents, incoming residents, and program applicants selected for interview have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

### ~~Administrative Probation~~

~~Administrative probation indicates that a residency has failed to submit information or fees following two separate requests. The category of administrative probation may be activated automatically without vote by the Council based upon a lack of response by the institution to requests related to progress reports, annual or pre-evaluation reports, payment of annual assessment or on-site evaluation fees, resident transfers (releasing and accepting institutions) or other information about the program. The following procedures apply to administrative probation:~~

- ~~▪ The institution will be notified in writing that materials and/or fees are past due and that a response is expected within 15 calendar days.~~
- ~~▪ If a response is not received within 15 calendar days, the institution will be notified in writing that materials and/or fees remain past due. The Council will place the residency on administrative probation if the materials and/or fees are not received within 30 calendar days. The Council may request the information be submitted in fewer than 30 days, depending on circumstances, such as the need to submit pre-evaluation documents~~

~~for a scheduled on-site visit.~~

- ~~▪ Administrative probation is removed when all requested materials and/or fees are received.~~
- ~~▪ If no response is received from the institution within 30 calendar days of being placed on administrative probation, the Council will withdraw approval of the program, by mail ballot, at a scheduled conference call, or at its next scheduled meeting. Withdrawal of approval is based upon the perception that the institution no longer desires to be recognized by the Council and voluntarily withdraws from approved status. The action is viewed as a voluntary decision of the institution; it is not subject to the Council's procedures for procedural reconsideration, reconsideration, or appeal.~~

~~This category applies only to previously approved programs (including provisionally approved programs and programs approved on a probationary basis) and is a published approval status. A decision to grant administrative probation is not subject to the Council's procedures for procedural reconsideration, reconsideration, and appeal.~~

~~The institution is required to verify to the Council, in writing, that all current and incoming residents and program applicants selected for interview have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).~~

## **Withholding of Provisional Approval**

Withholding of provisional approval is determined in the event that a new program seeking provisional approval evidences substantial noncompliance with the Council's standards and requirements for approval. When the Council proposes withholding provisional approval of a residency, factors that have a significant impact on the effectiveness of the program are identified as the basis for the action. A decision to withhold provisional approval will not become final or be published until the processes of procedural reconsideration, reconsideration, and appeal are exhausted (see Procedural Reconsideration, Reconsideration, and Appeal).

~~When the Council proposes to withhold provisional approval of a program, the institution is required to verify to the Council, in writing, that all program applicants selected for interview and/or prospective incoming residents have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).~~

## **Withdrawal of Approval**

Withdrawal of approval is determined under any one of the following conditions:

- A program on probation has failed to correct one or more areas of noncompliance, or a new area(s) of noncompliance has emerged, and therefore the program evidences substantial noncompliance with the Council's standards and requirements for approval.

- An institution withdraws voluntarily from resident training. Actions to withdraw approval voluntarily are not subject to the Council's procedures for procedural reconsideration, reconsideration, and appeal.
- Two or more programs merge into a single new program, resulting in the loss of identity of a previously-approved program.
- Reclassification of a program requires withdrawal of the program's previously approved category.
- ~~An institution that has been placed on administrative probation does not provide requested materials and/or fees.~~
- A program has remained inactive for a period of more than ~~two~~three consecutive training years (see Inactive Status).

When the Council considers an action to withdraw approval, factors that have a significant impact on the effectiveness of the residency are identified as the basis for the action. The RRC and/or the Council have the prerogative of adding to the action to withdraw approval the requirement that no new residents/transfers enter the residency until areas of noncompliance have been addressed to the satisfaction of the RRC and the Council. A decision to withdraw approval will not become final or be published until the processes of procedural reconsideration, reconsideration, and appeal are exhausted. Reconsideration and appeal are available only to programs on probation that have failed to correct areas of noncompliance (see Procedural Reconsideration, Reconsideration, and Appeal).

When the Council proposes to withdraw approval of a program, the institution is required to verify to the Council, in writing, that all current and incoming residents, and program applicants selected for interview have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

## NOTIFICATION OF ACTION

Within a reasonable time period following ~~each of~~ the Council's ~~two~~ meetings, an approval letter indicating the Council action is forwarded to each institution currently under consideration. Confidential correspondence regarding Council actions is addressed to the program director. A copy of the letter is forwarded to the chief administrative officer of the sponsoring institution.

When the Council action is to place the program on probation, to continue probation, ~~to place the program on administrative probation,~~ to withhold provisional approval, or to withdraw approval, the letter to the director is sent by e-mail and certified mail, with a return receipt requested. Letters to withhold provisional approval or to withdraw approval are forwarded to the director within 30 calendar days of the Council action.

Each letter indicates the approval status of the program and the number of authorized positions, including identification of the number of added credential positions. When the Council takes an

action that requests submission of an interim progress report and/or a progress report, the letter identifies the reason(s) for taking the action. The letter outlines the necessary information that must be submitted for the RRC and the Council to review the approval status of the program at future ~~scheduled~~ meetings, as well as the date on which this information is due in the Council office.

When the Council considers withholding provisional approval or withdrawing approval, the letter advising the institution of the proposed action contains: (a) the specific reason(s) for taking the proposed action, (b) the date the action becomes effective unless a request for procedural reconsideration or reconsideration is received from the institution, (c) the right of the institution to request procedural reconsideration, reconsideration, and appeal and the date by which such a request must be received by the Council, and (d) the institution's obligation to inform current residents, incoming residents, and program applicants selected for interview regarding the approval status of the program.

~~When a residency is placed on administrative probation, the program director and the chief administrative officer of the institution receive notification from Council staff that the institution has failed to respond to at least two requests for information or payment of fees. The institution is informed of its responsibility to notify current residents, incoming residents, and program applicants selected for interview of the approval status of the program. The letter to the institution also describes the consequence of withdrawal of approval if immediate attention is not directed to responding to the Council's previous requests.~~

When the approval action is based on the report of an on-site evaluation, a final copy of the report is enclosed with the approval letter. The report reflects the residency program as it existed at the time of the on-site evaluation along with. ~~The final report does not, therefore, reflect program modifications made subsequent to the on-site evaluation. The final report will indicate whether identified areas of noncompliance have subsequently been corrected, partially corrected, or not corrected that may have been described in the institution's response to the draft report.~~ The institution may distribute the final report as it wishes and is encouraged to provide as wide a distribution as possible to the faculty members who participate in the program.

The Council awards a certificate to institutions sponsoring programs recognized in the categories of provisional approval and approval.

## **RESIDENT NOTIFICATION OF ACTION**

When the Council ~~or RRC takes or proposes~~ places a program on certain actions ~~probation or withdraws program approval~~, the sponsoring institution is required to verify to the Council, in writing, that all current residents, incoming residents, and program applicants selected for interview have been notified (applicants must be notified in writing prior to the interview). ~~Current residents, incoming residents, and program applicants must be notified of denial of eligibility for initial on-site evaluation, probation, administrative probation, withholding of provisional approval, withdrawal of approval, denial of an increase in positions, denial of reclassification of residency positions, and voluntary termination of the program.~~

The institution must submit a copy of the [letter-notification](#) sent to the applicant/incoming resident/current resident. The institution also must submit either the applicant's/incoming resident's/current resident's written acknowledgment of the status of the program or verifiable documentation of this individual's receipt of the institution's letter (e.g., signed copies of return receipts for certified mail or copies of emails). These materials must ~~be received in the Council office within 50 calendar days of the director's receipt of the letter~~ be submitted as part of the [progress report](#), informing the institution of the action taken by ~~RRC~~ or the Council.

## ACTIVATION OF A PROVISIONALLY-APPROVED RESIDENCY

~~As stated previously, when the Council grants p~~Provisional approval ~~is effective on the date granted by the Council, this status is effective on the date the action is taken by the Council.~~ Provisional approval will not be considered for any training year or portion of a training year prior to the effective date of granting of provisional approval.

The Council recognizes that a residency may have an effective date of provisional approval that is later than July 1. The Council permits up to six months of resident training overlap on a one-time basis for programs that begin after July 1.

The Council will withdraw provisional approval if the residency is not activated within two calendar years of the effective date of provisional approval. This action is not subject to the Council's procedures for reconsideration, reconsideration, and appeal.

## PROCEDURAL RECONSIDERATION, RECONSIDERATION, AND APPEAL

The following reconsideration and appeal procedures are available for each of the following proposed adverse actions.

If the RRC proposes **denial of eligibility for on-site evaluation**, the institution may request one of the following:

- Procedural reconsideration, followed by reconsideration, followed by appeal, **or**
- Reconsideration, followed by appeal.

If the RRC proposes denial of either an increase in positions or reclassification of positions, the institution may request one of the following:

- Procedural reconsideration, followed by reconsideration, **or**
- Reconsideration.

If the Council proposes **withholding provisional approval or withdrawing approval**, the institution may request one of the following:

- Procedural reconsideration, followed by reconsideration, followed by appeal, **or**
- Reconsideration, followed by appeal.

A request to initiate the processes of procedural reconsideration, reconsideration, and appeal will be accepted for cause and will not be accepted solely on the basis of dissatisfaction with the proposed adverse action, nor will it be accepted on the basis of modifications made subsequent to the determination of the adverse action. A residency that conforms to Council standards, requirements, and/or procedures ~~following subsequent to~~ determination of an adverse action (resulting in withholding of provisional approval or withdrawal of approval) will be viewed as a new residency and will be required to follow the application procedures described earlier in this publication.

The institution receives formal written notification of the adverse action following the action of ~~RRC or~~ the Council. The basis for the adverse action and the institution's right to request procedural reconsideration, reconsideration, and appeal are stated clearly in the notification letter.

When ~~RRC or~~ the Council considers an adverse action (resulting in withholding of provisional approval or withdrawal of approval), the action does not become final, nor is it published, until the institution has been afforded opportunity to complete the processes related to procedural reconsideration, reconsideration, and/or appeal. If the institution does not initiate the procedural reconsideration, reconsideration, and appeal processes, the institution's rights to due process through the Council are viewed to be exhausted.

During this due process period, the approval status of the residency reverts to the status prior to the adverse action, and the program is prohibited from accepting new or transfer residents. If the Council sustains an action to withdraw approval, the final action becomes effective at the conclusion of the academic year in which the action is sustained.

## **Procedural Reconsideration**

Procedural reconsideration is the process that allows the institution the opportunity to request that the Council review the proposed adverse action for the purpose of determining whether the Council, the RRC, or the evaluation team failed to follow Council procedures described in this publication. Because procedural reconsideration is designed for the review of errors in the application of Council procedures, matters of disagreement related to issues of substance will not be reviewed within the procedural reconsideration process. Such matters, however, may be identified as the basis for a request for reconsideration and/or appeal.

A request for procedural reconsideration must be submitted within ~~4530~~ calendar days following receipt of the notification letter. If such a request is not submitted and postmarked within this ~~4530~~-day period, the Council considers the institution to have waived all rights to procedural reconsideration. The sponsoring institution is encouraged to submit its written request to the Council office by email and certified mail, with a return receipt requested.

The request for procedural reconsideration must identify the procedure(s) in question and describe in detail the institution's claim that the procedure(s) was not followed, including any documentary evidence to support the claim. Following receipt by Council staff, the request for procedural reconsideration is considered by the Council's Executive Committee by [virtual](#)/conference call or ~~actual~~-meeting. The Council acknowledges in writing the receipt of all procedural reconsideration materials.

Based on a recommendation of the Executive Committee, a decision may be made by the Council, either by [virtual](#)/conference call or meeting to: (1) sustain the previous action, (2) rescind the previous action and refer the matter for additional review by the RRC, or (3) defer action and conduct a new on-site evaluation. If a new evaluation is conducted, the cost of the evaluation is shared equally by the institution and the Council. The program director and the institution's chief administrative officer are notified of the action taken with respect to the procedural reconsideration no later than 30 calendar days following the next scheduled meeting of the Council following the original determination of the action that led to the request for procedural reconsideration.

## **Reconsideration**

Reconsideration is the process that allows the institution the opportunity to request that the RRC and/or the Council review the proposed adverse action for the purpose of determining whether any error or omission occurred in making the decision.

A written request for reconsideration must be received in the Council office within 30 calendar days following receipt of the notification letter. If a request for reconsideration is not received within this 30-day period, the Council considers the institution to have waived all rights to reconsideration and subsequent appeal. The sponsoring institution is encouraged to submit its written request to the Council office by [email and](#) certified mail, with a return receipt requested.

The request must include specific facts and reasons for which the institution contends the adverse action should not be taken, as well as an appropriate number of copies of substantiating materials. Council staff acknowledges in writing the receipt of all reconsideration materials.

Following receipt by Council staff, the materials are considered by the RRC by [virtual](#)/conference call or at its next ~~scheduled~~-meeting. Reconsideration related to denial of eligibility for on-site evaluation or an increase in positions may be considered by the RRC by [virtual](#)/conference call or at its next ~~scheduled~~-meeting. Reconsideration related to withholding of provisional approval or withdrawal of approval must be considered by the RRC at its next meeting.

Related to proposed actions to deny eligibility for on-site evaluation or to deny an increase in positions, the RRC has the options of rescinding or sustaining the proposed action. Reconsideration of the adverse action is completed no later than the next scheduled meeting of the RRC following the original determination. The program director and the institution's chief administrative officer are notified of the RRC action.

Based on a recommendation of the RRC, a decision to sustain or rescind a proposed action to withhold provisional approval or withdraw approval is considered by the Council at its next scheduled meeting. A recommendation may be made by the RRC and/or the Council to assess the request for reconsideration by conducting an on-site evaluation of the residency. The on-site evaluation is designed to evaluate the particular issues or concerns related to the adverse action.

When an on-site evaluation is conducted, action is deferred to the second scheduled meeting following the original determination of the adverse action. The program director and the institution's chief administrative officer are notified of the Council's action.

During the reconsideration process, a representative(s) of the institution under reconsideration may request in writing the opportunity to provide a statement to the RRC regarding the proposed adverse action. Any additional information that is to be brought to the attention of the RRC must be submitted to the Council office prior to the meeting.

## **Appeal**

Following completion of the procedural reconsideration and/or reconsideration processes, the institution may appeal the decision to a hearing committee. The appeal process followed by the Council is articulated in CPME 935b, *Guidelines for the Conduct of Appeals by Residencies, Fellowships, Providers of Continuing Education, and Specialty Boards*. The institution is free to pursue a substantive and/or procedural claim.

## **REAPPLICATION FOLLOWING WITHHOLDING OR WITHDRAWAL OF APPROVAL**

An institution seeking approval of a residency program that has had provisional approval withheld or approval withdrawn is expected to follow the procedures outlined for new residencies (see Application for Provisional Approval of a New Residency Program and Fees). With respect to re-evaluation of a program that has had provisional approval withheld or approval withdrawn, the RRC will focus principal attention on those areas that were of greatest concern in the original decision to withhold provisional approval or withdraw approval.

## **AUTHORIZATION OF INCREASES IN RESIDENCY POSITIONS**

Increases in residency positions are considered and authorized by the RRC. Applications for increases are considered by [mail-e-ballot](#), [virtual](#)/conference call, or at a ~~regularly-scheduled~~ meeting of the RRC. The RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent [mail-e-ballot](#), [virtual](#)/conference call, or ~~upcoming-regularly-scheduled~~ meeting.

Institutions seeking authorization of increases in positions in provisionally-approved and/or approved residencies are required to submit [RRC-CPME](#) form 345, *Application for Increase in or Reclassification of Residency Positions*, required supplemental materials, and an application

fee (see Fee Policies). The application must be submitted prior to activation of the residency position(s), preferably at least six months before the anticipated starting date. A six-month lead time is necessary should additional information be required. ~~RRC will consider the request for an increase within 60 calendar days of receipt of a complete application.~~

The effective date of granting an authorization of increased residency positions by the RRC will be no earlier than the date on which the program has both authorization of the increase and the additional resident(s) in place.

In order to determine whether the institution has the appropriate resources for an increase in residency positions, the RRC will review ~~the following~~ information including but not limited to the following:

- The last on-site evaluation report, pertinent progress report materials, and most recent approval letter
- ~~Pertinent section(s) of annual report(s) submitted since the most recent on-site evaluation~~
- A completed RRC-CPME form 345, *Application for Increase in or Reclassification of Residency Positions*. The application provides information regarding the rationale for the proposed increase with supporting documentation to justify the increased number of positions.
- Residency logs.

**The RRC will not consider an application for an increase submitted by a program on probation.** If a program on probation increases positions without authorization, the Council will withdraw approval of the program at its next scheduled meeting.

~~If the new positions have already been activated in an approved program and authorization is denied, RRC will mandate, by placing the program on probation, a reinstatement of the number of positions existing prior to the increase, effective at the beginning of the next residency year.~~

~~If RRC proposes denial of the increase in positions, the institution is required to verify to the Council, in writing, that all current and incoming residents and program applicants selected for interview have been notified of the proposed denial (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).~~

If the sponsoring institution fails to respond in writing within six months to written requests from Council staff and/or the RRC for information to complete the application, the application will be terminated by staff. Council staff will correspond with the program director and the institution's chief administrative officer to inform them that the application has been terminated. The sponsoring institution may submit a new application, supplemental materials, and application fee after the application has been terminated.

## ONE-TIME INCREASE IN POSITIONS

If a program will exceed their number of approved residency positions (per training year or overall complement) for longer than three months of training, the program director must apply for a one-time increase in positions by submitting CPME form 345, *Application for Increase in or Reclassification of Residency Positions* and an application fee (see Fee Policies).

## **RECLASSIFICATION OF APPROVED POSITIONS**

### Reclassification from PMSR to PMSR/RRA

Applications for reclassifying approved positions are considered by mail-e-ballot, virtual/conference call, or at a regularly-scheduled meeting of the RRC. The RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent mail-e-ballot, virtual/conference call, or upcoming regularly-scheduled meeting.

A program may request one of the following by submitting CPME form 345, *Application for Increase in or Reclassification of Residency Positions*, required supplemental materials, and an application fee (see Fee Policies):

- ~~r~~Reclassification of one or more ~~non-added credential positions~~ PMSR to added credential positions PMSR/RRA positions in provisionally-approved and/or approved residencies ~~by submitting RRC form 345, *Application for Increase in or Reclassification of Residency Positions*, required supplemental materials, and an application fee (see Fee Policies).~~
- ~~The application must be submitted prior to r~~Reclassification of one or more PMSR/RRA positions to PMSR positions in provisionally-approved and/or approved residencies. ~~the residency position(s).~~

The application must be submitted prior to reclassification of the residency position(s), preferably at least six months before the anticipated change. A six-month lead time is necessary should additional information be required. ~~RRC will consider the request for a reclassification within 60 calendar days of receipt of a complete application.~~

In order to determine whether the institution has the appropriate resources for the reclassification of residency positions, the institution must submit the following information for review by the RRC ~~will review the following information:~~

- A cover letter signed by the program director indicating why the institution is reclassifying the residency program, identifying the number of positions to be reclassified, and the effective date of the reclassification
- Letters of attestation from current and incoming residents affected by the change
- If the institution is reclassifying a portion of the approved positions, an explanation as to how the institution will determine which of the current residents will be offered the

reclassified position(s)

- Sample contracts for residents affected by the change.
- A sample PMSR and or PMSR/RRA certificate
- ~~The last on-site evaluation report, pertinent progress report materials, and most recent approval letter~~
- ~~Pertinent section(s) of annual report(s) submitted since the most recent on-site evaluation~~
- A completed **RRC-CPME** form 345. The application provides information regarding the rationale for the proposed reclassification with supporting documentation ~~to justify the increased number of positions.~~
- The RRC will also review the last on-site evaluation report, pertinent progress report materials, the most recent approval letter, and resident logs.

**The RRC will not consider an application for a reclassification from PMSR to PMSR/RRA submitted by a program on probation.** If a program on probation reclassifies positions without authorization, the Council will withdraw approval of the program at its next scheduled meeting.

~~If RRC proposes denial of the reclassification in positions, the institution is required to verify to the Council, in writing, that all current and incoming residents and program applicants selected for interview have been notified of the proposed denial (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).~~

If the sponsoring institution fails to respond in writing within six months to written requests from Council staff and/or the RRC for information to complete the application, the application will be terminated by staff. Council staff will correspond with the program director and the institution's chief administrative officer to inform them that the application has been terminated. The sponsoring institution may submit a new application, supplemental materials, and application fee after the application has been terminated.

#### Reclassification from PMSR/RRA to PMSR

~~Applications for reclassifying approved positions are considered by mail ballot, conference call, or at a regularly scheduled meeting of RRC. RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to consider the application during a subsequent mail ballot, conference call, or regularly scheduled meeting.~~

~~A program may request reclassification of one or more added credential positions to non-added credential positions in provisionally approved and/or approved residencies. The following documentation is required:~~

- ~~A formal letter signed by the program director and the chief administrative officer (or designee) indicating why the institution is reclassifying the residency program, identifying the number of positions to be reclassified, and the effective date of the reclassification~~
- ~~Letters of attestation from current and incoming residents affected by the change~~
- ~~If the institution is reclassifying a portion of the approved PMSR/RRA positions to PMSR positions, explanation as to how the institution will determine which residents will be offered the added credential~~
- ~~Executed contracts for residents affected by the change~~
- ~~A sample PMSR certificate~~

~~The request for reclassification must be submitted prior to reclassification of the residency position(s), preferably at least six months before the anticipated change. A six-month lead time is necessary should additional information be required. The RRC chair or RRC will consider the request for a reclassification within 60 calendar days of receipt of a complete application.~~

~~If the sponsoring institution fails to respond in writing within six months to written requests from Council staff and/or RRC for information to complete the reclassification, the request will be terminated by staff. Council staff will correspond with the program director and the institution's chief administrative officer to inform them that the request for reclassification has been terminated.~~

## ONE-TIME CERTIFICATE REQUESTS

Institutions that sponsor podiatric residency programs may request the following one-time certificate requests for a resident in either PMSR or PMSR/RRA:

- A resident in a PMSR/RRA who cannot complete the RRA requirement
- A resident in a PMSR/RRA that requires 48 months to complete who only completes 36 months of training.

**A program that sponsors a PMSR residency may not request a one-time PMSR/RRA certificate even if the resident has met the requirements of a PMSR/RRA. However, the program may apply to reclassify all or a portion of the residency positions to PMSR/RRA. The application to reclassify the residency must be submitted at least six months prior to the resident's completion of training.**

## **INACTIVE STATUS**

A residency or position(s) in an approved residency that are temporarily inactive will be considered eligible for continued approval for a period not to exceed ~~two~~three years

immediately following completion of the last full year of training. A residency that is not reactivated within ~~two~~three years must follow the application procedures for new programs if and when training is reinitiated. If a residency position(s) is not reactivated within ~~two~~three years, the sponsoring institution must submit ~~RRC~~CPME form 345, *Application for Increase in or Reclassification of Residency Positions*, and the application fee if and when the position(s) are to be reactivated. (An inactive program or position is one in which funding, staffing, or available training resources have been interrupted or in which a suitable or interested candidate for the residency has been unavailable.)

### **Inactive Status for Provisionally Approved Programs**

A residency or position(s) in a provisionally approved residency that is temporarily inactive will be considered eligible for continued approval for a period not to exceed two years immediately following the granting of provisional approval by the Council. A residency that is not activated within two years must follow the application procedures for new programs if and when training is initiated. If a residency position(s) is not activated within two years, the sponsoring institution must submit CPME form 345, *Application for Increase in Positions*, and the application fee if and when the position(s) are to be activated or reactivated. (An inactive program or position is one in which funding, staffing, or available training resources have been interrupted or in which a suitable or interested candidate for the residency has been unavailable.)

Institutions with inactive, approved programs are required to submit annual report forms and annual assessment fees throughout the recognized period of inactivation.

The RRC will not consider extensions of approval for inactive programs that have reached the end of their approval period.

### **RESIGNATION, TERMINATION, OR SUSPENSION OF THE RESIDENT**

If a resident resigns from or is terminated or suspended from a residency for any reason, written notice must be sent to the Council office within 30 calendar days of the termination date. It is the responsibility of the program director to notify the Council of any resignation, suspension, or termination of a resident, regardless of the approval status of the program.

If the resident's appointment is suspended or terminated, the notice must indicate the general cause for the termination but need not contain a statement of specific facts. The notice also must contain a description of the process by which the suspension or termination decision was reached to assure that institutional due process procedures were followed.

### **EXTENSION OF TRAINING**

The program must notify the Council regarding extension of training. The notice must include:

- a revised contract,
- training schedule for the extended period of training,
- the projected completion date,

- [the reason for extension of training, and](#)
- [the impact extension of training will have on the other residents in the program.](#)

[Additional information may be required by the RRC, including submission of CPME form 345 and applicable fees.](#)

[Leave of absence: If a resident's leave of absence results in extension of training, the program must submit written notice to Council staff within 30 days of the resident's return from a leave of absence.](#)

[Performance improvement: The program must submit written notice to the Council for performance improvement plans that result in extension of resident's training beyond 36 months.](#)

## **TERMINATION OF THE PROGRAM**

If an institution with an approved residency closes or if for any other reason the program is discontinued, the Council will withdraw approval of the program based on voluntary termination by the sponsoring institution, effective on the date of closure or termination of the residency.

It is the responsibility of the program director and the chief administrative officer to notify the Council in writing of termination of the residency. Additionally, the institution is required to verify to the Council, in writing, that all current residents, incoming residents, and program applicants selected for interview have been informed of the voluntary termination of the program (when possible, applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

[Within 30 days of the closure of the program, the sponsoring institution must complete the Annual Report or provide a formal letter to the Council identifying the names of the residents who have completed the program and copies of certificates \(if applicable\).](#)

When an institution voluntarily discontinues a residency prior to completion of the training cycle, arrangements may be made to transfer the resident(s) to another approved residency (see Resident Transfer).

## **RESIDENT TRANSFER**

Situations such as the following may arise and require completion of a resident transfer: (1) a resident cannot complete a provisionally-approved or an approved residency because the sponsoring institution has ceased operations or discontinued the program; (2) a resident is released from a provisionally-approved or an approved residency; (3) a resident who has successfully completed an approved residency may wish to transfer into another approved residency to obtain additional training. [The program director must receive the approval of the RRC Chair prior to extending a contract to a resident who has completed a prior residency program and wishes to transfer into a PMSR or PMSR/RRA program.](#)

~~The charts below indicate acceptable resident transfers across residency categories. The following abbreviations for previous residency categories are utilized:~~

~~Previous categories~~

~~—RPR (Rotating Podiatric Residency)  
PPMR (Primary Podiatric Medical Residency)  
POR (Podiatric Orthopedic Residency)  
PSR-12 (12-month Podiatric Surgical Residency)  
PSR-24 (24-month Podiatric Surgical Residency)  
PM&S-24 (Podiatric Medicine and Surgery-24)  
PM&S-36 (Podiatric Medicine and Surgery-36)~~

~~The Podiatric Medicine and Surgery Residency is a program into which a resident would not ordinarily transfer. However, positions in PMSR programs may be vacant and graduates of residencies approved under the previous categories may seek additional training by transferring into a PMSR or PMSR/RRA. In such instances, the following resident transfers are permitted with prior approval of the RRC chair. It is the program director's responsibility to review the requirements of previous training and ensure that the requirements of the PMSR or PMSR/RRA are met prior to completion of training:~~

- ~~▪ **For RPR, PPMR, POR, and PSR-12 programs:** The resident may receive up to one year of training credit. ~~(with program director discretion.)~~ A resident who completed one or more programs approved under former residency categories (CPME 320, dated April 2000) may receive a maximum of one year of credit from an approved non-surgical residency program, and a maximum of one year of credit from an approved PSR-12 program towards the podiatric residency.~~
- ~~▪ **For PSR-24 programs:** The resident may receive up to two years of training credit. ~~(with program director discretion.)~~~~
- ~~▪ **For PM&S-24 programs:** The resident may receive up to two years of training credit. ~~(with program director discretion.)~~~~
- ~~▪ **For PM&S-36 programs:** The resident may receive up to three years of training credit. ~~(with program director discretion.)~~~~

If acceptance of the resident transfer constitutes an increase in residency positions, the sponsoring institution must apply for authorization of the increase (see Authorization of Increases in Residency Positions).

The RRC and the Council expect that the resident will be appointed to another provisionally-approved or approved residency within a reasonable time period. The director of the program releasing the resident must submit written notification to the Council office within two weeks of the resident's departure. The director of the program releasing the resident must submit the following information in a timely manner to the director of the provisionally-approved or approved program accepting the resident:

- A copy of the release or termination letter

- Training schedule
- Signed assessments validating the resident's progress in achieving prescribed performance indicators and competencies
- Signed-Reviewed and verified resident logs from the resident's starting date in the program to the date on which the resident was released from the program

The director of the program accepting the resident must submit the application-transfer fee (see Fee Policies) and the following information to the Council office within 30 days of the resident's official acceptance:

- The name of the releasing institution, the category of the residency program, and the dates the resident participated in the program
- Confirmation that the resident is transferring into an open position and the year into which the resident is accepted
- Confirmation that all required materials have been submitted by the institution releasing the resident and have been reviewed. The review by the director of the program accepting the resident must ascertain the acceptability of all previous educational experiences as based upon the resident's progress toward and successful achievement of competencies and assigned activities that have been validated formally by written assessment.
- Comprehensive training schedule that allows for achievement of all prescribed competencies specific to the residency category. (If the resident has not successfully completed a previous program, the director must confirm that the length of the resident's time in the new program will be extended to provide training for the appropriate completion of the training period.)

Once Council staff has determined that the transfer request is complete, it is forwarded to the RRC chair for consideration. If, in consultation with Council staff, the RRC chair approves the transfer, the institution to which the resident has transferred may grant a certificate indicating successful completion of a residency. The institution is authorized to grant only a certificate of completion for the residency category in which it is approved by the Council. A resident may retain a certificate issued for training completed (e.g., RPR, POR, PPMR, PSR-12, PSR-24, and/or PM&S-24) when this training is counted towards the requirements of a new program into which the resident has transferred.

If the Council's procedures for resident transfers are not followed, the resident involved may not be granted a certificate of completion by any residency and may lead to probation or administrative probation of the program.

A resident who has completed one or more years of training and wishes to restart training in a different residency program as a first-year resident is not considered a resident transfer. As such,

logs and completed rotations will not transfer into the new program.

A resident who has completed two years of training and wishes to repeat the second year of training must also complete the third year of training, regardless of the overall length of training completed. The program may not request early graduation of the resident, even if the resident meets all the training requirements.

## **INTERNAL RESIDENT TRANSFER**

A program that sponsors both PMSR and PMSR/RRA programs may initiate an internal transfer into an open position from one category to the other with prior approval of the RRC chair. The resident transfer must include all required documentation (outlined above), resident transfer fee, and must include attestations signed by the resident(s) acknowledging acceptance of the new residency category to be awarded at the completion of training.

## **PROGRAM TRANSFER/CHANGE IN SPONSORSHIP**

Institutional sponsorship of a training program may be transferred from one institution to another under certain circumstances. The program director ~~should~~ must contact the Council office in writing within 30 days of sponsorship change ~~to determine whether transfer of the program is appropriate or whether reapplication as a new program is necessary. A request for transfer of institutional sponsorship should be submitted as early in the training year as possible should reapplication and on-site evaluation be necessary.~~ In the event the program sponsorship change constitutes the addition or removal of a co-sponsor, the institution must notify the Council in writing within 30 days.

The following documentation is required in all cases ~~(i.e., the program transfer involves institutions owned by the same corporate entity and retaining the same administrative staff and podiatric and non-podiatric medical faculty, or the former sponsoring institution has closed or has changed to such an extent as to preclude providing the necessary resources for residency training):~~

- Letter of intent from the chief administrative officer of the new sponsoring institution or co-sponsoring institution (if applicable)
- Letter from the chief administrative officer of the original sponsoring institution acknowledging the transfer or addition of a co-sponsoring institution
- ~~For institutions owned by the same corporate entity: written acknowledgement that all administrative staff and podiatric and non-podiatric medical faculty are retained from the original sponsor. If there are any changes, listings are required of the names of the administrative staff and podiatric and non-podiatric medical faculty retained from the original sponsor as well as any new administrative staff and podiatric and non-podiatric medical faculty (with educational and professional qualifications).~~
- For new institutions: Listing of any new administrative staff (CAO/DIO) and

podiatric and non-podiatric medical faculty (with [educational board status](#) and professional qualifications)

- [Contact information for the program director and CAO/DIO, including phone, email, and mailing address](#)
- ~~Copies of the signed [resident contracts with each resident and each resident's schedule for the entire training time](#)~~
- Curriculum vitae of the program director (if new)
- Copies of affiliation agreements (if applicable)
- ~~Curriculum (i.e. competencies, assessment documents, schedule of didactic activities, including research methodology, and journal club)~~
- [Residency manual that includes all required components \(refer to CPME 320, requirement 3\).](#)

A full or focused on-site evaluation may be required. The institution to which the program is transferred must grant a certificate to each resident who successfully completes the program. The certificate must be appropriate for the resident's entire training sequence and the type of program that is approved by the Council.

## **ANNUAL REPORT**

Completion of an annual report form, CPME 340, is required of each institution sponsoring an approved residency beginning with the program's first year of provisional approval. The annual report provides the Council current information for CPME's database and the List of Approved Residencies maintained on the Council's website. As part of the annual report, the Council requests the names of residents completing the program and the new and returning residents in the program.

Co-sponsoring institutions must submit a single copy of CPME 340 that provides information about the program as a whole, rather than each individual co-sponsor submitting its own annual report. The annual report for the co-sponsored program is to include the signatures of the program director and of the chief administrative officers, or their designees, of each co-sponsoring institution. (If an institution is involved in a co-sponsorship and also sponsors a separate residency program, the institution is required to participate in preparation of the annual report for the co-sponsored program and to submit a separate annual report for the residency for which it is the sole sponsor.)

If extenuating circumstances exist relative to resident completion of a training year, the program director must [notify the Council within 30 days of the decision and](#) provide this information in the annual report. Examples of extenuating circumstances include, but are not limited to, an extension of a resident's training period to address instances of unsatisfactory performance or to complete a portion of the training year the resident was unable to fulfill due to illness and/or disability.

Council staff reviews annual reports and brings concerns to the attention of the RRC at its next [scheduled](#) meeting. Council staff may correspond with the program director to request that the sponsoring institution provide specific information for consideration at the RRC meeting.

Failure to submit the annual report and/or annual fee is cause for the Council to place the sponsor on ~~administrative~~ probation and subsequently to consider withdrawal of approval. The RRC and/or the Council reserve the right to request additional materials to clarify information in the annual report.

## **CONFIDENTIALITY AND DISCLOSURE POLICIES**

All reports and communications regarding residencies are confidential within the Council, RRC, appeal committees, evaluation teams, and Council staff. On-site evaluators, RRC members, and Council members sign a confidentiality statement on a periodic basis, confirming that privileged information will not be disclosed in any manner.

Because of the tripartite relationship of accreditation, certification, and licensure, the Council has the prerogative of providing confidential information regarding the approval status of residencies to the appropriate Council-recognized specialty boards and to state boards for examination and licensure, upon the specific written requests of these organizations.

All proceedings of the RRC and the Council with respect to determining residency recommendations and actions are held in executive session.

The Council office, RRC, and the Council will not release or confirm the following information in any form:

- The name or status of a sponsoring institution that has initiated contact with the Council office concerning an application for provisional approval, increase in positions, or reclassification of approved positions
- The name or status of a sponsoring institution that has applied for provisional approval or an increase in positions but has not yet been apprised of a decision
- The name or status of a sponsoring institution that has applied for and been denied eligibility for on-site evaluation or authorization of an increase in or reclassification of approved positions (prior to exhaustion of the procedural reconsideration, reconsideration, and appeal processes, as applicable)
- The name or status of a sponsoring institution that has had provisional approval withheld or approval withdrawn (prior to exhaustion of the procedural reconsideration, reconsideration, and appeal processes)

~~All inquiries as to the approval status of a specific sponsoring institution will be answered by referral to the published directory of podiatric residencies or to the institution in question.~~

The List of Approved Residencies on the Council's website identifies residencies that are eligible for on-site evaluation, residencies holding provisional approval, residencies that are approved, and residencies approved on a probationary basis ~~(including administrative probation).~~

Areas of noncompliance, as reflected by standard and requirement numbers, will be included in the probationary information.

~~Denial of eligibility for on-site evaluation, withholding of provisional approval, and withdrawal of program approval isare published following exhaustion of the entire process of procedural reconsideration, reconsideration, and appeal or following the institution's indication that it does not wish to pursue these processes. Denials of increases in or reclassification of residency positions are published following exhaustion of the entire process of procedural reconsideration and reconsideration or following the institution's indication that it does not wish to pursue these processes.~~

### **THIRD-PARTY COMMENT**

The Council provides opportunity for individuals or organizations to submit written comments concerning an institution's qualifications for provisional or continued approval. The Council will publish notices in the *APMA News* and on its website regarding its plans to conduct either a focused evaluation or a comprehensive evaluation of an institution that seeks provisional approval or continuation of approval. The notice will indicate the deadline for receipt of third-party comments.

Third-party comments must be signed, address substantive matters relating to the quality of the program and the CPME standards and requirements, and be received 15 days prior to the program's scheduled visit date. Comments will be forwarded to the evaluation team, and to the program director for response if appropriate, during the evaluation visit process. An updated list that includes the date of each visit will be maintained on the Council's website.

### **REVIEW OF FORMAL COMPLAINTS**

A mechanism exists for reviewing formal complaints against approved residencies. The Council reviews only those complaints related to the alleged noncompliance of a program with the Council's standards and requirements. The mechanism for reviewing formal complaints is specified in CPME publication 925, *Complaint Procedures*.

### **STATEMENTS OF APPROVAL STATUS**

An institution sponsoring a provisionally-approved residency must use the following statement in reference to its approval status:

The (category of program) sponsored by (name of institution) has been granted provisional approval by the Council on Podiatric Medical Education. Provisional approval is the recognition accorded a new residency that is determined to be in substantial compliance with established standards and requirements. The Council is an independent, specialized accrediting agency that provides accreditation and approval services for the American Podiatric Medical Association.

An institution sponsoring an approved residency must use the following statement in reference to

its approval status:

The (category of program) sponsored by (name of institution) is approved by the Council on Podiatric Medical Education. Approval is the recognition accorded a residency that is determined to be in substantial compliance with established standards and requirements. The Council is an independent, specialized accrediting agency that provides accreditation and approval services for the American Podiatric Medical Association.

An institution sponsoring a residency that is approved on a probationary basis must use the following statement in reference to its approval status:

The (category of program) sponsored by (name of institution) is approved on a probationary basis by the Council on Podiatric Medical Education. Probation indicates that a residency is in noncompliance with the Council's standards and requirements for approval to the extent that the quality and effectiveness of the residency are in jeopardy. The Council is an independent, specialized accrediting agency that provides accreditation and approval services for the American Podiatric Medical Association.

No other statements regarding approval by the Council may be used without the permission of the Council.

## **ASSESSMENT OF EVALUATOR EFFECTIVENESS**

The effectiveness of the on-site evaluation process is assessed formally by the institution and the evaluation team. The Collaborative Residency Evaluator Committee (CREC) monitors the effectiveness of on-site evaluators by reviewing evaluation questionnaires completed by institutions regarding the performance of on-site evaluators, as well as those completed by the team leaders and other team members. CREC forwards a report of its review, identifying areas requiring follow-up and evaluators who might require remediation or dismissal to the Executive Committee of the Council for its review. CREC is the collaborative effort of ABFAS, ABPM, and the Council to develop, implement, and review procedures to select, train, and assess podiatric residency evaluators and team chairs.

In reviewing evaluation team reports, the RRC may forward comments about individual evaluators to the Council's Executive Committee. To assure objectivity in its approval recommendations, the RRC is never provided the post-evaluation questionnaires completed by the sponsoring institution and evaluation team members.

The Council commends effective evaluators and provides remediation for ineffective evaluators. The RRC, CREC, and/or the Executive Committee may suggest to the Council that evaluators who demonstrate repeated ineffectiveness be removed from the list of residency evaluators.

## **NONDISCRIMINATION POLICY**

~~The Council prohibits discrimination in accord with federal, state, and local regulatory guidelines and policies in the election and appointment of members, students, and public representatives to~~

~~the Council and its committees and in the selection of evaluation team members, consultants, employees, and others involved in its activities.~~

~~The Council prohibits discrimination related to all of its activities on the basis of sex, creed, race, national origin, age, color, sexual orientation, gender identification, political belief, disability, or any other factor protected by law.~~

## **FEE POLICIES**

~~The Council has developed fee schedules for various aspects of its evaluation and recognition activities as outlined in CPME's Residency Fees document. Application fees have been established for institutions seeking provisional approval of a new program, reclassification of the approval category, and for institutions requesting authorization of increased residency positions, resident transfers, and one-time residency certificate authorizations.~~

The costs related to on-site evaluations of new programs are borne by the sponsoring institution. The Council requires pre-payment of a specified on-site evaluation fee.

Institutions that have had provisional approval withheld or approval withdrawn and subsequently reapply must submit a reapplication fee.

The Council has established an annual fee assessed each institution sponsoring an approved residency or residencies. The Council assesses a per-program fee and a per-resident fee. A late fee is assessed related to submission of the annual assessment fee.

Institutions requesting appeals of adverse actions are assessed a portion of the anticipated actual costs prior to the appeal. Institutions are billed the remainder of any additional actual costs after the appeal.

The fees are nonrefundable. The Council reserves the right to [add or](#) revise established fees.

CPME 330

~~July 2015~~