



**Accreditation Council for Pharmacy
Education**

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

**Version 1.0
Standards 2025**

Effective July 1, 2025

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

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

Directions for Completing the Self-Assessment Instrument

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

- 1) **Documentation and Data:** Lists documents and data that have been submitted in advance or made available on site.

For each standard, the following documentation and data sections can include:

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

Please Note: Self-study reports should be submitted electronically to ACPE using the ACPE Pharmacy Accreditation Report Management System (PHARMS).

For each data view and standardized table, it is optional for the college or school to provide brief comments about the chart or table. Comments should be provided below the chart or table and should be limited to, for example, explanations of missing data or apparent anomalies. The comments should not exceed 500 characters per chart/table. The college or school's interpretation of the data, especially any notable differences from national or peer group norms, should be provided in the descriptive text under Section 3 (College or School's Comments on the Standard) of the applicable standards, not in the brief optional comments under a data view or table.

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

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

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

Page and character limits have been provided for each standard's descriptive text used to address this element (Section 3) of the self-study report. Each standard has been assigned a specific page limit.

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

Compliant:¹

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

Compliant with Monitoring:

- The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined in the Standard **OR**
- No factors exist that compromise current compliance; factors² exist that, if not addressed, may compromise future compliance **OR**
- Factors exist that compromise current compliance; an appropriate plan³ exists to address the factors that compromise compliance; the plan has been fully implemented;⁴ sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.

Partially Compliant:

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

Non-Compliant:

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

Notes:

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

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

ACPE Annual Monitoring Policies

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

The Annual Monitoring Policies are most relevant to:

- Standard No. 2: Curriculum (changes and trends in NAPLEX outcomes)
- Standard No. 2: Curriculum (Progression - attrition)
- Standard No. 4: Students and Student Services (Admissions - changes and trends in enrollment)
- Standard No. 4: Students and Student Services (Progression - attrition)
- Standard No. 5: Faculty and Staff (Quantitative Factors - changes and trends in enrollment)
- Standard No. 6: Resources (Physical Facilities - changes and trends in enrollment)
- Standard No. 6: Resources (Financial Resources - changes and trends in enrollment)
- Standard No. 7: Assessment (changes and trends in NAPLEX outcomes)

College or School's Overview

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

[TEXT BOX] [Maximum 7,500 characters including spaces] (Approximately three pages)

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

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

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

Documentation

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

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

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

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

Standards	Compliant	Compliant with Monitoring	Partially Compliant	Non-Compliant
1. Organization and Governance	☐	☐	☐	☐
2. Curriculum	☐	☐	☐	☐
3. Experiential Learning	☐	☐	☐	☐
4. Students and Student Services	☐	☐	☐	☐
5. Faculty and Staff	☐	☐	☐	☐
6. Resources	☐	☐	☐	☐
7. Assessment	☐	☐	☐	☐

Standard No. 1: Organization and Governance: The college or school is organized and staffed to advance its vision, mission, and strategic plan; meets all stated degree-granting eligibility and reporting requirements; and provides an environment and culture that promotes self-directed lifelong learning, professional behavior, and collaboration.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- ☐ University organizational chart depicting the reporting relationship(s) for the Dean of the college or school
- ☐ College or school organizational chart including department/division, academic, experiential, and student services
- ☐ Documents verifying legal authority to offer/award the Doctor of Pharmacy degree
- ☐ Document(s) verifying institutional accreditation with relevant extract(s) from the accreditation report that identifies any deficiencies from institutional accreditation that impact or potentially impact the college, school, or program
- ☐ Vision and mission statements for the college or school and parent institution
- ☐ College or school's strategic planning documents
- ☐ Curricula Vitae of Dean and administrative leadership team members
- ☐ Job descriptions and responsibilities for the college or school Dean and other administrative leadership team members
- ☐ Faculty Handbook and/or written bylaws and policies and procedures of the college or school
- ☐ College, school, or university policies and procedures that address contingency planning
- ☐ College, school, or university policies describing expectations of faculty, administrators, students and staff behaviors and conduct
- ☐ List of all college or school committees with their members and designated charges, including student committee members with professional year

Optional Documentation and Data:

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

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

	S	N.I.	U
1.1 Eligibility and Reporting Requirements			
1.1.a. Autonomy – The academic unit offering the Doctor of Pharmacy program is an autonomous unit organized as a college or school of pharmacy (within a university or as an independent entity). This includes autonomy to manage the program within stated policies and procedures, as well as applicable state and federal regulations.	☐	☐	☐
1.1.b. Legal empowerment – The college or school is legally empowered to offer and award the Doctor of Pharmacy degree.	☐	☐	☐

1.1.c. Administrative oversight – The college or school is led by a qualified dean, who serves as the chief administrative and academic officer of the college or school and is responsible for ensuring that all ACPE accreditation requirements are met.	☐	☐	☐
1.1.d. Institutional accreditation – The institution housing the college or school, or the independent college or school, has (or, in the case of new programs, is seeking and in good standing) full accreditation by an institutional accreditation agency recognized by the U.S. Department of Education.	☐	☐	☐
1.1.e. Institutional accreditation actions – The college or school reports to ACPE within 30 days any issue identified in institutional accreditation actions that may have a negative impact on the quality of the professional degree program and compliance with ACPE standards.	☐	☐	☐
1.1.f. Substantive change – The dean ensures prompt reporting of substantive changes as defined in the policies and procedures to ACPE for the purpose of evaluation of their impact on program quality.	☐	☐	☐
1.2 College or School Vision and Mission			
1.2.a. College or school vision and mission – These statements are compatible with the vision and mission of the university in which the college or school operates.	☐	☐	☐
1.2.b. Education, research and scholarship, service, and practice – The statements address the college's or school's commitment to professional education, research and scholarship, professional and community service, pharmacy practice, and continuing professional development.	☐	☐	☐
1.3 Strategic Plan			
1.3.a. Inclusive process – The strategic plan is developed through an inclusive process, including faculty, staff, students, preceptors, practitioners, and other relevant constituents, and is disseminated in summary form to key stakeholders.	☐	☐	☐
1.3.b. Appropriate resources – Elements within the strategic plan are appropriately resourced for implementation.	☐	☐	☐
1.3.c. Substantive change planning – Substantive programmatic changes contemplated by the college or school are linked to its ongoing strategic planning process.	☐	☐	☐
1.4 Organization and Governance			
1.4.a. Qualified dean – The dean is qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service with adequate autonomy to lead the program. The dean demonstrates support for pharmacy education and the profession of pharmacy.	☐	☐	☐
1.4.b. Dean's other substantial administrative responsibilities – If the dean is assigned other substantial administrative responsibilities, the university ensures adequate resources to support the effective administration of the affairs of the college or school.	☐	☐	☐
1.4.c. Qualified administrative team – The dean and other college or school administrative leaders have credentials and experience that have prepared them for their respective roles and collectively have the needed backgrounds to effectively manage and support the program. The college or school has a process to solicit feedback on the performance and effectiveness of the dean and other administrative leaders from other administrators, faculty, and staff.	☐	☐	☐
1.4.d. Authority, collegiality, and resources – The college or school administration has defined lines of authority and responsibility, fosters organizational unit collegiality and effectiveness, and allocates resources appropriately.	☐	☐	☐
1.4.e. Leadership collaboration – University leadership and the college or school dean collaborate to advance the program's vision and mission and to meet ACPE accreditation standards. The dean directly reports to the university administrator(s) charged with oversight of the program.	☐	☐	☐
1.4.f. College or school participation in university governance – College or school administrators and faculty are effectively represented in the governance of the university, in accordance with its policies and procedures.	☐	☐	☐
1.4.g. Faculty participation in college or school governance – The college or school uses updated and published documents, such as bylaws, policies, and procedures, to ensure broad faculty participation in the governance of the college or school.	☐	☐	☐
1.4.h. Contingency planning – Comprehensive policies and procedures are in place to ensure the continued delivery of the program in response to significant disruption.	☐	☐	☐

1.4.i. Alternate pathway equitability – The college or school ensures that any alternative pathways to the Doctor of Pharmacy degree are equitably resourced and integrated into the college's or school's regular administrative structures, policies, and procedures, including planning, oversight, and evaluation.	☐	☐	☐
1.5 Organizational Culture			
1.5.a. Leadership and professionalism – The college or school demonstrates a commitment to developing professionalism and fostering leadership in administrators, faculty, preceptors, staff, and students. Faculty and preceptors serve as mentors and positive role models for students. Faculty and administrators model professionalism through active and visible participation in professional organizations, meetings, events, and lifelong learning.	☐	☐	☐
1.5.b. Behaviors – The college or school has policies that define expected behaviors for administrators, faculty, preceptors, staff, and students, along with consequences for deviation from those behaviors.	☐	☐	☐
1.5.c. Culture of collaboration – The college or school develops and fosters a culture of collaboration within subunits of the college or school, as well as within and outside the university, to advance its vision, mission, and strategic plan, and to support the profession.	☐	☐	☐
1.5.d. Culture of Belonging – The college or school promotes the inclusion of diverse perspectives, lived experiences, and backgrounds, to create environments that support and enhance learning, teaching, research, and the delivery of patient care.	☐	☐	☐

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should address the statements below. If issues are identified, the college or school should provide its plans for addressing them, with relevant timelines. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working.

Describe how:

- The autonomy of the program is assured and maintained.
- The program collaborates with university officials to secure adequate resources to effectively deliver the program and comply with all accreditation standards.
- The program's mission is aligned with the mission of the institution; addresses education, research/scholarship, service, and practice; and provides the basis for strategic planning.
- Various stakeholders are involved in development, review and approval of the mission.
- The program promotes initiatives that advance its stated mission.
- The strategic plan was developed, including evidence of the involvement of various stakeholders.
- The program monitors, evaluates, and documents progress in achieving the goals of the strategic plan.
- Support and cooperation of University administration for the strategic plan was sought and achieved, including evidence of support for resourcing the strategic plan.
- The organizational structure and the systems of communication and collaboration that support the program's achievement of its mission.
- Bylaws, policies and procedures are developed and modified.
- The credentials and experience of administrative leaders working with the dean have prepared them for their respective roles.
- The dean provides leadership for the program and how the qualifications and characteristics of the dean support the achievement of the mission and strategic plan.
- The dean interacts with and is supported by the other administrative leaders in the college or school.
- The college or school participates in the governance of the university/institution.
- The college or school promotes harmonious relationships among students, faculty, administrators, preceptors, and staff.
- The college or school promotes a culture of collaboration.
- The college or school promotes the inclusion of diverse perspectives, lived experiences, and backgrounds, to create environments that support and enhance learning, teaching, research, and the delivery of patient care.

- The college or school ensures that any alternative pathway is equitably resourced and integrated into the college or school's regular administrative structures, policies, and procedures.
- External affiliations to the college or school advance the mission and vision.
- Describe any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [40,000 character limit, including spaces] (Approximately 16 pages)

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

Compliant	Compliant with Monitoring	Partially Compliant	Non-Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined in the Standard /or • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance.
☐ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

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

[TEXT BOX] [5,000 character limit, including spaces]

Standard No. 2: Curriculum: The program, incorporating the educational outcomes described below, imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary for the contemporary practice of pharmacy in a healthcare environment that demands interprofessional collaboration and professional accountability for holistic patient well-being.

The curriculum is designed, delivered, and monitored by faculty to ensure breadth and depth of knowledge and skills, the maturation of professional attitudes and behaviors, and the opportunity to explore professional areas of interest. The curriculum provides a rigorous foundation in the biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences, while emphasizing active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making.

1) Documentation and Data:

Required Documentation and Data:

Uploads:

- ☐ A copy of the PharmD curriculum.
- ☐ A copy of the Entrustable Professional Activities utilized by the college or school.
- ☐ A copy of the curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the didactic (and, if appropriate, preprofessional) curriculum.
- ☐ A copy of the mapping of the educational outcomes (key elements 2.1.a. – 2.1.m.). This should include APPEs.
- ☐ A copy of the plan for Student Achievement of the Educational Outcomes Key Elements of Standard 2 by campus, branch, and pathway (branch and pathway requirements). The plan should include a timeline, activities, outcomes, and assessment tools. Two-three examples of curricular or co-curricular experiences available to students to document developing competence in affective domain-related expectations.
- ☐ A copy of the Interprofessional Education Plan that documents the student involvement, other health profession involvement, a timeline, activities, outcomes, assessment, resources, and tools utilized.

Optional Documentation and Data:

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

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

	S	N.I.	U
2.1. Educational Outcomes and Activities			
Knowledge			
2.1.a. Scientific thinking (Learner) – The graduate is able to seek, analyze, integrate, and apply foundational knowledge of medications and pharmacy practice (biomedical; pharmaceutical; social, behavioral, and administrative; and clinical sciences; drug classes; and digital health).	☐	☐	☐
Skills			
2.1.b. Problem solving process (Problem-Solver) – The graduate is able to use problem solving and critical thinking skills, along with an innovative mindset, to address challenges and to promote positive change.	☐	☐	☐
2.1.c. Communication (Communicator) – The graduate is able to actively engage, listen, and communicate verbally, nonverbally, and in writing, when educating or interacting with an individual, group, or organization.	☐	☐	☐
2.1.d. Cultural and structural humility (Ally) – The graduate is able to mitigate health disparities by considering, recognizing, and navigating cultural and structural factors to improve access and health outcomes.	☐	☐	☐

2.1.e. Person-centered care (Provider) – The graduate is able to provide whole person care and comprehensive medication management to individuals as the medication specialist using the Pharmacist's Patient Care Process.	☐	☐	☐
2.1.f. Advocacy (Advocate) – The graduate is able to promote the best interests of patients and/or the pharmacy profession within healthcare settings and at the community, state, or national level.	☐	☐	☐
2.1.g. Medication-use process stewardship (Steward) – The graduate is able to optimize patient healthcare outcomes using human, financial, technological, and physical resources to improve the safety, efficacy, and environmental impact of medication use systems.	☐	☐	☐
2.1.h. Interprofessional collaboration (Collaborator) – The graduate is able to actively engage and contribute as a healthcare team member by demonstrating core interprofessional competencies.	☐	☐	☐
2.1.i. Population health and wellness (Promoter) – The graduate is able to assess factors that influence the health and wellness of a population and develop strategies to address those factors.	☐	☐	☐
2.1.j. Leadership (Leader) – The graduate is able to demonstrate the ability to influence and support the achievement of shared goals, regardless of one's role.	☐	☐	☐
Attitudes			
2.1.k. Self-awareness (Self-aware) – The graduate is able to examine, reflect on, and address personal and professional attributes (e.g., knowledge, metacognition, skills, abilities, beliefs, biases, motivation, help-seeking strategies, and emotional intelligence) that could enhance or limit growth, development, and professional identity formation.	☐	☐	☐
2.1.l. Professionalism (Professional) – The graduate is able to exhibit attitudes and behaviors that embody a commitment to building and maintaining trust with patients, other health care providers, and society.	☐	☐	☐
Professional Development Activities			
2.1.m. Entrustable professional activities – The program develops and assesses the achievement of professional activities a graduate can perform routinely designed to gain the trust of the healthcare team and the public.	☐	☐	☐
2.1.n. Professional skills and attitudes – Activities and experiences, intended to advance professional, personal, and career development, are purposely designed and implemented to ensure an array of opportunities for students to document competency of advocacy, self-awareness, leadership, and professionalism. These curricular and co-curricular activities complement and advance the learning that occurs within the formal curriculum and can occur, outside, alongside, or within the curriculum.	☐	☐	☐
2.2. Curriculum Design, Delivery, and Oversight			
Curriculum Design			
2.2.a. Program duration – The Doctor of Pharmacy curriculum is a minimum of four academic years of full-time study or the equivalent.	☐	☐	☐
2.2.b. Care across the lifespan – The Pre-APPE curriculum provides foundational knowledge and skills that allow for care across the patient's lifespan.	☐	☐	☐
2.2.c. Curricular expectations – The Doctor of Pharmacy curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base, sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the educational outcomes, and inculcates professional attitudes and behaviors leading to personal and professional maturity consistent with the Oath of a Pharmacist.	☐	☐	☐
2.2.d. Content breadth and depth – A program documents, through mapping or other comparable methods, the breadth and depth of exposure to didactic curricular content areas deemed essential to pharmacy education at the doctoral level (see Appendix 1). Learning outcomes and activities for each APPE experience are mapped to the key elements 2.1.a-m, as well as to any additional competencies developed by the college or school.	☐	☐	☐
2.2.e. Electives – Time is reserved within the required curriculum for elective courses in both the didactic and APPE curriculums that permit exploration of and/or advanced study in areas of professional interest. Each student must complete both didactic and APPE electives.	☐	☐	☐
2.2.f. Course syllabi – Syllabi for didactic and experiential education courses, developed and updated through a faculty-approved process, contain information that supports curricular quality assurance assessment. Course syllabi minimum requirements include: (1) expected learning outcomes, (2) the methods by which achievement of those outcomes will be assessed, and (3) aspects of patient care (for clinical practice courses).	☐	☐	☐

Curriculum Delivery			
2.2.g. Teaching and learning methods – The didactic curriculum is delivered via teaching/learning methods that address the diverse learning needs of students that: (1) facilitate achievement of learning outcomes, (2) actively engage learners, (3) promote student responsibility for self-directed, lifelong learning, (4) foster collaborative learning, (5) provide timely, formative performance feedback to students in both didactic and experiential education courses, and (6) are appropriate for the student population (i.e., campus-based vs. distance-based).	☐	☐	☐
2.2.h. Academic integrity – To ensure the credibility of the degree awarded, the validity of individual student assessments, and the integrity of student work, the college or school ensures that assignments and examinations take place under circumstances that minimize opportunities for academic misconduct. The college or school ensures the correct identity of all students (including distance students) completing proctored assessments.	☐	☐	☐
Curriculum Oversight			
2.2.i. Committee structure – Curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, and (3) are adequately resourced to ensure and continually advance curricular quality.	☐	☐	☐
2.2.j. Committee functions – The curriculum committee meets regularly and effectively communicate, coordinate, and document efforts with the body/bodies responsible for curricular assessment in a systematic, ongoing process.	☐	☐	☐
2.2.k. Student feedback – Students are provided the opportunity to give formative and/or summative feedback to faculty, including preceptors, on their perceptions of teaching/learning effectiveness.	☐	☐	☐
2.3 Interprofessional Education (IPE)			
2.3.a. Interprofessional team education – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations or simulated experiences. IPE activities should be guided by the Interprofessional Education Collaborative (IPEC) competencies.	☐	☐	☐
2.3.b. Interprofessional team practice – All students participate as a healthcare team member in providing patient care and contributing to therapeutic decision-making. Students participate in both didactic and experiential educational activities with a variety of types of prescribers and their students as well as other professional healthcare team members and their students.	☐	☐	☐

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should address the statements below. If issues are identified, the college or school should provide its plans for addressing them, with relevant timelines. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working.

Describe:

Educational Outcomes/Activities/Content

- The breadth and depth of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences components of the didactic curriculum and strategies utilized to integrate the sciences into the curriculum.
- How the college or school supports the development of pharmacy graduates who are able to:
 - seek, analyze, integrate, and apply foundational knowledge of medications and pharmacy practice;
 - use problem solving and critical thinking skills;
 - mitigate health disparities by considering, recognizing, and navigating cultural and structural factors;
 - provide whole person care to individuals as the medication specialist using the Pharmacist's Patient Care Process;
 - effectively communicate verbally and nonverbally;
 - promote the best interests of patients and/or the pharmacy profession;
 - optimize patient healthcare outcomes using human, financial, technological, and physical resources;
 - engage and contribute as a healthcare team member; and,
 - assess factors that influence the health and wellness of a population and develop strategies to address those factors.

- How the college or school supports the development of pharmacy graduates who are able to:
 - demonstrate the ability to influence and support the achievement of goals;
 - address personal and professional attributes that could enhance or limit growth, development, and professional identity formation; and,
 - exhibit attitudes and behaviors that build trust with others.
- How the college or school supports the development of pharmacy graduates who are able to demonstrate the knowledge, skills, and attitudes outlined in key element 2.1.
- The college or school's plan for student achievement of the knowledge, skills, and attitudes outlined in key element 2.1.

Design

- The professional competencies or educational outcomes and EPAs of the curriculum.
- The curricular structure and content of all curricular pathways including the didactic and experiential elective requirements available to students.
- How the curriculum design enables students to integrate, achieve, and apply knowledge needed for the delivery of holistic patient care.

Delivery

- The efforts of the college or school to address the diverse learning needs of students.
- Each pathway(s) leading to the Doctor of Pharmacy degree.
- How teaching and learning methods are used to: facilitate achievement of learning outcomes, actively engage learners, promote student responsibility for self-directed learning, foster collaborative learning, and are appropriate for the student population (i.e., campus-based vs. distance-based) with examples provided.
- How academic integrity is ensured.

Oversight

- The composition and functions of the college or school committee charged with oversight of the curriculum.
- How the college or school engages in the curricular review process.
- How gaps in curricular content or redundancies are identified and inform curricular revision using examples.

Interprofessional Education

- How the curriculum prepares graduates to work as members of an interprofessional team, including a description of the course(s) that incorporate interprofessional education.
- How the college or school incorporates interprofessional education activities into the curriculum.
- Any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [75,000 character limit, including spaces] (Approximately 30 pages)

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

Compliant	Compliant with Monitoring	Partially Compliant	Non-Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	- The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined in the Standard /or - No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or - Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	- Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or - Adequate information was not provided to assess compliance
☐ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

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

[TEXT BOX] [5,000 character limit, including spaces]

Standard No. 3: Experiential Learning: The curriculum incorporates Introductory Pharmacy Practice Experience (IPPE) and inculcates habits of self-directed lifelong learning to prepare students for Advanced Pharmacy Practice Experience (APPE). APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum, co-curriculum, and extracurricular activities.

The college or school has a sufficient number of preceptors, who have professional credentials and expertise commensurate with their responsibilities to the program, to effectively deliver and evaluate students in the experiential component of the curriculum. The college or school has access to the appropriate number and mix of facilities in which IPPEs and APPEs are conducted to accommodate all students.

The college or school has adequate resources to assist sites in creating learning environments that are inclusive, welcoming, and support student learning and diverse student needs.

1) Documentation and Data:

Required Documentation and Data:

Uploads:

- ☐ Overview of IPPE and APPE curriculum (duration, types of required and elective rotations, etc.)
- ☐ Student manual for IPPE and APPEs
- ☐ Preceptor manual for IPPE and APPEs
- ☐ Student and preceptor IPPE and APPE evaluation tools
- ☐ Preceptor recruitment and training manuals and/or programs
- ☐ Student APPE evaluation data documenting exposure to diverse patient populations and interprofessional, team-based patient care
- ☐ Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention
- ☐ A list of active preceptors and practices sites (classified by type of practices), specifying IPPE and/or APPE, with number of students served, interaction with other health professional students and practitioners, the number of pharmacy or other preceptors serving the facility, and their licensure status. (Sites with student placements in the past 3 years should be identified.)
- ☐ ACPE IPPE Capacity Chart (Template available for download) *Note: Programs in consortiums need to provide consortium capacity as well as individual program capacity
- ☐ ACPE APPE Capacity Chart (Template available for download) *Note: Programs in consortiums need to provide consortium capacity as well as individual program capacity

Optional Documentation and Data:

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

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

	S	N.I.	U
3.1. Introductory Pharmacy Practice Experience (IPPE) Curriculum			
3.1.a. IPPE expectations – IPPEs involve students in common contemporary U.S. practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviors, and patient care activities. IPPEs are structured and sequenced to intentionally develop in students a clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning the APPE curriculum. IPPE exemptions – Using an approved process of established criteria that encompass the depth and breadth of the practice, a college or school may exempt applicable students from the requirements of certain IPPE types provided that the college or school has documented that the student has achieved the desired outcomes of that experience through previous experience. Replacement IPPEs will then be used to advance students' understanding of practice and their preparation for success in APPEs.	☐	☐	☐
3.1.b . IPPE duration – IPPEs total no less than 300 clock hours of experience and are purposely integrated throughout the Pre-APPE curriculum A minimum of 75 IPPE hours of patient care must be completed in both the community and the hospital/health system settings. The remaining 150 hours may be in a variety of pharmacy practice settings that expose students to patient care. Although simulation can provide an excellent learning modality in didactic education, simulated practice experiences cannot be counted toward the 300 IPPE hours.	☐	☐	☐
3.2. Advanced Pharmacy Practice Experience (APPE) Curriculum			
3.2.a. APPE expectations – Collectively, APPEs emphasize continuity of care and incorporate acute, chronic, and wellness-promoting patient-care services in outpatient (community/ambulatory care) and inpatient (hospital/health system) settings. In the aggregate, APPEs expose students to diverse populations that include age; gender; neurodivergent, race/ethnicity, and socioeconomic factors; and disease states.	☐	☐	☐
3.2.b. APPE duration – The curriculum includes no less than 36 weeks (1440 hours) of APPEs, and each APPE is at minimum 160 hours. The majority of the APPE curriculum is focused on patient care.	☐	☐	☐
3.2.c. Timing – APPEs follow successful completion of all IPPE and required didactic curricular content. Required capstone courses or activities that provide opportunity for additional professional growth and insight are allowed during or after completion of APPEs. These activities do not compromise the quality of or decrease the time spent on the APPEs, nor count toward the required 1440 APPE hours.	☐	☐	☐
3.2.d. Required APPE – Required APPEs are completed in the United States or its territories or possessions and occur in four practice settings: (1) community pharmacy; (2) ambulatory care; (3) hospital/health system pharmacy; and (4) inpatient adult patient care. The majority of required APPEs must involve interprofessional communication and collaboration. Nontraditional Doctor of Pharmacy (NTPD) pathways need to demonstrate that all students have completed or met the four required APPEs using a formalized faculty assessment that documents achievement of the outcomes of the four required APPEs. All aspects of any program offering an NTPD pathway will be assessed in the self-study process and reviewed by onsite evaluation team members during the program's comprehensive evaluation.	☐	☐	☐
3.2.e. Elective APPE – Elective APPEs are structured to give students the opportunity to: (1) mature professionally, (2) secure the breadth and depth of experiences needed to achieve the educational outcomes articulated in Standard 2.1.a-m, and (3) explore various sectors of practice. Of the 1440 hours required, a maximum of 320 hours of non-patient care elective APPEs are allowed.	☐	☐	☐
3.3. Preceptors			
3.3.a. Preceptor criteria – The college or school makes available and applies quality criteria for preceptor recruitment, orientation, performance, and evaluation. The majority of preceptors for any given student are U.S. licensed pharmacists.	☐	☐	☐
3.3.b. Preceptor credentials/expertise – All experiential courses in the curriculum are taught by individuals with credentials and expertise that are explicitly linked to their precepting responsibilities.	☐	☐	☐
3.3.c. Preceptor education and development – Preceptors are oriented to the program's mission, the specific learning expectations for the experience outlined in the syllabus, and effective performance evaluation techniques before accepting students. The college or school fosters the professional development of its preceptors through a variety of learning tools and programs commensurate with their educational responsibilities to the program.	☐	☐	☐
3.3.d. Preceptor engagement – The college or school solicits the active involvement of preceptors in the continuous quality improvement of the Doctor of Pharmacy curriculum, especially the experiential component.	☐	☐	☐

3.3.e. Student-to-preceptor ratio – Student-to-precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners. In most situations, student:preceptor ratios for IPPEs and for APPEs do not exceed 2:1.	☐	☐	☐
3.4. Practice Facilities			
3.4.a. Quality criteria – The college or school employs quality criteria for practice facility recruitment and selection of a sufficient quantity that are appropriately licensed, as well as setting forth expectations and evaluation based on student opportunity to achieve the required educational outcomes.	☐	☐	☐
3.5. Experiential Management			
3.5.a. Experiential education personnel – The experiential education component of the curriculum is led by a professional or professionals with knowledge and experience in pharmacy experiential learning. The experiential education program is supported by an appropriate number of qualified faculty and staff.	☐	☐	☐
3.5.b. Affiliation agreements – The college or school secures and maintains fully executed agreements with the practice facilities it utilizes for the experiential component of the curriculum. At a minimum, each affiliation agreement ensures that all experiences are conducted in accordance with state and federal laws.	☐	☐	☐
3.5.c. Student remuneration/employment – Students do not receive payment for participating in curricular pharmacy practice experiences, nor are they placed in the specific practice area within a pharmacy practice site where they are currently employed. A Doctor of Pharmacy program in an institution that meets the definition of and has an institution-wide commitment to “cooperative education” (Cooperative Education and Internship Association; http://www.ceiainc.org) may apply to ACPE for a waiver of this requirement.	☐	☐	☐

- 3) College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should address the statements below. If issues are identified, the college or school should provide its plans for addressing them, with relevant timelines. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working.

Describe how:

- How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes.
- How the college or school ensures that the majority of students' IPPE hours are provided in and balanced between community pharmacy and institutional health system settings.
- How the practice experiences assure that students have interactions with diverse patient populations in a variety of health care settings.
- How the college or school ensures that students' APPE hours fulfill the required four practice settings.
- How the college or school provides students with in-depth experience in delivering patient care as part of an interprofessional team.
- How the college or school provides students with elective APPEs including opportunities that involve patient care that allow students the opportunity to explore a variety of practice settings.
- How the college or school distinguishes between introductory and advanced practice experiences.
- How the college or school applies the policies and procedures for preceptor recruitment, orientation, performance review, and evaluation.
- How the college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program.
- How the college or school assures, measures, and maintains the quality of sites and preceptors used for practice experiences.
- How the college or school determines the need to discontinue a using a site and/or preceptor that does not meet preset quality criteria.
- The number and percentage of all IPPEs and APPEs precepted by non-pharmacists categorized by type of experience.
- The college or school's student-to-preceptor ratio and how the ratio allows for individualized mentoring and targeted professional development of learners.
- The process for soliciting active involvement of preceptors including those practicing at a distance in the continuous quality improvement of the education program, especially the experiential component.

- The strategies used for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements.
- Any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [50,000 character limit, including spaces] (Approximately 20 pages)

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

Compliant	Compliant with Monitoring	Partially Compliant	Non-Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined in the Standard /or • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance
☐ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

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

[TEXT BOX] [5,000 character limit, including spaces]

Standard No. 4: Students and Student Services: The college or school has an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and well-being.

The college or school develops, implements, and assesses its policies and procedures to promote student success, resilience, and well-being; ensures the selection of a qualified student body into the program; and supports student progression through the Doctor of Pharmacy curriculum.

1) Documentation and Data:

Required Documentation and Data:

Uploads:

- ☐ URL, link or copy of:
 - the Student Handbook and/or Catalog (college, school or university)
 - information distributed to students regarding student service elements (financial aid, health insurance, etc.)
 - policies that ensure nondiscrimination and access to allowed disability accommodations
 - program information on the college or school's website
 - admissions policies and procedures
 - the student complaint policy related to college or school adherence to ACPE standards
 - policies related to academic integrity
 - policies and procedures regarding student progression, early intervention, probation, remediation, missed course work, leave of absence, withdrawal, dismissal, readmission, due process, and appeals
 - the college or school's code of conduct (or equivalent) addressing professional behavior
 - recruitment materials
- ☐ List of preprofessional requirements for admission into the PharmD program
- ☐ Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies
- ☐ Professional and technical standards for the school, college, and/or university
- ☐ Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication
- ☐ Link to the website (or documentation of other mechanisms) that provide to the public information on required indicators of quality

Standardized Tables:

- ☐ Application and admissions/enrollments (e.g., applicants, offers, enrolled) data for the past three years by year and enrollment projections for the next year broken down by pathway (campus, online, distance), gender, and race/ethnicity. (Template available)
- ☐ GPA scores (**mean, maximum, and minimum**) for preprofessional coursework for the past three admitted classes by pathway. (Template available)

- ☐ GPA scores (**mean, maximum, and minimum**) for preprofessional science courses for the past three admitted classes by pathway.
- ☐ Analysis of student academic performance throughout the program (e.g., progression, probation, attrition rates) by pathway.
- ☐ On-time graduation rates for the last three admitted classes (compared to national rate) by pathway.
- ☐ Percentage total attrition rate for the last three admitted classes (compared to national rate) by pathway.

Required Documentation for On-Site Review:

- ☐ The Student Complaints File by pathway.

Optional Documentation and Data:

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

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

	S	N.I.	U
4.1. Student Services			
4.1.a. Student record management – The college or school has an ordered, accurate, and secure system of student records in compliance with the Family Educational Rights and Privacy Act (FERPA). Student services personnel and faculty are knowledgeable regarding FERPA law and its practices.	☐	☐	☐
4.1.b. Financial aid – The college or school provides students with financial aid information and guidance by appropriately trained personnel.	☐	☐	☐
4.1.c. Nondiscrimination – The college or school establishes and implements policies that ensure nondiscrimination as defined by state and federal laws and regulations.	☐	☐	☐
4.1.d. Disability accommodation – The college or school provides accommodations to students with documented disabilities that are determined by the University Disability Office (or equivalent) to be reasonable and do not violate the professional and technical standards or prevent students from meeting the educational outcomes of the program and provides support to faculty in accommodating students with documented disabilities.	☐	☐	☐
4.1.e. Healthcare – The college or school ensures students have access to adequate and readily accessible physical and mental health services. Appropriate immunization standards are established, along with the means to ensure that such standards are satisfied.	☐	☐	☐
4.1.f. Wellness and well-being – The college or school offers students access to wellness and resilience programs/services.	☐	☐	☐
4.1.g. Advising and mentorship – The college or school provides academic advising, mentorship, curricular and career-pathway counseling, and information on post-graduate education, credentialing, and training opportunities adequate to meet the needs of its students.	☐	☐	☐
4.1.h. Student services access – The college or school ensures that all students have equitable access to a comparable system of individualized student services (e.g., tutorial support, counseling, etc.) regardless of pathway.	☐	☐	☐
4.2. Academic Environment			
4.2.a. Student information – The college or school produces and makes available to enrolled and prospective students updated information of importance, such as: governance documents, policies and procedures, professional and technical standards, academic calendars, handbooks, catalogs, curricular and pathway information, and other resources appropriate to the student experience.	☐	☐	☐
4.2.b. Complaints policy – The college or school develops, implements, and makes available to students a complaints policy that includes procedures for how students may file complaints within the college or school and also directly to ACPE regarding their college's or school's adherence to ACPE standards. The college or school maintains a chronological record of such student complaints, including how each complaint was resolved.	☐	☐	☐

4.2.c. Student misconduct – The college or school develops and implements policies regarding academic and non-academic misconduct of students that clearly outline the rights and responsibilities of, and ensures due process for, all parties involved.	☐	☐	☐
4.2.d. Student representation – The college or school considers student perspectives and includes student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities.	☐	☐	☐
4.2.e. Distance learning policies – For colleges and schools offering distance learning opportunities, admissions information clearly explains the conditions and requirements related to distance learning, including an estimated cost of attendance and full disclosure of any requirements that cannot be completed at a distance.	☐	☐	☐
4.3. Admissions			
4.3.a. Enrollment management – Student enrollment is managed by college or school administration. Enrollments are in alignment with available physical, educational, financial, faculty, staff, practice site, preceptor, and administrative resources.	☐	☐	☐
4.3.b. Admission procedures – A duly constituted committee of the college or school has the responsibility and authority for the selection of students to be offered admission. Admission criteria, policies, and procedures are not compromised regardless of the size or quality of the applicant pool. All admission policies including early assurance and transfer should be detailed and readily available.	☐	☐	☐
4.3.c. Program description and quality indicators – The college or school produces and makes available to the public, including prospective students: (1) a complete and accurate description of the Doctor of Pharmacy requirements (preprofessional and professional); (2) the program's current accreditation status; and (3) ACPE-required program performance information as defined in the ACPE Policies and Procedures manual.	☐	☐	☐
4.3.d. Admission criteria – The college or school sets performance expectations for criteria (such as admission tests, grade point averages, evaluations, and interviews) used in selecting students who have the potential for success in the program and the profession. Applicant performance on admission criteria is documented; and the related records are maintained by the college or school as per program/university requirements.	☐	☐	☐
4.3.e. Non-Traditional (Post-Baccalaureate) Doctor of Pharmacy pathway – Admission to a nontraditional (Post-Baccalaureate) Doctor of Pharmacy pathway must be limited to either: (1) pharmacists awarded a Baccalaureate degree from a program accredited by ACPE or the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) and holding a valid license to practice pharmacy in the U.S. or Canada; or (2) pharmacists awarded a pharmacy degree from a non-U.S. or non-Canadian program and holding a valid license to practice pharmacy in a U.S. jurisdiction. Advanced standing does not negate the requirements of pharmacy practice experiences.	☐	☐	☐
4.3.f. Admission materials – The college or school produces and makes available to prospective students the criteria, policies, and procedures for admission to the program. All admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional and technical standards for graduation.	☐	☐	☐
4.3.g. Written and oral communication assessment – Written and oral communication skills are assessed in a standardized manner as part of the admission process.	☐	☐	☐
4.3.h. Candidate interviews – Standardized, synchronous interviews (in-person, telephonic, and/or computer-facilitated) of applicants are conducted as a part of the admission process to assess affective domain characteristics. The interview process must allow for each individual candidate to be interviewed separately from other applicants. Interviewers receive training in the method that the college or school has chosen for standardization of the interview process.	☐	☐	☐
4.3.i. Transfer and waiver policies – A college or school establishes and implements policies and procedures for students who request to transfer credits into the program. Such policies and procedures are based on defensible and documented assessments of course equivalency. No more than the equivalent of one year of didactic credit shall be given to any student applying for advanced standing from any institution other than an ACPE accredited college/school of pharmacy A college or school offering multiple pathways to a Doctor of Pharmacy degree has policies and procedures for students who wish to change from one pathway to another.	☐	☐	☐
4.4. Progression			
4.4.a. Progression policies – The college or school creates, makes available to students and prospective students, and abides by criteria, policies, and procedures related to:			
Academic progression including probation and remediation	☐	☐	☐

• Appeal mechanisms (including grade appeals)	☐	☐	☐
• Dismissals for academic and non-academic reasons	☐	☐	☐
• Leaves of absence	☐	☐	☐
• Missed course work or credit	☐	☐	☐
• Readmission	☐	☐	☐
• Rights to due process	☐	☐	☐
• Suspension	☐	☐	☐
• Withdrawals	☐	☐	☐
4.4.b. Early intervention – The college or school's system of monitoring student performance provides for early detection of academic and behavioral issues. The college or school develops and implements interventions that have the potential for successful resolution of the identified issues.	☐	☐	☐

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should address the statements below. If issues are identified, the college or school should provide its plans for addressing them, with relevant timelines. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working.

Describe:

- The student services offered and, if applicable, how the college or school ensures that students in all PharmD pathways and geographic locations have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, healthcare, wellness and counseling).
- How the college or school provides students with financial aid information and guidance, academic advising, career-pathway and other personal counseling, and information about post-graduate education and training opportunities.
- The participation and contribution of students on college or school committees.
- Other methods (e.g., focus groups, meetings with the Dean or other administrators, involvement in self-study activities, review of student complaints) used to gather student perspectives.
- How the complaint policy is communicated to students. Provide the number of complaints since the last accreditation visit and the nature of their resolution.
- How the college or school handles student misconduct.
- How the college or school provides information regarding pathways including cost of attendance.
- How specific requirements of the standards and guidelines for admissions and enrollment are met, including those for early admission agreements or policies, if applicable.
- How admission evaluations of students are documented and how records are maintained.
- The college or school's recruitment methods.
- The college or school's interview process.
- The methods used to assess verbal and written communication skills of applicants to the program.
- The process used for recruitment and admission to the Non-Traditional Doctor of Pharmacy pathway (if applicable).
- How enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources.

- The number of transfer students, including international students or graduates of other professional degree programs admitted with advanced standing, and an assessment of the correlation between the criteria in the transfer policy and success in the program. If applicable, comparative performance data should be provided.
- How student matriculation, progression, and graduation rates relate to admission and transfer variables.
- How academic counseling and/or student support staff work with students seeking to retain or regain good academic standing, and how extensively they are utilized.
- Early intervention and remediation policies and the effect on progression.
- How academic probation, leaves of absence, dismissal, readmission, due process, and appeals affect student progression.
- How the college or school adheres to the ACPE annual monitoring policies and makes programmatic adjustments to optimize student progression.
- Any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [40,000 character limit, including spaces] (Approximately 16 pages)

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

Compliant	Compliant with Monitoring	Partially Compliant	Non-Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined in the Standard /or • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance
☐ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

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

[TEXT BOX] [5,000 character limit, including spaces]

Standard No. 5: Faculty and Staff: The college or school has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the program.

1) Documentation and Data:

Required Documentation and Data:

Uploads:

- ☐ ACPE Faculty Resource Report pertaining to faculty, experiential, and enrollment for the past, current, and next academic year. (Template available).
- ☐ List of faculty turnover for the last 5 years, by department/division, with reasons for departure.
- ☐ List of voluntary or adjunct faculty (not including preceptors) and role in the PharmD program, for all pathways.
- ☐ An analysis of teaching load of faculty members, including commitments outside the PharmD program.
- ☐ Evidence of faculty and staff capacity planning and succession planning.
- ☐ List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years.
- ☐ Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention.
- ☐ CVs of faculty and staff
- ☐ Faculty addendum report that includes a list of key university and college or school administrators, and full-time and part-time (≥ 0.5 FTE) faculty, including a summary of their current academic rank, primary discipline, title/position, credentials, post-graduate training, and licensure (if applicable) (Template available)

Standardized Tables:

- ☐ Table: Allocation of Faculty Effort (total for all faculty with ≥ 0.5 FTE) [see example table at <http://www.acpe-accredit.org/pdf/Excel%20Documents/AllocationFacultyEffort.xls>]
- ☐ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Years in Rank
- ☐ Table: Distribution of Full-Time Pharmacy Faculty by Rank, Gender and Race/Ethnicity
- ☐ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Highest Degree Earned

Optional Documentation and Data:

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

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

	S	N.I.	U
5.1. Faculty and Staff—Quantitative Factors			
5.1.a. Sufficient faculty – The college or school has a sufficient number of core faculty members to effectively address the following programmatic needs that include:			

• Teaching (didactic and experiential)	☐	☐	☐
• Professional development	☐	☐	☐
• Research and other scholarly activities	☐	☐	☐
• Assessment activities	☐	☐	☐
• Service - college/school, institutional, professional, and community	☐	☐	☐
• Interprofessional collaboration	☐	☐	☐
• Student advising and career counseling	☐	☐	☐
• Faculty mentoring	☐	☐	☐
• Pharmacy practice	☐	☐	☐
• Responsibilities in other degrees (if applicable)	☐	☐	☐
• Support of distance students and campus(es) (if applicable)	☐	☐	☐
Student-to-faculty (FTEs) ratios should provide students with the individualized attention needed to advance deep learning and foster professional development. The student-to-faculty ratio must be sufficient to allow faculty to effectively deliver the program with required expertise to address curricular content and fulfill service and scholarship duties required of faculty. In most situations, student:faculty ratio should not exceed 10:1.	☐	☐	☐
Newly hired faculty members should have adequate time to onboard to full faculty duties.			
5.1.b. Sufficient staff – The college or school has a sufficient number of staff to effectively address the following programmatic needs that include:			
• Student and academic affairs-related services, including recruitment and admission	☐	☐	☐
• Experiential education	☐	☐	☐
• Assessment activities	☐	☐	☐
• Research administration	☐	☐	☐
• Laboratory maintenance	☐	☐	☐
• Information technology infrastructure	☐	☐	☐
• Pedagogical and educational technology support	☐	☐	☐
• Teaching assistance	☐	☐	☐
• General faculty and administration clerical support	☐	☐	☐
• Support of distance students and campus(es) (if applicable)	☐	☐	☐
5.2. Faculty and Staff—Qualitative Factors			
5.2.a. Academic credentials – Faculty members, including adjunct and volunteer faculty members, have academic and professional credentials and expertise commensurate with their responsibilities within the program. Faculty members typically hold earned doctoral degrees.	☐	☐	☐
5.2.b. Professional credentials – Staff members have professional credentials and expertise commensurate with their roles and responsibilities to the professional program.	☐	☐	☐
5.2.c. Educational effectiveness – Faculty members have the capability and demonstrate a continuous commitment to be effective educators and are able to effectively use contemporary educational techniques to promote student learning in all offered pathways.	☐	☐	☐
5.2.d. Scholarly engagement – The college or school creates an environment that both requires and promotes research and scholarship, collaboration, and develops mechanisms to assess both the quantity and quality of faculty scholarly activities.	☐	☐	☐

5.2.e. Service commitment – In the aggregate, faculty and staff engage in college or school, institutional, professional, and community service that advances the program and the profession of pharmacy.	☐	☐	☐
5.2.f. Practice understanding – Faculty members, regardless of their discipline, have a conceptual understanding of and commitment to advancing current and proposed future pharmacy practice.	☐	☐	☐
5.2.g. Faculty/staff development – The college or school provides opportunities for career and professional development of its faculty and staff, individually and collectively, to enhance their role-related skills, scholarly productivity, and leadership. Faculty members, instructors, and teaching assistants involved in distance education have been provided training and skill development to manage, mentor, teach, engage, and evaluate students enrolled in distance learning courses or activities.	☐	☐	☐
5.2.h. Faculty/staff wellness and well-being – Faculty and staff have access to wellness and resilience programs, including resources, peer support, and training to improve their ability to successfully manage and balance work related challenges as well as creating a sense of belonging.	☐	☐	☐
5.2.i. Policy application – The college or school ensures that policies and procedures for faculty and staff recruitment, performance review, promotion, tenure (if applicable), and retention are in place and applied in a consistent manner.	☐	☐	☐

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should address the statements below. If issues are identified, the college or school should provide its plans for addressing them, with relevant timelines. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working.

Describe:

- The college or school's student-to-faculty ratio and how the ratio aligns with the college or school's mission and strategic plan for the program.
- The process used to assess and confirm the credentials of faculty and staff, and to assure that faculty credentials are appropriate for their assigned teaching responsibilities.
- The rationale for hiring any part-time and adjunct faculty.
- How the college or school is planning for faculty and staff capacity and succession planning.
- How the college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement.
- How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences.
- How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings.
- The college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty.
- How faculty, instructors, and teaching assistants involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning (if applicable).
- The performance review process for full-time, part-time, voluntary, and adjunct faculty and staff.
- The faculty and staff development programs and opportunities offered or supported by the college or school.
- The wellness and resilience initiatives or programs offered and how these improve work-life balance.
- Any other notable achievements, innovations or quality improvements (if applicable).
- Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [40,000 character limit, including spaces] (Approximately 16 pages)

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

Compliant	Compliant with Monitoring	Partially Compliant	Non-Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	- The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined in the Standard /or - No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or - Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	- Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or - Adequate information was not provided to assess compliance
☐ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

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

Standard No. 6: Resources: The college or school has adequate and appropriately equipped physical and educational facilities to achieve its mission and goals.

The college or school has current and anticipated financial resources to deliver the program and accomplish its mission and strategic plan.

1) Documentation and Data:

Required Documentation and Data:

Uploads:

- ☐ Floor plans for college or school's facilities and descriptions of the use(s) of available space
- ☐ Analysis of the quantity and quality of space available to the program and plans to address identified inadequacies
- ☐ Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable
- ☐ Detailed budget plan or proforma (previous, current, and subsequent years (3 years total)) (Template available which mirrors the AACP financial survey)
- ☐ A report of faculty generated external funding support in terms of contribution to total program revenue

Required Documentation for On-Site Review:

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

Optional Documentation and Data:

- ☐ Total grant funding for past five years, with peer school and national comparisons
- ☐ NIH funding for past five years, with peer school comparisons
- ☐ Other documentation or data that provides supporting evidence of compliance with the standard

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

	S	N.I.	U
6.1. Physical Facilities and Educational Resources			
6.1.a. Physical facilities – The college or school physical facilities (or the access to other facilities) meet legal and safety standards, utilize current educational technology, and are clean and well maintained. Colleges and schools provide students, faculty members, preceptors, instructors, and teaching assistants access to appropriate resources to support their contribution to the mission. Organized instruction is provided to these individuals in the effective and efficient use of the library and educational resources.	☐	☐	☐
6.1.b. Physical facilities' attributes – The college or school has access to physical facilities that provide adequate:			
Classrooms that comfortably accommodate the student body and that are equipped with technological capabilities needed to effectively deliver the curriculum.	☐	☐	☐
Laboratories suitable for compounding; demonstration; and skill and competency evaluation.	☐	☐	☐
Faculty office space with sufficient privacy to permit accomplishment of responsibilities.	☐	☐	☐
Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators.	☐	☐	☐

• Access to educational simulation capabilities.	☐	☐	☐
• Faculty research laboratories with well-maintained equipment .	☐	☐	☐
• Animal facilities that meet care regulations (if applicable).	☐	☐	☐
• Individual and group student study space and student meeting facilities.	☐	☐	☐
Branch or distance campuses have access to physical facilities of comparable quality and functionality as those found on the main campus.	☐	☐	☐
6.1.c. Educational resource access – The college or school makes available technological and librarian access, current scientific and medical literature, and other academic and educational resources, to students in all pathways, faculty, staff, and preceptors (as needed). For distance course delivery, the college or school has sufficient resources to effectively support teaching and learning including appropriate laboratory space, for distance pathway students.	☐	☐	☐
6.2. Financial Resources			
6.2.a. Budgetary input – The college or school provides input into the development and operation of a budget that is planned, executed, and managed in accordance with sound and accepted business practices.	☐	☐	☐
6.2.b. Revenue allocation – Sufficient funds are allocated to adequately deliver the program.	☐	☐	☐
6.2.c. Equitable allocation – The college or school has sufficient funds to maintain equitable facilities (commensurate with services and activities) across all program pathways.	☐	☐	☐
6.2.d. Budgetary adequacy – The college or school ensures that sufficient resources are matched to student enrollment and allocated for overall program needs.	☐	☐	☐

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should address the statements below. If issues are identified, the college or school should provide its plans for addressing them, with relevant timelines. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working.

Describe:

- ☐ The physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, faculty offices, laboratories, etc.
- ☐ How the college or school's physical facilities (or access to other facilities) utilize current educational technology.
- ☐ The educational resources available to faculty, preceptors, and students (library, internet access, etc.).
- ☐ How the college or school makes available technological access to current scientific literature and other academic and educational resources to students, faculty, and preceptors.
- ☐ The equipment for educational activities, including classroom and simulation areas.
- ☐ The equipment for the facilities for research activities.
- ☐ The facility resources available for student organizations.
- ☐ The facilities available for individual or group student studying and meetings.
- ☐ Any shared space and how the facilities encourage and support interprofessional interactions.
- ☐ How the college or school and university develop annual budgets (including how the college or school has input into the process) and an assessment of the adequacy of financial resources to deliver the program and support all aspects of the mission.
- ☐ How enrollment is planned and managed in line with resource capabilities.
- ☐ How the resource requirements of the college or school's strategic plan have been or will be addressed in current and future budgets.
- ☐ How plans were developed to provide for substantive changes in the scope of the program or student numbers, if applicable.
- ☐ Any other notable achievements, innovations or quality improvements (if applicable).
- ☐ Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [40,000 character limit, including spaces] (Approximately 16 pages)

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

Compliant	Compliant with Monitoring	Partially Compliant	Non-Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	- The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined in the Standard /or - No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or - Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	- Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or - Adequate information was not provided to assess compliance
☐ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

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

Standard No. 7: Assessment: The college or school develops, resources, and implements a plan to assess achievement of its mission, strategic plan, and attainment of educational outcomes to ensure that graduates are prepared to enter practice. Assessment data should be used for continuous quality improvement of the program.

1) Documentation and Data:

Required Documentation and Data:

Uploads:

- ☐ College or school's assessment plan (or equivalent) (plan should cover curriculum, structure, and process).
- ☐ Description of formative, summative, standardized and comparative assessments of student learning and professional development used by college or school. (Template available)
- ☐ Examples of assessment and documentation of student performance and the attainment of educational outcomes and EPAs.
- ☐ Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the most recent 3 years. (only NABP provided documents required for upload)
- ☐ Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the most recent 3 years **broken down by pathway**. *(only required for multi-campus and/or multi-pathway programs)* (Template available)
- ☐ Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the most recent 3 years (only NABP provided documents required for upload)
- ☐ Evidence showing that students are APPE-ready, and graduates are Practice-ready and Team-ready (including interprofessional preparedness)
- ☐ Analysis of faculty productivity in scholarship, teaching, and service
- ☐ Examples of instruments used in assessment and evaluation (of structure and process)
- ☐ Relationship analysis of student variables, admission variables, and academic performance

Complete Data Set from the AACP Standardized Surveys:

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

Responses to Open-Ended Questions on AACP Standardized Surveys:

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

- ☐ Graduating Student Survey: Responses to Open-Ended Questions

- ☐ Faculty Survey: Responses to Open-Ended Questions
- ☐ Preceptor Survey: Responses to Open-Ended Questions

Optional Documentation and Data:

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

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

	S	N.I.	U
7.1. Assessment Plan			
7.1.a. Assessment plan expectations – The college or school must develop and implement a written assessment plan that assesses the key elements of Standard 7. The college or school must use the analysis of process and outcome measures for continuous development and improvement of the program.	☐	☐	☐
7.2. Assessment Elements for Organization and Governance			
7.2.a. Organizational effectiveness – The college or school assessment plan is designed to provide insight into the effectiveness of the organizational structure in engaging and uniting constituents and positioning the college or school for success through purposeful planning.	☐	☐	☐
7.2.b. Strategic plan – The college or school assessment plan is designed to monitor and assess the effectiveness of the strategic plan.	☐	☐	☐
7.2.c. Organizational culture – The college or school assesses the culture of the program. Contributing factors such as collaboration; belonging; leadership; and professionalism should be considered.	☐	☐	☐
7.2.d. Program evaluation by stakeholders – The assessment plan includes the use of data from AACP standardized surveys of graduating students, faculty, and preceptors.	☐	☐	☐
7.3. Assessment Elements for Educational Outcomes, Curriculum, and Experiential Learning			
7.3.a. Variety of assessment approaches – The assessment plan incorporates (1) systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments; and (2) standardized assessments, as required by ACPE (e.g., licensing examinations), that allow for national comparisons and college- or school-determined peer comparisons.	☐	☐	☐
7.3.b. Curriculum assessment and continuous improvement – The college or school systematically assesses its curricular structure, content, organization, and outcomes to ensure optimal achievement of educational outcomes with reasonable student workload expectations. The college or school documents the use of assessment data for continuous improvement of the curriculum and its delivery.	☐	☐	☐
7.3.c. Experiential quality assurance – The college or school develops and implements a quality assurance procedure for all pharmacy practice experiences that is established and implemented to: (1) facilitate achievement of stated course expectations, (2) standardize key components of experiences across all sites offering the same experiential course, and (3) promote consistent assessment of student performance.	☐	☐	☐
7.3.d. Student achievement and readiness – The assessment plan measures student achievement at defined levels of the professional outcomes that support attainment of 2.1a-n, in aggregate and at the individual student level. Evidence should be provided to show that students are APPE-ready, and graduates are Practice-ready and Team-ready. Data are used to improve student achievement.	☐	☐	☐
7.3.e. Pathway comparability – The assessment plan includes a variety of assessments that will allow comparison and establishment of educational parity of all alternative program pathways to degree completion, including geographically dispersed campuses and distance learning-based programs.	☐	☐	☐
7.4. Assessment Elements for Student Services, Faculty and Staff, and Resources			
7.4.a. Student services assessment – The college or school assesses the quality and quantity of student services to address the programmatic needs for healthcare, wellness, advising, and academic support in line with key elements 4.1e to 4.1.h.	☐	☐	☐

7.4.b. Admission criteria – The college or school regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified student body, members of which have the potential for academic success and the ability to practice in team-centered and culturally diverse environments.	☐	☐	☐
7.4.c. Student progression – The college or school regularly assesses student retention and attrition data, criteria, policies, and procedures to identify and analyze trends and to make programmatic adjustments to optimize student progression as established in the annual monitoring policies documented in the ACPE Policies and Procedures manual.	☐	☐	☐
7.4.d. Faculty and staff workload – The college or school regularly assesses faculty and staff workload to effectively address the programmatic needs of key elements 5.1 and 5.2.	☐	☐	☐
7.4.e. Faculty productivity – The college or school systematically assesses the productivity of its faculty in scholarship, teaching, and service.	☐	☐	☐
7.4.f. Preceptor capacity – The college or school systematically assesses the preceptor quality and quantity needed based on enrollment.	☐	☐	☐
7.4.g. Physical and financial resources – The college or school evaluates the physical facilities and financial resources based on programmatic needs.	☐	☐	☐
7.5. Continuous Quality Improvement			
7.5.a. Quality improvements – The college or school utilizes stakeholder feedback and assessment data to make changes to the program and improve the educational outcomes and programmatic processes. The college or school makes available to key stakeholders, at least annually, the major findings and actions resulting from its assessment plan.	☐	☐	☐
7.5.b. Continuous compliance with the accreditation standards – The college or school has in place processes and procedures for reviewing and ensuring its program meets all accreditation standards and if applicable, all requested reporting, during the awarded accreditation term.	☐	☐	☐

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should address the following statements below. If issues are identified, the college or school should provide its plans for addressing them, with relevant timelines. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working.

Describe how:

- ☐ The college or school uses the analysis of process and outcome measures for continuous development and improvement of the Doctor of Pharmacy program.
- ☐ The college or school's assessment plan provides insight into the effectiveness of the organizational structure in engaging and uniting constituents and positioning the college or school for success through purposeful planning.
- ☐ The college or school's assessment plan provides insight into the effectiveness of the strategic plan in meeting the mission of the program.
- ☐ The college of school assesses the program's culture to advance the mission and goals of the program. The description should include collaboration, belonging, leadership, and professionalism factors.
- ☐ The college or school uses data from AACP standardized surveys of graduating students, faculty, and preceptors and how the results inform decision making, quality assurance, and quality improvement.
- ☐ The college or school systematically assesses its curricular structure, content, organization, and outcomes to ensure optimal achievement of educational outcomes with reasonable student workload expectations.
- ☐ The college or school documents the use of assessment data for continuous improvement of the curriculum and its delivery.
- ☐ The college or school implements a procedure to assess pharmacy practice experiences to promote achievement of educational outcomes.
- ☐ The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the educational outcomes and Entrustable Professional Activities (EPAs), in aggregate and at the individual student level.
- ☐ Feedback from the assessments is used to improve student learning, outcomes, and curricular effectiveness.

- ☐ The results of curricular assessments are used to improve the curriculum with examples provided.
- ☐ The results of interprofessional education outcome assessment data are used to improve the curriculum.
- ☐ The use of assessments to show comparison and establishment of educational parity between pathways to degree completion.
- ☐ The college or school assesses the quality and quantity of student services to address the programmatic needs for health, wellness, and academic support in line with key elements 4.1e. to 4.1.h.
- ☐ The college or school regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified student body with a description of how curricular outcomes data are correlated and related to admissions data.
- ☐ The college or school regularly assesses student retention and attrition data, criteria, policies, and procedures to identify and analyze trends and to make programmatic adjustments to optimize student progression as established in the annual monitoring policies documented in the ACPE Policies and Procedures manual.
- ☐ The college or school assesses faculty and staff workload to effectively address the programmatic needs (curricular, academic affairs, student affairs, and experiential) of key elements 5.1 and 5.2 including the process and interval for conducting faculty and staff workload and needs assessments.
- ☐ The college or school assesses the productivity of its faculty in scholarship, teaching, and service.
- ☐ The college or school assesses the preceptor needs based on enrollment.
- ☐ Assessment data from practice sites is used for quality improvement.
- ☐ The college or school evaluates the physical facilities and financial resources based on programmatic needs and goals.
- ☐ The college or school utilizes assessment results to improve the educational outcomes and programmatic processes.
- ☐ The college or school's process to ensure the Doctor of Pharmacy program meets all accreditation standards during the awarded accreditation term.
- ☐ The college or school uses information generated from the assessment plan(s) to advance quality within its Doctor of Pharmacy program.
- ☐ Describe any other notable achievements, innovations or quality improvements (if applicable).
- ☐ Provide an interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [75,000 character limit, including spaces] (Approximately 30 pages)

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

Compliant	Compliant with Monitoring	Partially Compliant	Non-Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	- The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined in the Standard /or - No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or - Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	- Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or - Adequate information was not provided to assess compliance
☐ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

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