

ACCREDITATION

CRITERIA

PUBLIC HEALTH PROGRAMS

AMENDED JUNE 2011



CEPH

*Council on Education
for Public Health*

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Basis of Accreditation Review

CEPH Purpose and Procedures

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

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

Bases for Accreditation Criteria

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

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

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

¹ Definition adopted by CEPH, 1978

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

Characteristics of a Public Health Program

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

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

Criteria, Interpretations and Documentation

1.0 The Public Health Program

1.1 **Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.**

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

In addition, the program may define its mission to include other roles and functions, which derive from the purposes of its parent institution, reflect its own aspirations and are responsive to the changing health needs and demands of populations within the program’s defined service area(s). These factors may be important considerations in the program’s definition of its values. The mission, goals and objectives should reflect the program’s defined values.

The mission, goals and objectives must specifically identify what the program has proposed to accomplish through its public health instructional, research and service activities.

The mission, goals and objectives of a program should prescribe and limit the activities of the program in ways that permit both the rational allocation of resources and evaluation of outcomes. The goals and objectives should be the basis of the program’s evaluation activities. There should be clearly delineated relationships between the mission and goals and between the goals and objectives. Each program will be evaluated by CEPH based on its self-defined mission, goals and objectives.

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

- a. A clear and concise mission statement for the program as a whole.
- b. A statement of values that guides the program.
- c. One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.
- d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

- e. Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.
- f. Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.
- g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

1.2 Evaluation. The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

Interpretation. A public health program must undertake ongoing, well-documented, systematic, broad-based and integrated evaluation of its activities to determine its effectiveness in achieving its stated mission, goals and objectives. The results of this process must be regularly used to inform the program's planning and decision-making processes. A program must demonstrate how evaluation efforts contribute to quality enhancement of its programs and activities.

The program should have specific data collection mechanisms to provide information for the evaluation, which can be used to improve its management and planning. The program should engage its constituents, including community stakeholders, alumni, employers and the university, in evaluation to ensure the consideration of external contextual factors; a wide variety of methods for obtaining stakeholders' input is possible.

Accreditation, and the self-study process, is one, although not the only, method of evaluation for programs of public health. A program that pursues accreditation must undertake a self-study process that is reflective, thoughtful and analytical and that produces a candid assessment of the program's strengths and weaknesses in reference to accreditation criteria.

Like other evaluation activities, the self-study process should involve the program's institutional officers, administrative staff, faculty, student body, alumni and other significant constituencies, especially representatives from the public health community.

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

- a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

- b. Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.
- c. Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear. See CEPH Outcome Measures Template.
- d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.
- e. Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

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

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

- a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.
- b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.
- c. Description of the program's involvement and role in the following:
 - budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising
 - personnel recruitment, selection and advancement, including faculty and staff
 - academic standards and policies, including establishment and oversight of curricula
- d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.
- e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.

- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. Organization of the program should enhance the potential for fulfillment of its stated mission and goals. The administrative structure and resources should allow the program to carry out its instructional, research and service functions. The environment must be characterized by commitment to the integrity of the institution, including high ethical standards in operations, equity in its dealings with all constituents, support for the pursuit and dissemination of knowledge and accountability to its constituencies. The environment should create an interdisciplinary public health community that fosters learning, research and service.

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

- a. One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.
- b. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.
- c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

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

Students should participate in appropriate aspects of governance including providing student perspectives on instruction, research and service opportunities, field experiences, and career counseling and placement procedures. Administrative mechanisms should permit appropriate

student involvement in program policy formulation and review. Standing and ad hoc committees, with explainable exceptions, should include student members.

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

- a. A list of standing and important ad hoc committees, with a statement of charge, composition and current membership for each.
- b. Identification of how the following functions are addressed within the program's committees and organizational structure:
 - general program policy development
 - planning and evaluation
 - budget and resource allocation
 - student recruitment, admission and award of degrees
 - faculty recruitment, retention, promotion and tenure
 - academic standards and policies, including curriculum development
 - research and service expectations and policies
- c. A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.
- d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.
- e. Description of student roles in governance, including any formal student organizations.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. Program financial resources shall be sufficient to achieve the program's mission, goals and objectives. Financial support must be adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees, and must adequately support the program's ongoing operation.

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

- a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the program.

- b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program. See CEPH Data Template 1.6.1.
- c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.
- d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

1.7 Faculty and Other Resources. The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

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

Adequate faculty resources are critical to the development and sustenance of a public health program. A critical mass of faculty is necessary to support each MPH degree offered, including generalist degrees. While instructional resources may be drawn from other parts of the university and from professionals in practice settings and the community, there must be primary faculty to sustain the curricular requirements for each specialty. To assure a broad ecological perspective, the faculty complement will need to represent various public health disciplines, regardless of the size of the student body.

The size of the faculty complement in relation to the size of the student body should support and encourage effective and regular student/faculty interactions. An appropriate student/faculty ratio (SFR) depends on a number of factors, including the nature of the institution, the range of instructional responsibilities (bachelor's, master's and doctoral) and instructional intensity (eg, didactic material, laboratory supervision, practical experiences, electronic methodologies). Public health instruction is labor intensive and will generally require low SFRs. For graduate education, the SFR should typically be 10:1 or lower. The program's mission and curriculum add context that may make a lower SFR necessary. Both the student headcount (HC) and the student full-time equivalent (FTE) are relevant to the consideration of adequacy of the SFR. For bachelor's degrees in accredited public health programs, the SFR should 1) be adequate for the number of

students, 2) be adequate for the specific curricular goals and methods of delivery and 3) demonstrate consistency with normal and acceptable ratios for other baccalaureate programs within the institution.

An accredited public health program must have at least three primary faculty for each concentration offered and for a generalist degree, if offered. If the program also offers a doctoral degree in any concentration area within the unit of accreditation, then the minimum faculty requirement rises: the program must have five primary faculty in each concentration area that includes both master's and doctoral degrees.

Collaborative programs are subject to the same minimum faculty requirements. Each concentration offered must be supported by the requisite number of faculty members, although faculty may be drawn from multiple institutions to support a single concentration, when appropriate but, typically, the minimum number of faculty may not be sufficient.

Primary faculty are full-time university employees. Primary faculty spend a majority of time/effort (.50 FTE or greater) on activities associated with the public health program. These activities must include regular responsibility for a public health class or classes. Research and service effort should be included in the FTE if the project impacts the public health program and its students.

Adjunct faculty whose primary appointment is elsewhere (eg, at a local health department) are not eligible to count as primary faculty, regardless of their level of commitment to the program, nor are individuals whose appointment at the university is less than full-time. Faculty with nine-month contracts may constitute primary faculty if nine-month contracts are usual practice at the university.

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

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

- a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration. See CEPH Data Template 1.7.1.
- b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including

other faculty. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations.

Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in Criteria 4.1.a. (Template 4.1.1) and 4.1.b (Template 4.2.2).

- c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.
- d. Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.
- e. A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.
- f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.
- g. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.
- h. A concise statement of any other resources not mentioned above, if applicable.
- i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.
- j. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

1.8 Diversity. The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

Interpretation. Recognizing that graduates of public health programs may be employed anywhere in the world and work with many different populations, programs should provide a learning environment that prepares their students with broad skills regarding diversity and cultural competence, within the context of their own institution's mission statement. Systematic, coherent and long-term efforts to incorporate elements of diversity are expected at all levels including faculty, staff, students, curriculum, research and service. Programs can accomplish these aims through a variety of practices including incorporation of diversity and cultural competency considerations in the curriculum; recruitment/retention of faculty, staff and students; policies that are free of harassment and discrimination; reflection in the types of research conducted; and cultural considerations in service or workforce development activities.

Cultural competence, in this context, refers to skills for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite skills include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences. Reflecting on the public health context, recognizing that cultural

differences affect all aspects of health and health systems, cultural competence refers to the skills for recognizing and adapting to cultural differences. Each program must define these terms in its own context.

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status.

CEPH understands that the definition of diversity in international settings, as well as the ability to track such data, differs greatly from that in the United States. This does not, however, relieve international institutions from the obligation to demonstrate efforts and outcomes related to diversity and cultural competency.

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

- a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:
 - i. Description of the program's under-represented populations, including a rationale for the designation.
 - ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.
 - iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.
 - iv. Policies that support a climate for working and learning in a diverse setting.
 - v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.
 - vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.
 - vii. Policies and plans to recruit, develop, promote and retain a diverse staff.
 - viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.
 - ix. Regular evaluation of the effectiveness of the above-listed measures.
- b. Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.
- c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.
- d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

- e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

2.0 Instructional Programs

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

Interpretation. The program shall offer the Master of Public Health (MPH), the primary professional public health degree. Other master's degrees (eg, MHS, MSPH, MS in industrial hygiene) also designate preparation for professional practice in a community setting and are considered to be equivalent professional master's degrees. All equivalent professional master's degrees are expected to meet the same curricular requirements as the MPH. A program may offer other degrees as well, including bachelor's and doctoral degrees, if these are consistent with its stated mission and if it has the additional resources needed to do so.

A degree program, sometimes referred to as a program of study, course of study or curriculum, is a series of planned and evaluated learning experiences that constitute the total requirements for the award of a degree. The program of study for each concentration, specialization or track within each degree, and for tracks designated as "generalist," shall provide sufficient depth of training in the designated area through required coursework and other experiences.

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

CEPH does not categorize baccalaureate public health degrees as academic or professional; all baccalaureate public health degrees included in the unit of accreditation are subject to the same minimum requirements as defined in Criterion 2.8. Public health bachelor's degrees may include BSPH degrees and bachelor of arts and bachelor of science degrees in environmental health, health education and other public health fields.

A public health program may offer a course of study to provide the student with a sound academic background in order to practice competently as a generalist in public health or may offer one or more courses of study in selected areas of basic public health knowledge or closely-related areas, sufficient to constitute an area of specialization. Depth of training requires a critical mass of faculty and sufficient advanced-level courses to support the areas of specialization. "Generalist" degrees must also be defined and supported with sufficient advanced-level courses.

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

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

- a. An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.
- b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.
- c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. Degree programs must conform to commonly accepted standards regarding program length and objectives of the credentials. The MPH degree normally takes two years of full-time study, or the equivalent of 42 semester credit units or 56 quarter credit units. Student credit units may vary from institution to institution and program format may influence the duration of the course of study.

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

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

2.3 Public Health Core Knowledge. All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

The areas of knowledge basic to public health include the following:

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

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

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

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

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

Interpretation. Concepts and competencies from these five areas must be integrated into all professional public health degree curricula, including those offered at the master's and doctoral levels. Programs may define the public health core requirements more broadly than this, depending on the mission of the program and the competencies it establishes for its graduates. At a minimum, the five core areas constitute the intellectual framework through which public health professionals in all specializations approach problem solving.

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

- a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.
- b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

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

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

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

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

- a. Description of the program's policies and procedures regarding practice placements, including the following:
 - selection of sites

- methods for approving preceptors
 - opportunities for orientation and support for preceptors
 - approaches for faculty supervision of students
 - means of evaluating student performance
 - means of evaluating practice placement sites and preceptor qualifications
 - criteria for waiving, altering or reducing the experience, if applicable
- b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.
 - c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.
 - d. Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.
 - e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

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

In those instances when the practice experience is closely linked with the culminating experience, it is essential that these assignments be planned and implemented to assure that the student applies skills from across the curriculum and demonstrates synthesis and integration of knowledge. A major project or analytical paper would, in most cases, be a component of the culminating experience. The evaluation of the practice experience takes on special significance when it is linked to the culminating experience.

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

- a. Identification of the culminating experience required for each professional public health degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

- b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

2.6 Required Competencies. For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree programs at all levels (bachelor's, master's and doctoral).

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

The agreement about competencies and the articulation of learning objectives through which competencies are achieved are central to the educational process. Given that competencies define the nature and content of a program and establish explicit student expectations, they should be widely available to students and prospective students, for example, on the program's website, syllabi and/or in student handbooks. Competencies should guide the curriculum planning process and should be the primary measure against which student achievement is measured. Required competencies may change over time as practice changes and/or knowledge and research areas evolve. A program should periodically assess changing needs to ensure the continued relevance of its curricula.

A program may develop its own competencies or may subscribe to competencies that have been promulgated by recognized public health organizations that demonstrate an understanding of public health practice needs. In professional areas where competencies exist, programs should review, adapt and/or modify them, as appropriate and necessary, and use them to inform competency development efforts.

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

- a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (eg, one set each for BSPH, MPH and DrPH).
- b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

- c. A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.
- d. Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.
- e. Description of the manner in which competencies are developed, used and made available to students.
- f. Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.
- g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

Interpretation. A public health program shall award or recommend the award of a degree only when the student has demonstrated mastery of necessary theories, concepts and content, and demonstrated competence in the skills defined in the competencies. Procedures for measuring attainment of competencies may include evaluation of performance in practice placements, written project reports or theses, comprehensive examinations and professional credentialing examinations, as examples. Neither grades alone nor the successful completion of a set of required courses should be considered sufficient evidence that a student has mastered the necessary content or demonstrated proficiency in the application of skills. A curriculum is more than a set of required courses. Judgment about the success of an individual student in achieving the competencies should include an assessment about the student's ability to select theories, methods and techniques from across the content matter of a field, to integrate and synthesize knowledge and to apply it to the solution of public health problems. The manner in which this assessment is done may differ between professional and academic programs, among degrees and among specializations.

Programs should be taking steps to ensure graduation rates as high as the program can reasonably attain, but no lower than 70% for baccalaureate and master's degrees and 60% for doctoral degrees. If the program cannot demonstrate graduation rates that meet or exceed these thresholds, the program must demonstrate that its graduation rates are higher than the average graduation rates for other degrees at the same level offered by the institution.

Job placement rates must also be monitored and should also be as high as the program can reasonably attain, but no lower than 80% by degree for those graduates who can be located. If the program cannot demonstrate job placement rates that meet or exceed this threshold, the program must demonstrate that its job placement rates are higher than the average job placement rates for other degrees at the same level offered by the institution. Note: “job placement” includes both employment and pursuit of additional education through enrollment in educational or training programs.

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

- a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.
- b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program’s performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor’s, master’s and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion’s interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.
- c. An explanation of the methods used to collect job placement data and of graduates’ response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.
- d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program’s graduates on these national examinations for each of the last three years.
- e. Data and analysis regarding the ability of the program’s graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.
- f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

2.8 Bachelor’s Degrees in Public Health. If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined

in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

Interpretation. A program shall have sufficient faculty expertise to support the development and implementation of public health bachelor's degree programs. This criterion does not define a minimum number of total credit hours that are required for the baccalaureate degree, but the number and structure of credit hours must be congruent with other baccalaureate degree programs in the institution. Programs should recognize that delivering public health bachelor's degree programs may require additional or specialized resources in areas such as advising and career counseling, as compared to graduate professional public health degrees.

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

- a. Identification of all bachelor's-level majors offered by the program. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.
- b. Description of specific support and resources available in the program for the bachelor's degree programs.
- c. Identification of required and elective public health courses for the bachelor's degree(s).
Note: The program must demonstrate in Criterion 2.6.c that courses are connected to identified competencies (ie, required and elective public health courses must be listed in the competency matrix in Criterion 2.6.d).
- d. A description of program policies and procedures regarding the capstone experience.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

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

Students in academic curricula should be familiar with the basic principles and application of epidemiology and should develop competence in other areas of public health knowledge that are particularly relevant to their own disciplines. Ensuring that students are familiar with and competent in public health areas outside the concentration will require at least the equivalent of three semester-credit hours of instruction that introduces students to the breadth of public health and at least the equivalent of three semester-credit hours of instruction in epidemiology. If the program can document that an academic degree student has completed these two requirements for a previous graduate degree, then the program may waive the requirement for the student.

While opportunities to engage in research activities are important for all students, they are essential for students in academic or research curricula. Such opportunities are possible only when faculty themselves are actively engaged in research.

All academic degrees, at the master's or doctoral level, should culminate in an integrative activity that permits the student to demonstrate the ability to successfully undertake research or to demonstrate analytical skills appropriate for the pursuit of further education or scholarship.

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

- a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.
- b. Identification of the means by which the program assures that students in academic curricula acquire a public health orientation. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.
- c. Identification of the culminating experience required for each academic degree program. If this is common across the program's academic degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.
- d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

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

Establishment of an accreditable doctoral program is contingent on the establishment and support of sufficient advanced-level coursework within the program. Doctoral programs must not rely extensively on master's-level courses but should have courses that are specifically developed for, and have learning objectives targeted toward, doctoral students. To attract strong doctoral students and to provide all students with a quality education, programs must ensure that doctoral courses are available beyond those associated with the master's degree, such that a student completing an MPH at the program would have ample additional coursework available if he or she were to remain at the institution for doctoral study.

The accreditation criteria do not define a minimum number of post-master's credit hours associated with the degree. The Council expects, however, that credit requirements will fall within the range typical of the discipline. It is especially important that programs clearly explain and document the proportion of total doctoral credits required in post-master's degree didactic coursework and how many credits are allocated to exams and to the dissertation or thesis and related research. In total, many successful academic doctoral programs require at least 50-60 semester credits of didactic coursework. In total, successful professional doctoral programs typically require between 30-50 semester credits of didactic coursework, plus practice experience, exams and a professional project or dissertation.

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

- a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.
- b. Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.
- c. Data on student progression through each of the program's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.
- d. Identification of specific coursework, for each degree, that is aimed at doctoral-level education.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. Public health programs, in cooperation with other degree-granting units in the institution, may offer joint, coordinated, concurrent or dual degrees, such as the MD/MPH, MBA/MPH and MPH/MSW. For the purposes of these criteria, all of these terms are synonymous and refer to programs of study that the program advertises to students as allowing them to complete a public health degree along with, or in concert with, a second, separate degree program.

The required curriculum of the public health component of these joint degrees must be comparable to the curriculum in the separate public health degree. Any “course sharing” that allows courses or other experiences from the non-public-health degree to replace courses that would otherwise be required for a separate public health degree must be identified and supported by a competency-based analysis. Thus, the program must document that the curriculum for a joint degree addresses all of the competencies associated with the standalone public health degree.

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

- a. Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.
- b. A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.
- c. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

2.12 Distance Education or Executive Degree Programs. If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program’s established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

Interpretation. A program of study may be delivered through various models and may use a wide range of learning technologies. Distance education or executive degree programs are those that are offered in a format or design that differs significantly from the established approach of

students attending regular on-site course sessions spread over a semester, quarter or other standard term. The occasional use of sophisticated communications technologies in a regular program format need not be included in this section.

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

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

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

Additionally, the program must verify the identity of a student who participates in class or coursework by using, at the option of the institution, methods such as a secure login and pass code; proctored examinations; and new or other technologies and practices that are effective in verifying student identity. The program must notify students in writing that it uses processes that protect student privacy and must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

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

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

distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

- b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methods.
- c. Description of the processes that the program uses to verify that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.
- d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

3.0 Creation, Application and Advancement of Knowledge

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

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

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

- a. Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.
- b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.
- c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member's role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural

funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.

- d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators. See CEPH Outcome Measures Template.
- e. Description of student involvement in research.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

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

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

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

Faculty engage in service by consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial

bodies; serving as board members and officers of professional associations; and serving as members of community-based organizations, community advisory boards or other groups.

For purposes of reporting in the self-study, the program must distinguish service efforts from research or training/continuing educational efforts; elements should not be reported in multiple sections without distinction. For example, a single funded project might contain elements of both research and service: eg, implementation of a community-based program (service) and evaluation of the program (research). In the self-study, the program should make these distinctions explicit to allow for review of research, service and workforce development without confusion.

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

- a. Description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.
- b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.
- c. A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.
- d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.
- e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

3.3 Workforce Development. The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

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

assess workforce needs and extend continuing education opportunities beyond the program's own market area.

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

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

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

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

- a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.
- b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (ie, optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1 (research) or Template 3.2.2 (funded service), respectively.
- c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.
- d. Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.
- e. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

4.0 Faculty, Staff and Students

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

Interpretation. Faculty adequacy relates to a number of factors, including those stated above. The faculty of a public health program must draw broadly from the many disciplines that contribute substantially to public health and must, in particular, be able to support the instructional concentrations the program elects to offer. The full- and part-time faculty referenced in Criterion 1.7 who support each concentration area must be trained and experienced in disciplines appropriate to their instructional, research and service activities. The primary faculty may be complemented by faculty from other parts of the university as well as individuals from the community.

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

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

- a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests. See CEPH Data Template 4.1.1.

*Note: classification refers to alternative appointment categories that may be used at the institution.

- b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the program. See CEPH Data Template 4.1.2.

- c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.
- d. Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Outcome Measures Template.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

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

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

- a. A faculty handbook or other written document that outlines faculty rules and regulations.
- b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.
- c. Description of formal procedures for evaluating faculty competence and performance.
- d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

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

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

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

- a. Description of the program's recruitment policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.
- b. Statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.
- c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.
- d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.
- e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.
- f. Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Outcome Measures Template.
- g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

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

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

- a. Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.
- b. Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.
- c. Information about student satisfaction with advising and career counseling services.
- d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Templates for Data Presentations

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