



**POLICIES AND PROCEDURES
FOR BASIC PROGRAM APPROVAL
OF PRACTICAL NURSE
EDUCATION PROGRAMS IN
SASKATCHEWAN**

**Saskatchewan Association of Licensed
Practical Nurses
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1. INTRODUCTION

1.1 Scope of EPAC Responsibility

The Saskatchewan Association of Licensed Practical Nurses (SALPN) is mandated by the Licensed Practical Nurses Act¹ (2000) to assure that graduates of basic practical nurse programs have the necessary knowledge, skills, behaviors, attitudes and judgment to competently perform nursing services in accordance with:

- Competency Profile for Licensed Practical Nurses of Saskatchewan (2017)²
- Standards of Practice for Licensed Practical Nurses in Canada (2013)³
- Code of Ethics for Licensed Practical Nurses in Canada (2013)⁴
- Entry to Practice Competencies (ETPC) for Licensed Practical Nurses (2013)⁵
- Becoming a Licensed Practical Nurse in Canada: Requisite Skills and Abilities (2013)⁶

Leadership for the SALPN is provided by the Council and Executive Director. The Executive Director establishes an Education Program Approval Committee (EPAC) as a standing or adhoc committee that reports to the Council of the SALPN. The Educational Program Approval Committee (ESAC) is responsible for establishing and implementing an evaluation process for the basic practical nurse education programs offered in Saskatchewan.

1.2 Overview of Program Approval Process

Any new Practical Nurse Diploma Programs, including but not limited to; a program offered by an institution that has previously offered a SALPN approved practical nurse program or a new program offered by an institution not previously offering a Practical Nurse program in Saskatchewan must be approved by the Council prior to program implementation.

Existing Practical Nurse programs must undergo a complete evaluation at least every five years. The approval process is guided by the Standards and Indicators for Program Approval outlined in the

¹ Government of Saskatchewan. (2000). Licensed Practical Nurses Act, 2000. Regina, SK: Saskatchewan Queen's Printer. Retrieved from <http://www.gp.gov.sk.ca/documents/English/Statutes/Statutes/L14-2.pdf>

² Saskatchewan Association of Licensed Practical Nurses. (2017). *Competency Profile for Licensed Practical Nurses of Saskatchewan* (3rd ed.). Regina, SK: Author. Retrieved from http://www.salpn.com/images/Member/SALPN_Competyency_Profile/2017-Saskatchewan-Competency-Profile-3rd-Edition-Final---January-16-2017.pdf

³ Canadian Council for Practical Nurse Regulators. (2013). *Standards of Practice for Licensed Practical Nurses in Canada*. Author. Retrieved from http://www.salpn.com/images/Member/Standars_of_Practice/IJLPN_Standards_of_Practice.pdf

⁴ Canadian Council for Practical Nurse Regulators. (2013). *Code of Ethics for Licensed Practical Nurses in Canada*. Author. Retrieved from http://www.salpn.com/images/Member/Code_of_Ethics/IJLPN_Code_of_Ethics.pdf

⁵ Canadian Council for Practical Nurse Regulators. (2013). *Entry-to-Practice Competencies for Licensed Practical Nurses*. Author. Retrieved from http://www.salpn.com/images/Member/Entry_Practice_Comps/IJLPN_Entry_to_Practice.pdf

⁶ Canadian Council for Practical Nurse Regulators. (2013). *Becoming a Licensed Practical Nurse in Canada: Requisite Skills and Abilities*. Author. Retrieved from http://www.salpn.com/images/Member/Requisite_Skills_Abilities/IJLPN_Skills_and_Abilities.pdf

*Standards for Basic Program Approval of Practical Nurse Education (2017)*⁷, and includes an in-depth review of the curriculum and program delivery models, all relevant SALPN policies and procedures, a site visit to the College and selected clinical placement sites as well as meetings with students, faculty, clinical placement partners and College and program administrators.

Program reviews enable EPAC to determine if the educational programs are complying with the Program Approval Standards and Indicators and to determine if their graduates have achieved entry-level competencies. Also, through the review process EPAC can recognize and applaud the exceptional work being done by the faculty members in the programs. Further, they encourage and support innovative instructional methods and creative approaches to curriculum design.

An EPAC review team consisting of the EPAC Chair and up to three committee members conduct the review and site visit. A written report with recommendation for approval is presented to the Educational Program Approval Committee. If ratified by EPAC, an Executive Summary is forwarded to the Council of the SALPN.

EPAC makes recommendations to the Council of the Saskatchewan Association of Licensed Practical Nurses (SALPN) regarding the approval of practical nurse programs. The Council of the SALPN establishes the approval rating of the programs. The Council of the SALPN is responsible for establishing the approval status of the Program under review and advising the Program of its decision.

⁷

Saskatchewan Association of Licensed Practical Nurses. (2017). *Standards for Basic Program Approval of Practical Nurse Education*. Regina,SK: Author.

2. EPAC VALUES AND PRINCIPLES

In presenting these Standards and Indicators for Approval of Basic Practical Nurse Education Programs in Saskatchewan, EPAC affirms its commitment to the following values and principles:

- EPAC takes seriously its obligation to accept responsibility for recommending approval of Basic Practical Nurse programs as legislated by the Licensed Practical Nurses Act (2000). Further, this sense of accountability extends to openly communicating the actions and decisions of EPAC. The approval process will be transparent, easy to follow and the requirements for compliance clear to all our stakeholders.
- EPAC ensures that the approval process is based on integrity and fairness and all programs are treated in a consistent manner.
- EPAC ensures that the focus of the approval process is that Practical Nurse programs are preparing graduates who have attained all the required competencies, both provincial and national.
- EPAC provides leadership through encouraging innovative practices and progressive trends in nursing education.

3. POLICIES ON APPROVAL OF EDUCATION PROGRAMS

3.1 *Term of Program Approval for Existing Basic Programs*

The desired outcome of Practical Nurse education in Saskatchewan is a graduate who meets the entry-level competencies as defined by the SALPN's Competency Profile for Licensed Practical Nurses, 3rd Edition (2017) and the Entry to Practice Competencies (ETPC) for Licensed Practical Nurses (2013). The purpose for the use of the Standards in Basic Program Approval process is to:

1. Provide a framework for program review process
2. Determine the approval status of practical nurse education programs
3. Guide educational institutions in self-evaluation of practical nurse education programs
4. Guide the development of new practical nurse education programs

There are 10 standards with multiple indicators in each standard. These Standards for Approval apply to basic Practical Nurse Education Programs in Saskatchewan. The credential for the basic program is a Diploma in Practical Nursing. Of all the indicators, those indicators marked with a (C) are Critical Elements of program performance.

1. Theory and clinical learning activities are structured to provide opportunity for students to meet the designated program outcomes and the SALPN entry-level competencies.
2. Students are partners in the teaching and learning process and provide formal feedback on the quality of the teaching and learning experience.
3. Records regarding student enrollment, transfers, re-admissions, attrition and program completion are recorded and accessible.
4. Processes are in place to map student progress and to verify that the student has completed the curriculum and achieved the outcomes for graduation.
5. Program success rates for first time writers of the Canadian Practical Nurse Registration Examination (CPNRE) must meet or exceed the national average.
6. Annual feedback from new graduates indicates they are prepared to meet requirements for practice as outlined in the Licensed Practical Nurses Act (2000), the Standards of Practice for Licensed Practical Nurses in Canada (2013) and the Competency Profile for Licensed Practical Nurses of Saskatchewan (2017).
7. Annual feedback from employers indicates new graduates meet service sector needs and possess the knowledge, skills, behaviors, attitudes and judgments addressed in the Licensed Practical Nurses Act (2000), the Standards of Practice for Licensed Practical Nurses in Canada (2013) and the Competency Profile for Licensed Practical Nurses of Saskatchewan (2017).

3.2 Programs eligible for EPAC approval of new basic programs

The EPAC recommends for approval only complete Practical Nurse Education Programs supported by a registered post-secondary educational institution in the province of Saskatchewan. The expected credential for the Basic Program provided is a Diploma in Practical Nursing.

3.3 The Program Approval Process

The Practical Nurse Education Programs are reviewed to ensure that they are in compliance with the Standards for Basic Program approval.

3.4 Appointment of Education Program Approval Committee (EPAC)

The EPAC Committee is appointed by the Executive Director to carry out the approval of the practical nurse education program on behalf of the SALPN Council. The EPAC committee's role is to inform the SALPN Council and makes a recommendation to the SALPN Council in order that the Council may decide on the approval status of a program.

Committee Membership and Roles

The EPAC Committee is to be composed of the following members:

Committee Chair

SALPN Executive Director or delegate (ex-officio)

One SALPN staff member

Two to three practising LPNs with a minimum of three to five years of Practical Nursing Experience

Two to three nursing leaders from Saskatchewan one of which will hold a masters degree

Two to three appointees with expertise in nursing education/ or general education (must not be employed by the PN program offered in Saskatchewan)

Role and responsibilities of the EPAC Committee:

The EPAC Committee conducts the review of practical nursing education programs and informs the SALPN Council in decision making related to program approval. In addition to their experience in program evaluation, members of the EPAC are appointed for their expertise in nursing education and practice. EPAC Chair is responsible for coordinating the activities of the team and communicating, as necessary, with the director of the nursing education program under review and the SALPN Council as necessary.

The mandate of the EPAC is to determine, validate or confirm evidence that a practical nursing education program is meeting the Standards for Practical Nursing Education approved by the SALPN. The program review process takes place in three phases: review of a school's self-assessment report, a site visit, and the conclusion. The sources of analysis include the school's self-assessment report and supporting documents, interviews, and classroom and clinical observations made during a site visit.

Basic Program Approval Site Visit

The Basic Program approval process for existing programs involves a *Self-Study Data Collection Guidelines and Templates* report completed by members of the Practical Nurse Education Program, an on-site visit by the EPAC Site Visit Team, and a final review of the submitted Self-Study and Site Visit reports, before a decision on approval status is rendered.

For programs that are already approved, the EPAC Chair will contact the Practical Nurse Education Program Lead at least 9 months before the anticipated date of site visit evaluation review. For new programs, the review process will begin upon completion and acceptance of an application for program approval.

The EPAC will distribute the Terms of Reference, the Basic Program Approval Policy and Procedures Document and the Self-Study Collection Guidelines and Templates to the lead of the program. The lead is responsible for determining how they intend to manage the site visit preparation and coordination and will provide information to the SALPN.

The lead of the Practical Nurse Education Program ensures the Self-Study Data Collection Guidelines and Templates are completed and is encouraged to ask the EPAC Chair to answer any questions about the expectations for the completion and submission of the self-study report or site visit.

Within three months prior to the scheduled site visit date, the EPAC Chair will provide information to the lead of the program being reviewed, regarding the composition of the EPAC Site Visit Team and background materials about the site visit process. The lead will be expected to confirm receipt of this information and confirm that no conflict of interests exists with any members of the EPAC Site Visit Team. Final team membership decisions are made by the EPAC Chair.

The site visit is typically one to three days, however, on occasion an additional day may be required by the Site Visit Team.

Upon completion of the site visit, the EPAC Site Visit Team will complete a draft Site Visit report and submit to the SALPN Executive Director. The expectation that this draft report will be completed in a timely manner. The Executive Director will provide the EPAC Chair with feedback prior to the Site Visit Report being finalized by the EPAC Chair in consultation with the site visit team. A final report will then be prepared for submission to EPAC as a whole. Following EPAC input, the Site Visit report is forwarded to the SALPN Council for an approval decision.

The Council of the SALPN submits an approval status decision at the next regularly scheduled Council meeting or within 2 months holds a meeting to finalize this important decision.

The lead of the PN Education Program of the Institution are sent the finalized Site Visit Report and, in writing, the approval status and subsequent follow-up requirements.

The SALPN council is responsible for conducting an internal review of the Basic Program approval and EPAC Site Visit processes through direct feedback (written and oral) from stakeholder members to evaluate the effectiveness of the approval process.

3.5 Selection and Training of Site Visit Teams

Site visit teams will be selected from the EPAC Committee and may include representation from education, the LPN profession and employers. Orientation will be provided to EPAC committee members on the roles and responsibilities of the site visit, as well as how to assess programs for compliance or noncompliance.

3.5.1 Site Visit Team Size and Composition

The site visit team will typically consist of the EPAC Chair and up to three additional members. All members will need to be in compliance with the conflict of interest policy (Item 6.2. Page 12 in the Policies and Procedures for Basic Program Approval of Practical Nurse Education Programs in Saskatchewan) and may be excluded from a site visit team at the discretion of the SALPN Executive Director. The EPAC Chair is the main representative and speaks on behalf of the team, and oversees the data and information collection procedures and preparation of the Site Visit Report.

3.5.2 Site Visit Reports

The initial Site Visit Report reflects a formal review of the actual education program setting and its findings are essential to informing the SALPN Council in the program approval decision-making process. The report from the site visit team provides a comprehensive description about the Practical Nurse Education Program's adherence to the Standard's indicators. In addition, the report includes any information that may have been missing from the Self-Study Report and the progress made on non-compliance standard indicators.

3.5.2.1 Guidelines for Practical Nurse Education Program Approval Visit Report

1. Each report will have a cover page including the institution name and site visit date.
2. Each report will have a table of contents and paged sequentially, including the appendix.
3. The report should include the following:
 - History and setting of the practical nurse program and institution.
 - Previous program approval report.
4. Summarize the key findings, recommendations and required follow-up actions of the most recent program approval reports.
 - Introduction and composition of the site visit team.
 - The Practical Nurse Education Program and Institutional Self-Study.
5. Comment on the quality of the self-study review including its organization, completeness and internal consistency.
6. Summarize the site visit team's findings under each section of the standards; under each of these sections, the team's findings should be organized as areas of:
 - "Strength",
 - "Compliance"
 - "In Compliance with a need for further follow-up"
 - "Non-compliance".

**Note there may be findings under each of these headings for each section. Each*

heading should be included and “none” should be listed if there are no findings for that section.

Strengths should be linked to approval standards. Provide the number and the test of the standard followed by a paragraph labeled “Finding” that describes why the area meets the definition of strength.

7. Definitions:

- In Compliance: The required policy, process, resource or system is in place and if required by the standard, there is evidence to indicate that it is effective.
- In Compliance with a need for further follow-up:
 - 1) The practical nurse program has the required policy, process, resource, or system in place, but there is INSUFFICIENT evidence to indicate that it is effective. Therefore, a need for further follow-up is required to ensure that the desired outcome has been achieved.
 - 2) The practical nurse program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance.
- Noncompliance: The practical nurse program has not met one or more of the requirements of the standard. The required policy, process, resource, or system either is not in place or is in place, but has been found to be ineffective.

4. CONDUCT AND OUTCOMES OF SITE VISIT MEETINGS

4.1 Approval Actions

4.1.1 The categories for approval of an Established Practical Nurse program are:

Approval: The Practical Nurse Education Program approval process is generally on a five-year cycle if the program has met 5 of 7 critical indicators and 80% of the remaining indicators. Nevertheless, the program is expected to continue to work towards meeting indicators, which they have not attained.

Conditional Approval: A conditional approval rating indicates that the program has met less than five of the 7 critical indicators and/or less than 80% of the remaining indicators. A conditional approval is generally approved for a maximum of 3 years, with the expectation to work towards achieving at least the minimum criteria for full approval status, in addition to working towards meeting all other indicators not attained.

Approval Withdrawn: When approval is withdrawn, a program that was operating with conditional approval was unable to take remedial action to achieve program approval status or there were extreme extenuating circumstances that would necessitate closure of the program.

When the SALPN Council withdraws program approval status, the date on which the approval ceases is stipulated in the letter sent to the Dean of the Practical Nurse Education Program. The school must make alternate arrangements to enable the students to complete the program.

4.1.2 The Categories for EPAC Approval of a New Basic Program are:

Approved to Implement Program: This rating authorizes the implementation of a new program. The program has complied with the Program Approval Indicators, which EPAC considers critical for successful implementation of a new practical nurse program. A review by EPAC will be carried out during the implementation of the first year of the program. This review is intended to allow for interaction with the first student cohort and to provide additional evaluative data to support the ongoing approval of the program.

Interim Approval: This rating recognizes that new programs evolve and require time to stabilize. The EPAC team will return to review the program after the first cohorts of students have completed the program. Approval will be for a maximum of two years. At the end of the Interim Approval term, EPAC will conduct a full program review and at this time, the program rating may change to “Conditional Approval” or “Approval”. This is in accordance with program performance requirements for established practical nurse programs.

Approval to Implement Program Denied: This rating indicates that the submission for a new program approval did not meet the critical Program Approval Indicators.

Failure to Implement an Approved Program: When a new program is approved by the SALPN, the practical nursing program must be implemented within 12 months of the approved start date. Approval to implement a new practical nursing program will be considered null and void if the institution fails to meet this requirement.

Should the institution wish to proceed with a practical nursing program at a later date, a new submission, as outlined above, will be required.

4.2 Other Approval Considerations

Warning: A “Warning” action may be designated to specific standard indicators where noncompliance may have detrimental effects on the ability to deliver the Practical Nurse Education Program (e.g., insufficient qualified faculty). The program will be expected to comply within 6-12 months. Although the program is not required to notify the student or public about a warning action, the EPAC Chair must inform the President of the Institution of the pending warning.

Failure of the institution to comply to the “Warning” to the satisfaction of the SALPN Council could result in the program being placed on either:

- interim approval
- conditional approval
- or approval-withdrawn status

4.3 Reporting of the SALPN Council Actions for Program Approval

The Dean of the Practical Nurse Education Program of the institution are sent a finalized Complete Site Visit Approval Report and a letter that stipulates the program’s approval status decision. In addition, there will be listed indicators in which compliance or noncompliance performances were identified and the need for any remediation actions required.

The Dean of the Practical Nurse Education Program is required to inform the faculty, staff and student body of the program’s approval status within 30 days of receiving the letter from the SALPN. At this time, the Practical Nurse Education Program approval status will be made available to the public on the SALPN website.

5. CIRCUMSTANCES THAT MAY LEAD TO AN UNPLANNED PROGRAM APPROVAL REVIEW OR SITE VISIT

5.1 Change in Governance or Organizational Structure

The lead of the Practical Nurse Education program must notify the SALPN in writing if there are substantial changes that involve a separation of the program from its current supporting educational institution, or transfer to the governance of another institution, or complete merger with another institution. After a review of the changes in governance or organizational structure, the SALPN Council will decide if a change in the program's approval status or need for additional information are warranted.

5.2 Expansion of Existing Sites or Inclusion of a Branch Campus

Prior to the expansion of an existing campus site or inclusion of a new branch campus is expected, the lead must notify the SALPN in writing of the program's ability to meet the needs for increased infrastructure and services. After a review of the expansion plans, the SALPN Council will decide if additional information is needed or a site visit is warranted.

5.3 Modification to Program Curriculum or Introduction of New Educational Initiatives

When major curriculum or educational initiatives involving one or more years of the Practical Nurse Education Program are planned for a subsequent academic year, the lead must inform the SALPN in writing. The lead will include supporting evidence for the curriculum changes, educational initiatives and the program's plan to implement the changes successfully. After a review of the evidence and plans for implementation, the SALPN Council will decide if additional data or information is needed or a site visit is warranted. Notification is not required for a curriculum change or new educational initiative at the individual course level.

5.4 Increase in Class Size

The program lead must notify the SALPN in writing of the program's anticipated growth in class size. This notification must occur if:

- 1) an increase in the entry class will be 10% or 10 students (whichever is less) in any one academic year or
- 2) 20% over three years.

The SALPN Council will may request additional data or information and request a site visit if warranted.

5.5 Investigation of Complaints about Program Quality or Delivery

In the event of a substantiated complaint about the education program quality or delivery of services, the SALPN will review if the program is compliant with the standards through a written request for additional information or conduct an on-site review. If the SALPN subsequently determines that a complaint has implications for the quality of the program, remedial actions will be put forward and the program's approval status may be revised.

6. OTHER POLICIES AND PROCEDURES

6.1 Development and Review of Program Approval Standards

The SALPN and EPAC Committee are dedicated to ensuring that the Practical Nurse Education Programs in Saskatchewan meet the highest standards for program quality and delivery. Nevertheless, the SALPN recognizes that the standards and guidelines used for the review of Basic Program approval are always open for improvement and regularly scheduled reviews. The suggestions for changes or additions to the standards typically come from the faculty, staff and student body of the education programs; however, any stakeholder can make a recommendation to the EPAC Committee about adding or revising a standard indicator or procedure used in the evaluation and approval process.

6.2 Conflicts of Interest

To ensure that EPAC Committee and Site Visit Team members adhere to any perceived or actual conflicts of interest, all persons must disclose in writing and withdraw their name for participation in the committee, a site visit, or decision about a program approval if:

- There is any direct connection between the individual (or a family member) and the Practical Nurse Education Program as a student, recent graduate, faculty member, administrator, employee/ contractor within the past three years.
- The individual has a work related affiliation with the education program's supporting institution.
- Any other interest (i.e., financial, political, professional) may conflict with the education program or person's involvement with the SALPN.

6.3 Confidentiality of Information and Research

All EPAC Committee members and Site Visit Team members sign a confidentiality of information agreement before they participate in the program approval process and the process of a site visitation. The data and information provided by the education program is held in strict confidence and will be stored securely throughout the review and until all aspects of the approval process are completed.

To ensure public safety and enhance the quality of education program delivery, the SALPN Executive Director may authorize research studies on the data and information collected through self-study and site visit documents to improve on the process of program approval within the jurisdiction. The information and results obtained from this research would be held confidentially with the SALPN and under strict nondisclosure agreements may be shared or made available to other individuals or organizations for analysis and interpretation.

6.4 Complaints about an Education Program or the Approval Process

The SALPN Executive Director and Council will seriously consider all substantiated complaints about an education program. The request must be made in writing and acknowledge that the individual may be identified as the complainant. The Executive Director will conduct an initial review of the complaint

about the education program's ability to meet compliance based on the Standards. If evidence can be found to support the complaint, the lead of the education program will be informed in writing and given an opportunity to respond in writing within one month.

A subsequent site visit would be required to follow-up on compliance with the concerns raised in the original complaint. The complainant will not be informed of the lead's response or result of any special or regularly scheduled site visit review conclusions.

Complaints by the institutions about the approval standards and indicators, or procedures and policies used in the site visit approval process will be reviewed by the SALPN Executive Director. All complaints must be made in writing and acknowledge that the individual may be identified as the complainant. The Executive Director or designate will conduct an initial review of the complaint to substantiate the complaint. The SALPN will review the findings and, if necessary, present recommendations to address the complaint.