



Broward  
Community  
College

## Procedure Manual

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### Regional Accreditation

Approximately two years prior to the anticipated visit by the SACS peer review team, the President shall indicate whether the College has chosen to prepare a traditional self-study or develop an alternate model.

**Traditional Self-Study.** The President shall initiate the self-study process by appointing the College’s regional accreditation liaison officer as the Self-Study Director and identifying a location for the Self-Study Office. The Self-Study Director shall work with the President to develop a budget and a timeline for the self-study process. Together, they shall work with the President of the Faculty Senate to:

- solicit volunteers for the internal review process
- appoint and charge the self-study committees
- determine the membership of the Steering Committee
- select the Chair of the Steering Committee

**Preparation of the Traditional Self-Study Report.** The Chair of the Steering Committee and the Director of the Self-Study shall work with the Steering Committee to establish a meeting schedule and committee assignments that will facilitate an efficient, comprehensive self-study process. Sufficient time shall be scheduled to allow collegewide review of draft reports prior to the printing of the final self-study document(s).

**Preparation of the Response to the Traditional Self-Study Report.** Prior to the peer review committee’s arrival at the College, the President and his staff shall develop a response that addresses every recommendation set forth in the Self-Study Report. That response, to be assembled by the Self-Study Director, shall indicate the plan for compliance, the anticipated date of compliance, and the individual responsible for ensuring compliance.

**Alternate Reaffirmation Model.** If the College receives approval for the alternate reaffirmation model, the President shall initiate the reaffirmation process by identifying the area of emphasis for the special project. He/she shall work with the President of the Faculty Senate to:

- solicit volunteers for the internal review process
- appoint directors for both the compliance audit and the special project

<b>Recommending Officer’s Signature</b>	<b>Date</b> 04/16/97	<b>President’s Signature</b> 	<b>Date</b> 04/16/97
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- appoint members of the compliance audit team and the special project team

The President and the two directors shall then identify locations for the two teams' offices and develop both a budget and a timeline for their work. The regional accreditation liaison officer shall work closely with both directors and provide administrative support for both teams.

**Preparation of Documents for the Alternative Model.** The Director of the Compliance Audit and his/her team shall be responsible for collecting materials documenting compliance with each of the criteria of the Commission on Colleges. The Director of the Special Project and his/her team shall be responsible for developing an in-depth analysis of the area of emphasis, identifying options for its improvement, and prioritizing a list of recommended actions.

**The Peer Review Committee(s) Visit.** The regional accreditation liaison officer shall be responsible for arranging the visit of the peer review committee(s). This duty includes, but is not limited to, mailing packets of relevant materials to the peer review committee(s); arranging lodging, meals, and transportation; organizing the opening dinner; establishing work areas at both the College and the hotel; and scheduling appointments for committee members.

**Follow-Up Reports.** The regional accreditation liaison officer shall be responsible for (1) reviewing the report of the peer review committee(s) for factual accuracy, (2) preparing the College's response to the peer review report(s), and (3) preparing any other follow-up reports stemming from the College's bid for reaffirmation.

### Specialized Professional Accreditation

Self-study documents required for specialized professional accreditation shall be developed at the department/program level in accordance with the requirements of the accrediting body and reviewed by the appropriate Level II administrator (Provost or Executive Director of the Center for Health Sciences Education) or his/her designee. Timelines and budgets for these processes shall be set by the department head/program manager in consultation with his/her immediate supervisor. In response to the report of the visiting committee, the department head/program manager shall address any identified areas of non-compliance in a timely manner.

[Link to Policy 6Hx2-2.03](#)