



ACCREDITATION DOCUMENT FOR OSTEOPATHIC POSTDOCTORAL TRAINING INSTITUTIONS (OPTI)

**American Osteopathic Association
Department of Education
Division of Postdoctoral Training
142 East Ontario Street
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OSTEOPATHIC PLEDGE OF COMMITMENT

As members of the osteopathic medical profession, in an effort to instill loyalty and strengthen the profession, we recall the tenets on which this profession is founded – the dynamic interaction of mind, body and spirit; the body’s ability to heal itself; the primary role of the musculoskeletal system; and preventive medicine as the key to maintain health. We recognize the work our predecessors have accomplished in building the profession, and we commit ourselves to continuing that work.

I pledge to:

Provide compassionate, quality care to my patients;

Partner with them to promote health;

Display integrity and professionalism throughout my career;

Advance the philosophy, practice and science of osteopathic medicine;

Continue life-long learning;

Support my profession with loyalty in action, word and deed; and

Live each day as an example of what an osteopathic physician should be.

OVERVIEW

This document contains the accreditation standards for osteopathic postdoctoral training institutions (OPTI) and for approval of internship and residency training programs. It contains five sections, which together provide an overview of the basic requirements for OPTIs, and approvals for new and continuing intern and residency training programs. Section I provides the general requirements and accreditation standards for OPTIs; Section II is general institutional requirements for all institutions offering osteopathic graduate medical education; Section III contains general program requirements for internship and residency training programs and Sections IV and V provide specific policies and procedures for internship and residency training programs, respectively.

The information provided in this document provides requirements and guidance to directors of medical education, specialty affiliates, intern and residency surveyors, program directors, administrators, and interns and residents. The five sections are arranged to reflect the requirements for the administration of an intern or residency program and their relationship to an OPTI.

EXECUTIVE SUMMARY

To assure that institutions are committed to and capable of delivering uniquely osteopathic postdoctoral training, the American Osteopathic Association (AOA) is changing the method by which it evaluates and approves postdoctoral training programs.

Currently, the AOA's Program and Trainee Review Committee (PTRC) approves internship and residency training programs in hospitals either accredited by the AOA or affiliated with such hospitals, or hospitals affiliated with colleges of osteopathic medicine.

The new method involves accreditation of osteopathic graduate medical consortia as "Osteopathic Postdoctoral Training Institutions" – OPTIs. Such accreditation provides the public, appropriate governmental jurisdictions, the osteopathic medical profession, and interns and residents assurance that accredited OPTIs have met or exceeded basic established levels of quality for postdoctoral education in osteopathic medicine. The accreditation process involves systematic examination and peer examination and evaluation of all aspects of the educational impact and effectiveness of an OPTI as measured against AOA-approved standards. The benefits realized from this process will include the assessment of an institution's financial and philosophical ability to provide quality training programs, and the assurance to interns and residents that they are entering educationally and financially stable programs.

The Bureau of Osteopathic Education (Bureau), through the Council on Osteopathic Postdoctoral Training Institutions (COPTI), shall accredit OPTIs which are composed of at least one hospital accredited by the AOA through the Bureau of Healthcare Facilities Accreditation and one college of osteopathic medicine accredited by the Bureau of Osteopathic Education. The OPTI's governing body shall define the mission/objectives of the OPTI, which shall include providing programs of postdoctoral instruction and training in the art, science, and practice of osteopathic medicine, and contributing to the community by providing distinctive osteopathic health care.

Each OPTI shall at a minimum offer an internship and two residency programs, at least one of which must be in primary care (family medicine, internal medicine, obstetrics and gynecology or pediatrics). Multiple residency programs can be in the same discipline, providing they are in primary care. The minimum number of approved and funded training positions in each of the OPTI's participating institutions internship programs is four. The minimum number of approved and funded training positions in each of the OPTI's participating institutions residency programs is three.

The context and process used by the Bureau and COPTI in the accreditation of OPTIs are found in this document, *Basic Documents for Osteopathic Postdoctoral Training Institutions (OPTI) and Postdoctoral Training Programs*, Part One, "General Information for OPTI Accreditation," and Part Two, "Policies and Procedures Manual for OPTI Accreditation."

I. PROGRAM TO ACCREDIT OSTEOPATHIC POSTDOCTORAL TRAINING INSTITUTIONS (OPTI)

PART ONE: STANDARDS FOR ACCREDITATION OF OPTIs

Authority and Purpose of AOA

- 1.1 The American Osteopathic Association (AOA), Bureau of Osteopathic Education (Bureau) is recognized by the United States Department of Education and the Council for Higher Education Accreditation (CHEA) as the only accrediting agency for osteopathic medical education in the United States. Osteopathic postdoctoral training programs are recognized throughout the United States in federal and state laws and rules and regulations.
- 1.2 Accreditation action taken by or under the authority of the Bureau means that an Osteopathic Postdoctoral Training Institution (OPTI) has appropriately identified its educational mission, has secured the resources necessary to accomplish that mission, showed evidence of accomplishing its mission, and demonstrated that it may be expected to continue to accomplish its mission in the future.
- 1.3 Accreditation signifies that an OPTI has met or exceeded the AOA standards for quality postdoctoral education with respect to organization, administration and finance; faculty and instruction; intern and resident admissions and services, evaluation; curriculum; and facilities, which are explained in detail in this chapter.
- 1.4 The accreditation process is a cooperative activity that includes continuing self-assessment on the part of each institution, periodic peer evaluation through site visits and review directed by the AOA Council on Osteopathic Postdoctoral Training Institutions (COPTI), a component committee of the Bureau. The context and process used by the Bureau to accredit OPTIs is found in *Part Two, Policies and Procedures Manual for OPTI Accreditation*. Supplementary statements of operations and descriptions of those forms referred to in *Part Two, Policies and Procedures Manual* may be found in the *Administrative Handbook for Osteopathic Postdoctoral Training Institutions*.

Brief History of the AOA

- 1.5 In 1952, the AOA was initially recognized by the U.S. Department of Education. In 1959-1960, after several years of study, a reorganization of the education structure of the AOA took place. In order to bring all facets of osteopathic education under one body, a new Bureau of Professional Education was organized. The AOA was recognized by the National Commission on Accrediting in 1967. The National Commission on Accrediting was the predecessor to the Council on Postsecondary Accreditation, now the COPA. The COPA is the non-governmental agency recognized by higher education

institutions to approve, and recognize national agencies for accreditation purposes.

- 1.6 Currently, the Bureau coordinates four councils/committees that deal with various phases of osteopathic education:
 - a. The Council on Osteopathic Postdoctoral Training Institutions evaluates OPTIs;
 - b. The Council on Postdoctoral Training evaluates and approves postdoctoral training policies and procedures.
 - c. The Program and Trainee Review Committee evaluates internships, residencies, and other postgraduate medical education programs;
 - d. The Council on Continuing Medical Education evaluates programs and recommends approval of CME credits.
- 1.7 These councils are responsible for evaluating the programs under their purview and making initial recommendations to the Bureau. The Board of Trustees is the final appeal body for the Bureau, Council on Postdoctoral Training, and the Council on Continuing Medical Education.

Accreditation Standards

- 1.8 This section defines the accreditation standards against which OPTIs are evaluated for accreditation by the AOA's Bureau through the COPTI. Part Two, "Policies and Procedures Manual for OPTI Accreditation" documents the context and process used by the AOA's Bureau and COPTI in accrediting OPTIs. The document, *Administrative Handbook for Osteopathic Postdoctoral Training*, provides supplementary statements of operations and describes those forms referred to in Part Two.
- 1.9 The AOA, Bureau, COPTI and each accredited postdoctoral training facility are required to adhere to the policies, procedures and standards contained in these official AOA documents: *Accreditation of Osteopathic Postdoctoral Training*; and *Administrative Handbook for Osteopathic Postdoctoral Training*.

Prerequisites for Accreditation

- 1.10 OPTIs must be composed of at least one hospital accredited by the AOA through the Bureau of Healthcare Facilities Accreditation (BHFA) and one COM accredited by the Commission on College Accreditation (COCA).
- 1.11 It is strongly recommended that the AOA-accredited hospital(s) secure and maintain membership in the Council on Hospitals (COH). It is strongly recommended that the COM secure and maintain membership in the American Association of Colleges of Osteopathic Medicine.

- 1.12 To be considered for accreditation each OPTI shall be a formally organized entity.
- 1.13 OPTIs are encouraged to include other health care facilities and organizations, such as community health centers, ambulatory facilities and managed care organizations.
- 1.14 OPTIs shall be organized so that their governance permits the free association of its member COMs and hospitals with other AOA-approved educational consortia, institutions or OPTIs.
- 1.15 Non-AOA accredited institutions engaged in health care activities/education that may serve the OPTI as educational resources may participate within an OPTI through an affiliation agreement.
- 1.16 An institution that participates in an OPTI shall provide that OPTI with documentation that in its bylaws or equivalent it recognizes and accepts specialty certification through the certifying boards of the AOA on an equal basis with those certifying boards recognized by the American Board of Medical Specialties (ABMS) for the purposes of obtaining hospital privileges.
- 1.17 All OPTIs, developing OPTIs, or groups interested in organizing an OPTI, must comply with and observe the standards in this document, as well as the policies and procedures as stipulated in Part Two and in the *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*.

Organization, Governance and Finance Standards

- 1.18 The governing body shall define the mission/objectives of the OPTI, which shall include high quality GME programs through stringent educational and administrative standards.
- 1.19 The governing body of the OPTI shall adopt bylaws, or equivalent documents that shall define the responsibilities of the governing body, the administration, the postdoctoral faculty, and other significant constituencies, and set forth the organizational structure of the OPTI. The governing body shall include representation from each participating institution or have authority granted from partner institutions to a representative group in the case of large OPTIs.
- 1.20 The OPTIs' bylaws shall require any partner institution to notify the OPTI central site office of any substantive change that partner has made. The OPTIs' bylaws shall require the OPTI central site office to notify the appropriate AOA specialty college of any substantive changes by partner institutions.
- 1.21 Each OPTI will provide programs of postdoctoral instruction and training in the art, science, principles and practice of osteopathic medicine.

- 1.22 Each OPTI will contribute to the community by promoting and providing osteopathic health care.
- 1.23 Each OPTI will develop policies and guidelines essential for achieving its objectives and assuring the quality of the educational programs.
- 1.24 The governing body shall ensure that its members and officers avoid conflicts of interest with respect to the affairs of the OPTI.
- 1.25 Each OPTI will establish and implement those planning procedures necessary to attain and maintain its postdoctoral educational mission/objectives.
- 1.26 Each OPTI shall develop and maintain a permanent and safe system for keeping records.
- 1.27 Each OPTI will ensure that its educational program is under the direction and supervision of an osteopathic director of medical education (DME) or academic officer (AO). The DME/AO must be a D.O. who possesses an earned D.O. degree from an AOA-accredited college of osteopathic medicine and AOA-approved postdoctoral training.
- 1.28 Each OPTI will publish, via electronic or print media, and update at least every other year, a catalog and/or other appropriate document, that shall include at least the programs offered, salary and benefit package information, entrance requirements, and such general and policy information as is necessary for interns and residents.
- 1.29 Each OPTI will complete and forward to the AOA an annual report which is due 60 days from the completion of the academic year, normally September 1.
- 1.30 Each OPTI will jointly confer, with its partner institution(s), certificates of completion on those interns and residents who have satisfactorily completed the requirements for graduation and have been recommended for graduation by the postdoctoral faculty.
- 1.31 Each OPTI will demonstrate that it has committed the financial resources necessary to operate, and to attain and maintain its postdoctoral educational mission/objectives. A budget and process for funding its operation must be based on a business model.
- 1.32 Each OPTI will comply with all policies, basic standards, and requirements for intern/resident program approval as published by the AOA in individual program documents.
- 1.33 Each OPTI must have an Osteopathic Graduate Medical Education (OGME) Committee to oversee the postdoctoral training program. The committee shall include the OPTI DME/AO, institutional DMEs, residency program directors, intern and resident representatives, and representatives from the COMs. The

functions of this committee will be clearly stated and documented by the OPTI. it shall assure high osteopathic educational programs through stringent education and administrative standards.

- 1.34 The OGME committee shall establish and institute an internal review process for corrective action plans submitted by partner training institutions in response to findings resulting from AOA program inspections. All corrective action plans must be approved with signature by the OPTI's DME/AO and reported to the OGME committee prior to submission to the AOA.
- 1.35 The OGME committee shall review the partner institution's core competency institutional plan and ensure appropriate progression of education and evaluation methodologies.
- 1.36 Each OPTI shall offer a minimum of one AOA-approved internship and two AOA-approved residency programs, at least one of which must be in primary care (family medicine, general internal medicine, obstetrics and gynecology or general pediatrics). The minimum requirement of two AOA-approved residency programs may be satisfied with two AOA-approved primary care residencies in separate institutions. An OPTI shall not have two AOA-approved residencies in the same discipline in one institution. An institution may not sponsor two AOA-approved internships or two AOA-approved residencies in the same discipline.
- 1.37 Each OPTI shall include opportunities for osteopathic student clerkship experiences.
- 1.38 OPTI's must recognize that failure to enforce high quality educational programs and compliance with standards within its programs will be subject to withdrawal of accreditation of the OPTI.

Research Standards

- 1.39 Each OPTI will contribute to the advancement of knowledge for interns and residents, including osteopathic contributions to medicine through scientific research.
- 1.40 Each OPTI will create in association with the specialty college research-related educational objectives for interns and residents.
- 1.41 Each OPTI will facilitate resident participation in research requirements and/or projects initiated by an osteopathic specialty college.
- 1.42 Each OPTI shall identify and list research resources and opportunities available to interns and residents within the OPTI.
- 1.43 Each OPTI will provide ready access to basic science and/or clinical research mentorship.

- 1.44 Each OPTI will identify research and methodology support services available to interns and residents.
- 1.45 Each OPTI will establish policies and guidelines governing scientific research activities in accordance with Federal government guidelines.

Faculty and Instruction Standards

- 1.46 Each OPTI shall demonstrate that it has sufficient and appropriate faculty to meet its mission/objectives.
- 1.47 The OPTI shall not discriminate on the basis of race, gender, color, religion, creed, national origin, age or sexual orientation in the selection of faculty and administrative personnel. Selection must also be in accordance with state and federal government guidelines and in compliance with the Americans With Disabilities Act (ADA).
- 1.48 The OPTI shall ensure that faculty, including osteopathic physicians, shall be available in sufficient numbers at the hospitals and affiliated teaching sites to deliver the curriculum and provide academic counseling to the interns and residents.
- 1.49 The OPTI shall demonstrate a process for faculty selection and appointment consistent with achieving its mission/objectives.
- 1.50 The OPTI shall provide a faculty development program that includes knowledge and understanding of osteopathic philosophy, principles and practice, and clinical teaching and evaluation methodologies. This shall provide for continuing study for development of faculty, investigators and physicians.
- 1.51 The OPTI shall appoint, or designate, the postdoctoral faculty at each OPTI-associated and affiliated teaching site.
- 1.52 The OPTI faculty shall be provided with a forum for communication through a faculty representative on the OGME committee.
- 1.53 The OPTI shall implement a system of faculty and program evaluation that assesses and measures the effectiveness of the educational program and faculty and establishes opportunities for improvement.
- 1.54 Each OPTI and its associate institutions and faculty, shall integrate osteopathic principles and practice (OPP) into all teaching services as appropriate and shall have OMT faculty to provide OPP teaching.

Intern and Resident Status and Services Standards

- 1.55 Each OPTI shall adopt selection policies and criteria for intern and resident selection in accordance with specific policies and procedures in Part Two.

- 1.56 Each OPTI shall ensure that transfer credit and waiver policies and procedures are applied in accordance with specialty college policies as approved by the COPT. Postdoctoral credit may be transferred only from AOA-approved or Accreditation Council for Graduate Medical Education (ACGME)-accredited postdoctoral training programs and must be approved by AOA specialty college committees on education and evaluation.
- 1.57 Each OPTI shall implement a system of intern and resident evaluation that measures and documents progress toward completion of the program.
- 1.58 Each OPTI shall implement a system that allows interns and residents to evaluate their programs.
- 1.59 Interns and residents shall be provided with a forum for communication through intern and resident representatives on the OGME committee and through required meetings with the ODME and residency program directors.
- 1.60 The OPTI shall implement a system to monitor on-call schedules and work hours to assure interns and residents that work hour policies are being enforced and adhered to. The OPTI shall provide a means for interns and residents to report inconsistencies, without reprisal, in published work hour policies to the OPTI through their designated representative on the OGME Committee.

Curriculum Standards

- 1.61 The OPTI shall assure the development and implementation of curricula designed to achieve program mission/objectives. These may also be developed by specialty colleges in accordance with their basic standards requirements, and by the COPT for internships.
- 1.62 The OPTI shall provide for the integration of OPP throughout all AOA postdoctoral programs approved within the OPTI in accordance with basic standards requirements of the specialty college.
- 1.63 The OPTI programs shall have the option of offering a portion of their postdoctoral curriculum at sites not owned or operated by the OPTI. Such program arrangements must include signed affiliation agreements that address COPT requirements for any educational experiences utilized routinely for all interns and residents in that program other than for elective rotations.
- 1.64 The OPTI shall ensure and provide validation that the incorporation of required core competencies and their evaluation into all specialty curricula have occurred. This validation can be monitored by review of the institutional core competency annual report.

Facilities Standards

- 1.65 The OPTI must, at its own and at all affiliate institutions, assure the provision of access to appropriate learning resources necessary for the delivery of the postdoctoral curricula, including a professionally staffed library containing a wide selection of modern textbooks and current periodicals applicable to the medical services rendered by the OPTI.
- 1.66 The library resources of the OPTI-affiliated COM shall be made available to interns and residents at the OPTI-affiliated hospital, either through electronic means or via a delivery service arrangement when the COM is not in close physical proximity to the hospital.
- 1.67 The AOA, Bureau, COPTI and each accredited OPTI are required to adhere to the policies, procedures and standards contained in these official AOA documents: *Accreditation of Osteopathic Postdoctoral Training Institutions*; and *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*.

Accrediting Body

- 1.68 Accreditation of current and proposed OPTIs is the responsibility of the Bureau through the COPTI. The COPTI has the responsibility for assuring compliance with the accreditation standards and overseeing the accreditation process.
 - 1.69 The COPTI will, upon formal request from the official representative of a new OPTI, consider that OPTI for accreditation.
 - 1.70 The COPTI has the responsibility for interpreting the standards of accreditation, but has no authority to waive compliance with any standards by any OPTI.
 - 1.71 Final accreditation recommendations of the COPTI are reported to the Bureau, and are subject to appeal.
 - 1.72 Decisions affecting accreditation status will be made only after on-site evaluation of an existing OPTI or new OPTI.
 - 1.73 An OPTI shall be designated as an AOA-recognized OPTI upon receipt of accreditation status, and shall be listed in the official AOA registry maintained by the AOA.
- 3.6 An OPTI retains the right to withdraw at any time from the accreditation process. Such requests may be made only by an official representative of the OPTI. If a member or an institution within an OPTI withdraws or is withdrawn, this must be reported to the COPTI, which may reinspect the OPTI.

Application and Accreditation Process - Overview

- 1.75 Accreditation provides the public, appropriate governmental jurisdictions, the osteopathic medical profession, and interns and residents assurance that accredited OPTIs have met or exceeded basic established levels of quality for postdoctoral education in osteopathic medicine leading to a postdoctoral certificate for the Doctor of Osteopathy (D.O.) or Doctor of Osteopathic Medicine (D.O.) and eligibility for board certification by the AOA through completion of an AOA-approved residency (the educational continuum).
- 1.76 The AOA recognizes that each OPTI must establish its own goals and directions and develop the means to carry them out while insuring that the goals of quality education identified in the standards are being met.
- 1.77 The accreditation process involves a self-study report, a systematic self and peer examination and evaluation of all aspects of the educational impact and effectiveness of an OPTI as measured against the AOA-approved standards.
- 1.78 The OPTI will be judged for accreditation upon the total evidence presented through an accreditation review.
- 1.79 The non-refundable fee for examining credentials submitted in application for accreditation status is \$500 U.S. dollars.
- 1.80 A self-study must be prepared and submitted as part of the application.
- 1.81 Upon receipt of a completed application, the application will be reviewed by the COPTI. One of the following actions may be taken:
 - a. The COPTI shall conduct an on-site evaluation of the applicant OPTI to assess the accuracy of the self-study.
 - b. More information may be requested as necessary.
- 1.82 Following the on-site evaluation or receipt of additional information, COPTI will recommend to the Bureau to grant or deny accreditation status.
- 1.83 The Bureau will grant or deny accreditation status.

Definition of Application Status

- 1.84 An applicant OPTI or OPTI may have applicant status or accreditation status with the AOA.
- 1.85 Applicant status is the initial step in seeking accreditation. This is offered without rights or privileges of accreditation, and does not establish or imply recognition by the AOA.

- 1.86 Applicant status is granted upon formal request for evaluation submitted to the COPT by the official representative of the applicant OPTI.
- 1.87 Applicant OPTIs must consist of a minimum of one internship and two residency programs, at least one of which must be in primary care. The minimum requirement of two residency programs in an OPTI may be satisfied with two primary care residencies in separate institutions.
- 1.88 An OPTI shall not have two residencies in the same discipline in one institution. An institution may not sponsor two AOA-approved internships or two AOA-approved residencies in the same discipline.
- 1.89 Upon receipt of a request for evaluation submitted by the official representative of the applicant OPTI, the secretary of COPTI shall mail an application packet containing:
- a. A cover letter including a copy of *Accreditation of Osteopathic Postdoctoral Training Institutions, and Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*;
 - b. All necessary forms;
 - c. Instructions for submission of application fees;
 - d. The list of advisors on OPTI development is defined in Article I.B.2 of the *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions* and listed in Appendix A of that volume; and
 - e. A checklist to assist the applicant OPTI in preparing this application.

Definition of Accreditation Status

- 1.90 Accreditation status confers all rights and privileges of accreditation as described above.
- 1.91 Accreditation status is reviewed within a maximum five year survey cycle or sooner if warranted.
- 1.92 Accreditation actions are based upon an on-site evaluation.
- 1.93 Renewal of accreditation will be based on an on-site evaluation.
- 1.94 Once accreditation status is attained, the OPTI shall retain that status until such time as it may be withdrawn by the Bureau.
- 1.95 An accredited OPTI is obligated to report to the COPTI substantive changes in its governance, membership, structure, and/or function together with written report as to the impact of such change(s). Such report shall be considered by the COPTI and, may be acknowledged and filed, or, if deemed of sufficient

significance, may result in an on-site visit. Substantive change may include, but not be limited to, any of the following: (a) any change in the established mission, objectives or location of the OPTI; (b) any change in the legal status or form of control of the OPTI, including the addition or loss of governing partners; (c) addition of instruction which represents a significant departure in terms of curriculum content, training program options, or method of delivery of the curriculum and training; (d) any increase in the number of training positions available within the OPTI as approved by the AOA.

- 1.96 An accredited OPTI is obligated to complete all required annual evaluation procedures directed to the OPTI or its interns and residents as deemed necessary by the COPTI.

Requirements for Self-Study Report

- 1.97 A self-study report is a critical and integral part of the OPTI accreditation process. Prior to a full survey on-site accreditation visit, each OPTI shall complete and submit a self-study report in a form approved by the COPTI (see Article II, *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*).
- 1.98 The self-study report will address, at a minimum, the following topics: historical overview of the OPTI; organization of the self-study process; mission/objectives of the OPTI; organization of the OPTI; facilities; faculty and faculty development activities; training; academic resources; instructional program; evaluation methodologies; recent accomplishments and current concerns; detailed discussion about the OPTI's efforts and activities in establishing collaboration between the partner COM and hospitals in promoting a continuum of education from predoctoral through postdoctoral training; and financial reports, including the audited financial statements, or the appropriate financial reports for state institutions, for at least the last four years.
- 1.99 The COPTI has designed data-gathering instruments designed to stimulate self-evaluation and continuous improvement. The OPTI shall use these instruments to provide information annually. Such instruments shall require only those data directly related to the evaluation and accreditation process and shall make maximum use of information already available in the institution (see sample annual report forms in the *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*). Annual report forms shall be submitted to the AOA not later than the published September 1st deadline giving the OPTI sufficient time to gather information from the prior training year and providing COPTI with appropriate review time prior to their fall meeting. In addition to other required information as specifically requested on the forms, the annual report shall include a description of progress pertaining to any and all continuing requirements / deficiencies and recommendations from the OPTI's prior site survey. If annual reports are not received by the published September 1st deadline, COPTI may review the accreditation status of the OPTI for

reconsideration or request a focused site visit. Completing data-gathering instruments does not, by itself, constitute an annual report.

- 1.100 The self-study report for a new OPTI must demonstrate the clear commitment of each member institution to the OPTI's mission, operation, development, and financial support.
- 1.102 The self-study report must demonstrate that the new OPTI has obtained appropriate support for approval to grant postdoctoral certificates to D.O.s.
- 1.103 The self-study report must demonstrate evidence of adequate staff support, including but not limited to the appointment of an official representative and a ODME/AO, to provide leadership during the development of the OPTI. The DME/AO shall participate in the development of the new OPTI.
- 1.104 Before the COPTI recommends a new OPTI accreditation status, the OPTI shall clearly demonstrate and document that it has the availability of adequate inpatient and ambulatory clinical training sites, including patient volumes, scope and variety for the internship program(s) and the applied-for residency programs.
- 1.105 Before the COPTI recommends a new OPTI accreditation status, the OPTI shall clearly demonstrate that it has adequate financial support. The OPTI shall document financial support that includes sufficient operating, reserve, and, if necessary, construction funds.
- 1.106 Sufficient funds shall be available to support all necessary and proper activities, the employment of a core staff, the development of curriculum, support of administration and planning personnel, and shall include such other resources as may be necessary to secure funding from governmental or private sources.
- 1.107 A new OPTI shall demonstrate that the level of funds described immediately above will be available for not less than three years of instruction.
- 1.108 Before the COPTI recommends a new OPTI accreditation status, the OPTI shall clearly demonstrate that it has institutional support and sufficient resources for the provision of postdoctoral instruction and training in the art, science, principles and practice of osteopathic medicine.
- 1.109 Completed OPTI self-study reports shall be transmitted to the COPTI at least 60 days prior to the scheduled date of a full survey.

On-Site Evaluation of OPTIs

- 1.110 On-site evaluation of an OPTI is required prior to accreditation action. Governance must be functioning and bylaws approved prior to conducting an on-site evaluation prior to accreditation.

- 1.111 There are two types of on-site evaluations: full surveys, and focused visits.
- 1.112 Procedures for each site visit, including a suggested schedule, responsibilities of the chairperson and secretary, manner of conducting the visit and the nature of the report required shall be developed by COPTI, and made available to the team and the OPTI in advance of the visit (see Article III of *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*).
- 1.113 If the COPTI directs an on-site evaluation and the OPTI refuses to permit the on-site evaluation, the following results may occur:
- a. If the OPTI is not on probation, the Bureau shall reduce that OPTI's status to accreditation with probation. This action is subject to an appeal.
 - b. If the OPTI is on probation, the Bureau shall withdraw accreditation for reasons of noncompliance with the policies and procedures for accreditation. This action is subject to appeal.
 - c. If an applicant OPTI refuses to permit the on-site evaluation, the applicant OPTI is automatically denied accreditation status.

On-Site Evaluation – Full Survey

- 1.114 Full surveys are scheduled by the COPTI to examine compliance with all areas of the standards for accreditation as described in Part One.
- 1.115 The surveyors will examine both the OPTI's overall ability to deliver postdoctoral training programs and compliance with AOA standards and requirements, as well as the specific functioning of all AOA-approved postdoctoral training programs. Such accreditation on-site surveys are separate from inspections of individual residency training programs (see Article III, *Administrative Handbook for Osteopathic Postdoctoral Training Institutions*).
- 1.116 Loss or denial of approval of a residency program at an OPTI does not affect the OPTI's accreditation status unless the action causes the OPTI to be no longer in compliance with the standards (i.e. leaving the OPTI with only one residency program).
- 1.117 A team appointed to undertake a full survey shall consist of not more than three persons to address all of the standards and may include such consultants from outside the profession as the COPTI finds appropriate. Selection of members of the full survey team shall be made pursuant to procedures established by the COPTI and will be transmitted to each OPTI. The COPTI shall seek and receive the concurrence of the official representative or chief administrative officer of the OPTI as to the composition of the team. In the event of an objection to a team member, a mutually approved substitution shall be made.

- 1.118 At the option of the OPTI, a currently-matriculated intern or resident from another OPTI may be invited to serve as an observer on the team. (see Article III.C.3 Section X of *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*).
- 1.119 The AOA shall be reimbursed by an OPTI for the direct costs of an on-site evaluation prior to the meeting at which the COPTI is scheduled to take action on that survey evaluation.

On-Site Evaluation – Focused Visit

- 1.120 A focused visit may be required by the COPTI on the basis of problems noted in a full survey and judged not adequately addressed following a full survey. A focused visit may also be required when deemed necessary by the Bureau or COPTI. Such focused visits are for concerns regarding compliance with accreditation standards or the internship program only. Concerns regarding the delivery of the educational program in specialty residencies are inspected separately (see Article III.B of *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*.)
- 1.121 The focused visit shall be undertaken by no more than two evaluators appointed to examine the particular problem identified by the COPTI. Selection of evaluators shall be made pursuant to procedures established by the COPTI and will be transmitted to each OPTI. The COPTI shall seek and receive the concurrence of the official representative of the OPTI as to the composition of the team. In the event of an objection to an evaluator, a mutually approved substitution shall be made (see Section X of *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*).
- 1.122 The focused visit ordinarily will require one day and will focus on the particular area(s) identified by the COPTI.
- 1.123 Thirty days prior to the focused visit, an OPTI shall supply the AOA Division of Postdoctoral Training with such information as shall be specified by the COPTI concerning the problems, which are the subject of the visit.
- 1.124 The AOA shall be reimbursed by an OPTI for the direct costs of a focused site visit prior to the meeting at which the COPTI is scheduled to initiate any action(s) resulting from the visit.

On-Site Evaluation – Other Information

- 1.125 The COPTI shall require all OPTIs to submit, each calendar year, an annual report with the format prescribed by the COPT (see various forms in the *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions* or AOA website). The COPTI shall require all OPTIs to complete all required annual evaluation procedures directed to the OPTI or its interns and residents as deemed necessary by the COPTI.

- 1.126 An OPTI will be exempt from filing an annual report during the calendar year when the OPTI is surveyed for re-accreditation.
- 1.127 The COPTI may require an OPTI to undergo an on-site evaluation (full or focused) when, in the judgment of the COPTI, such an evaluation is warranted.
- 1.128 Site visits will be scheduled during the normal periods that the OPTI is in session. Official holidays, examination periods and days immediately adjacent to them will be avoided. The official representative or DME/AO, as appropriate, shall be consulted in establishing mutually suitable dates.
- 1.129 Thirty days prior to the visit, the OPTI shall send to the AOA Division of Postdoctoral Training, such documents, requested by the COPTI, as are appropriate to the type of visit scheduled. In the case of a full survey, the comprehensive self-study report is required at least 60 days in advance.
- 1.130 The personnel for site visits shall be appointed by the COPTI, from an approved list of persons qualified for the type of visit scheduled.
- 1.131 The COPTI shall only use competent and knowledgeable persons, qualified by experience and training, and selected in accordance with non-discriminatory practices developed and articulated in writing by the Bureau (see Article III.C of *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*).
- 1.132 The COPTI shall include on each full survey team at least one person who is not a member of the COPTI or AOA staff.
- 1.133 Members of the AOA Board of Trustees or Bureau of Professional Education may not serve as OPTI surveyors.
- 1.134 The report of each visiting team will be reviewed and evaluated by the COPTI. At least one member of the team, preferably the chair, should be available for consultation at the time of COPTI review.
- 1.135 COPTI shall designate a chair for each visit. The chair is responsible for the organization of the visit and the preparation of the final report and recommendations.
- 1.136 The visiting team's recommendations shall be agreed upon by the team before the team leaves the OPTI, and before the final oral report is made at the exit conference.
- 1.137 At the conclusion of the site visit, there shall be an exit conference between the team and representatives of the OPTI designated by the official representative or DME/AO, as appropriate. The exit conference shall include an oral report by the team. This report will provide the OPTI with an accurate preview of the final report. At the exit conference, the OPTI shall be allowed to present

additional information concerning areas of weakness observed by the team and discussed at the exit conference or during the site visit.

- 1.138 A copy of the draft report, including the final recommendations, shall be sent to each team member for review, correction, and/or editing, and to the OPTI's official representative, or DME/AO as appropriate, for review and correction of factual errors only. Additional material may be submitted by the OPTI to document factual errors in the draft report. This should not be confused with the OPTI's formal response to the report.
- 1.139 The visiting team's final report shall be forwarded to the OPTI for review and comment.
- 1.140 The visiting team's final report shall reflect consideration of the OPTI's comments, as appropriate, and shall be forwarded to the COPTI.
- 1.141 The official representative of an OPTI shall receive notification of an on-site evaluation and a copy of the visiting team report as approved by the COPTI. If the OPTI is organized within a university, the above referenced officers of that university shall also receive the materials specified above.

Review of Accreditation Reports Resulting from On-Site Evaluation

Consideration of the Visiting Team Report

- 1.142 At the exit conference, the OPTI official representatives may ask the visiting team, through its chair, for reconsideration of its report, if the OPTI feels that there are errors in the findings or recommendations of the team. This should not be confused with the OPTI's formal response to the report.
- 1.143 After receipt of the draft report, the OPTI may request correction of factual errors by the team chair.
- 1.144 The site visit team may request additional documents or information be submitted with the report to support the work of the team.
- 1.145 The visiting team's report shall be forwarded to the OPTI for review and comment.
- 1.146 The visiting team's final report shall reflect consideration of the OPTI's comments, as appropriate, and shall be forwarded together to the COPTI for review.

Consideration by the COPTI

- 1.147 A member of the team, preferably the chair, should be available for consultation at the time of COPTI review.

- 1.148 Should the OPTI have concerns that the errors in the actions, findings or recommendations of the visiting team have not been resolved, the OPTI may submit, to the COPTI, additional written information relevant to the questions of accuracy of the report.
- 1.149 The COPTI shall review the final draft report of the visiting team and any written submissions made by the OPTI. The COPTI may accept or modify the recommendations made by the visiting team and shall specify the reasons for any modifications. Within 30 days of COPTI action, a copy of the recommendations shall be sent to the appropriate administrative officers of the OPTI.

Reconsideration of COPTI Recommendations

- 1.150 Requests for reconsideration of a recommendation of the COPTI regarding the OPTI accreditation status shall be filed in writing with the secretary of the COPTI, accompanied by supporting documents, data and other information, not more than 30 days following receipt of notice to the OPTI by the Bureau of the accreditation of recommendations given by the COPTI.
- 1.151 A request for reconsideration may be filed only with the approval of the OPTI's governing body or other appropriate authority.
- 1.152 The basis of a request for reconsideration shall be (a) alleged bias, injustice or factual error of sufficient magnitude to warrant a reconsideration of the decision; or (b) departure from the standards of accreditation or established policies and procedures as defined in the document *Accreditation of Osteopathic Postdoctoral Training Institutions*.

Accreditation Actions Resulting from an On-Site Evaluation

Approve Accreditation

- 1.153 The OPTI clearly meets the standards of accreditation.
- 1.154 The OPTI has a sound total program, but is found to exhibit a weakness, in that certain limited standards of accreditation have not been met. The Bureau shall specify the standard(s) not being met and clearly note deficiencies. The Bureau shall specify procedures for monitoring compliance, which may include another on-site evaluation within 18 months. A full report specifying correction of any deficiencies is required within 90 days to COPTI.
- 1.155 The resurvey period of newly accredited OPTIs will not exceed two (2) years.

Deny Accreditation

- 1.156 The OPTI fails to meet the requirements for accreditation or fails to make proper application. The Bureau shall clearly specify which requirements were not attained.

Accreditation with Notice

- 1.157 Accreditation with notice is granted when the OPTI is found to exhibit weaknesses that threaten the quality of the total program.
- 1.158 The Bureau shall specify the standard(s) not being met, clearly note deficiencies, and specify the procedures for monitoring compliance.
- 1.159 Accreditation with notice is private between the Bureau, COPTI and the OPTI. The AOA and the OPTI shall continue to publicly describe the OPTI's status as Accredited.
- 1.160 The OPTI shall implement a system to periodically oversee and monitor each member institution's compliance with work hours. The OPTI shall provide a means for interns and residents to continue to report inconsistencies, without reprisal.
- 1.161 OPTIs having accreditation with notice shall undergo an on-site evaluation within one year, and shall submit to the Bureau within 90 days of receipt of the accreditation letter, a corrective action plan demonstrating full compliance.
- 1.162 At any time during the period an OPTI has accreditation with notice status, the Bureau may require that OPTI to show cause why accreditation should not be withdrawn.

Accreditation with Probation

- 1.163 Accreditation with probation is granted when the OPTI is found to exhibit serious weaknesses in meeting the standards of accreditation such that the quality of the total program is in jeopardy.
- 1.164 The Bureau shall specify the standard(s) not being met, clearly note deficiencies, and specify the procedures for monitoring compliance.
- 1.165 "Accreditation with probation status is public and notice shall be provided to all interested parties. The AOA and OPTI shall publicly describe the OPTI's status as Accreditation with Probation.
- 1.166 The Bureau shall establish a timetable for remediation. The Bureau may require that the OPTI use a consultant to review the plans for remediation with the institution (costs to be borne by the institution), submit written reports and/or documents, and other actions or activities as determined by the Bureau.

- 1.167 OPTIs having accreditation with probation status shall undergo an on-site evaluation within one year, and shall submit to the Bureau within 90 days of receipt of the accreditation letter a corrective action plan demonstrating full compliance.
- 1.168 At any time during the period an OPTI has accreditation with probation status, the Bureau may require that OPTI to show cause why accreditation should not be withdrawn.

Withdrawal of Accreditation

- 1.169 Withdrawal of accreditation may occur at any time that the OPTI is found to exhibit such weaknesses in meeting the standards of accreditation that the quality of the total program is unacceptable. Withdrawal of accreditation will usually be preceded either by accreditation with notice or accreditation with probation.
- 1.170 If the OPTI's accreditation is withdrawn, the approval of its internship and residency programs is withdrawn as well. Arrangements will be addressed by the COPTI regarding placement of current interns and residents.
- 1.171 If the OPTI or its partner institution(s) is delinquent in payment of annual fees to the AOA, withdrawal of accreditation can occur. OPTIs judged to be delinquent in the payment of fees 90 days after the invoice date shall not be eligible for any continuing review. OPTI participating institutions shall not be eligible for any continuing review. OPTI participating institutions shall not be eligible to contract with interns and residents for the subsequent academic year within that OPTI. The OPTI shall be notified by certified mail of the effective date of withdrawal of accreditation. Arrangements will be addressed by the COPTI regarding placement of interns and residents affected by such actions.

Appeal of an Accreditation Action

- 1.172 An OPTI may appeal an accreditation action of the Bureau to the Appeal Committee. The OPTI's current accreditation status will be maintained throughout the appeal process. The OPTI shall file a written notice of such appeal with the secretary of the BOE within 60 days of receipt of notice of final disposition of the request for consideration.
- 1.173 In order to appeal an accreditation action of the Bureau Appeal Committee to the AOA Board of Trustees, an OPTI shall file a written notice of such appeal with the executive director of the AOA within 60 days of receipt of notice of and adverse decision by the Bureau Appeal Committee.
- 1.174 The basis of an appeal shall be (a) alleged bias, injustice, or factual error of sufficient magnitude to warrant a change in the Bureau's accreditation action; or (b) departure from the standards of accreditation or established policies and

procedures as defined in the document *Accreditation of Osteopathic Postdoctoral Training Institutions*.

- 1.175 An appeal may only be filed with the approval of the OPTI's governing body, or appropriate authority, and notice of appeal shall indicate that the governing body of the OPTI, or appropriate authority, authorized the appeal.
- 1.176 The notice of appeal shall state specifically the basis for the appeal and shall be accompanied by supporting documents, data, and other information.
- 1.177 The Bureau Appeal Committee shall consider the allegations of the OPTI and the documentation submitted in writing in support of the allegations. It shall also consider the report of the visiting team and the OPTI's response; the recommendations and reasons for the recommendations of the visiting team; the recommendation of the COPTI; and other materials it considers pertinent.
- 1.178 The format of the appeal hearing will consist of an initial presentation of the position of the COPTI. The OPTI will then present its position. Following these presentations, time will be afforded members of the Bureau Appeal Committee to question both parties. Each party will then be given an opportunity for summation of its position. Upon excusing both parties, the Bureau Appeal Committee shall deliberate and reach a conclusion.
- 1.179 After the appeal hearing, the Bureau Appeal Committee shall take action on the appeal and provide a written decision, including a statement of the reasons for the decision, to the COPTI and the OPTI. The Bureau Appeal Committee shall either affirm the original Bureau action or return the matter to the Bureau or COPTI with directions.
- 1.180 The executive director of the AOA shall notify the Board of Trustees upon the receipt of an appeal and schedule the appeal.
- 1.181 The OPTI may be represented by counsel at any time during the appeal process.
- 1.182 There shall be no change in the accreditation status of an OPTI pending final disposition of an appeal.
- 1.183 After the appeal hearing, the Board shall take final action on the appeal and provide a written decision, including a statement of the reasons for the decision, to the Bureau and the OPTI. The AOA Board shall either affirm the original decision of the Bureau or return the matter to the Bureau or COPTI with directions.
- 1.184 After exhaustion of all administrative appeals and upon a final disposition of an appeal by the AOA Board, an OPTI may seek reinstatement of accredited status by complying with the requirements for accreditation status.

Confidentiality of the Accreditation Process

- 1.185 Accreditation reports are confidential between the Bureau, the COPTI and the OPTI involved. Premature and/or unauthorized disclosure of information reflecting visiting team or COPTI views or recommendations concerning the accreditation status of an OPTI is not permitted.
- 1.186 The administrative officers of each OPTI are encouraged to make accreditation reports available to faculty members and others directly concerned. AOA officials, members of the Bureau, and COPTI and visiting team members are not authorized under any circumstances to disclose any information obtained during site visits.
- 1.187 The AOA is obligated to maintain the confidentiality of its relationships with its OPTIs and not to announce publicly any action with respect to an OPTI other than its accreditation status, including public probationary status, or its removal from the accredited list.
- 1.188 If an OPTI releases part or all of an accreditation report in such a manner as to misrepresent or distort the report, the Bureau or COPTI may release appropriate parts of, or the full report, to correct the misinformation. The AOA shall inform the OPTI in advance of the release and the substance of the release of any such information.

Official Statements Used to Report Accreditation Status

- 1.189 The Bureau shall notify each OPTI granted accreditation as follows:
- The Bureau of Professional Education of the American Osteopathic Association has approved the accreditation status of the *(name of OPTI)*. The OPTI's accreditation remains in effect until the AOA conducts its next regularly scheduled survey, approximately *(month and year)*.
- 1.190 The following statements are the only approved statements for inclusion in the catalog of an OPTI:
- The OPTI has received accreditation from the American Osteopathic Association through the COPTI and the Bureau of Osteopathic Education, which is the recognized accrediting agency for the approval of Osteopathic Postdoctoral Training Institutions preparing osteopathic physicians.
- The *(individual intern or resident training program)* has received approval from the American Osteopathic Association through the PTRC, which is the recognized accrediting agency for the approval of osteopathic postdoctoral training institutions preparing osteopathic physicians.
- 1.191 The AOA shall publish or otherwise make publicly available the following information:
- (a) Copies of the *Accreditation of Osteopathic Postdoctoral Training Institutions and Administrative Handbook for the Accreditation of*

Osteopathic Postdoctoral Training Institutions.

- (b) The current accreditation status of each accredited OPTI and the date of the next currently scheduled on-site review or date for reconsideration of such accreditation.
- (c) All final decisions with respect to accredited status, either positive or negative.
- (d) The names and affiliations of members of the AOA's policy and decision-making bodies and principal administrative personnel involved in the accreditation process.
- (e) A description of the ownership, control, and type of legal organization of the AOA.

Grievance Procedure

- 1.192 Complaint procedures are established for the following reasons:
 - a. Protect the integrity and the maintenance of educational standards as they relate to approved OPTIs;
 - b. Provide a mechanism for concerned individuals or organizations to bring to the attention of the accrediting agency information concerning specific actions and programs that may be in noncompliance with the AOA's educational standards; and
 - c. Recognize the responsibility of the AOA to provide responsible complainants the opportunity to use the AOA as a vehicle to address specific grievances.
- 1.193 Complaints may be filed by any individual or group including, but not limited to, the following: an osteopathic intern or resident, an individual or institution affected by the accreditation program academically or professionally, and a member of the general public.
- 1.194 The procedure for filing an official complaint begins with informal consultation. Each complainant should initially attempt to resolve any differences or problems with the specific OPTI through direct dealings with the OPTI in question. A complaint to the AOA should only be made after these attempts at resolution have been unsuccessful.
- 1.195 A complainant shall next seek informal consultation with the secretary of the COPTI to discuss a potential complaint and possible means of resolving the problem without recourse to a formal complaint.
- 1.196 Complainants are encouraged to seek a third party to act as mediator. Through a spirit of collegiality, it is hoped that these mediators can help the complainant and the OPTI resolve their differences in an effective and informal manner.

- 1.197 If the complainant is unable to reach an agreeable solution to the grievance through this informal consultation, the responsibility for filing a formal complaint to the AOA remains with the complainant.
- 1.198 A formal complaint has the following criteria:
- a. The complainant shall present information concerning an alleged violation of a Standard for Accreditation. The information shall be accurate and well documented.
 - b. The complainant shall produce evidence that an effort has been made to resolve the problem through appropriate OPTI channels.
 - c. The complainant shall include information about all other actions initiated to resolve the problems.
 - d. The complaint shall be presented in writing to the secretary of the COPTI and signed by the complainant. The secretary will then send to appropriate officers of the OPTI in question a copy of the complaint and request that the OPTI document its version of the difficulty. A copy will also be sent to the chairman of the COPTI. The determination of whether a complaint merits further investigation will be made by the COPTI or a COPTI subcommittee.
 - e. If the complaint warrants further investigation, the chairman of the COPTI will notify the complainant and the OPTI concerned in writing that the complaint has been accepted for investigation. If the complaint is not accepted for further investigation, the complainant and the OPTI concerned will be notified in writing.
 - f. If the AOA ascertains that a complainant has instituted litigation against the OPTI concerning the complaint, which has been made, no action will be taken on the complaint while the matter is subjudice.

Investigation Procedure

- 1.199 If the COPTI determines that a complaint warrants further investigation, a formal review will be initiated within 30 days by the COPTI secretary, in cooperation with AOA corporate counsel and the COPTI. The COPTI will decide what particular method of study and mode of investigation is most appropriate for the complaint.
- 1.200 The official representative and/or chief administrative officer of the OPTI shall be informed of the preliminary findings and shall be provided an opportunity to comment on the findings and submit additional written comments if the OPTI disagrees with the findings.
- 1.201 The information obtained from the OPTI will be reviewed and considered prior to further action. If the institution is in substantial agreement with the proposed findings, the COPTI will develop a response to the complaint. If the OPTI is not in substantial agreement with the proposed findings, an effort will be made to identify and reconcile differences.

Investigation Results

- 1.202 Following the reconciliation of differences, the COPTI will develop a response to the complaint.
- 1.203 If a reconciliation of differences cannot be obtained, the COPTI shall develop a response to the complainant, and the OPTI shall be provided the opportunity to file a response indicating any differences that may exist.
- 1.204 The response to the complainant will provide an opportunity for reaction if the proposed resolution appears to be unsatisfactory. The COPTI shall further review any additional information supplied by the complainant and determine, in cases where reconciliation of differences cannot be obtained, whether to submit the complaint to the entire COPTI for a recommendation.
- 1.205 The COPTI may take any of the following actions based on the findings of the COPTI's investigation:
- a. Dismiss the complaint and report that the OPTI is in compliance with the Standards of Accreditation.
 - b. Postpone the final action on the complaint if there is evidence that the OPTI in question has made responsible progress in rectifying the situation that warranted the complaint. If the postponement is made, the matter must come before the COPTI within one year from the time of postponement for final resolution.
 - c. Notify the OPTI in question that, on the basis of an investigation, the COPTI has determined that the OPTI has failed to meet the Standards of Accreditation. The COPTI may request that the OPTI submit a report to it outlining plans for dealing with the problem. The COPTI may also require the OPTI to submit periodic status reports.
- 1.206 If appropriate, the COPTI may recommend that an on-site evaluation be undertaken to determine whether a change in the accreditation status of the OPTI should be recommended. Any such action of the COPTI shall be subject to the reconsideration and appeal procedures.
- 1.207 The AOA office must maintain documentation of the disposition of complaints.

Review and Modification of Accreditation Documents

- 1.208 The COPTI shall establish procedures for the periodic review of the document *Accreditation of Osteopathic Postdoctoral Training Institutions*.
- 1.209 The AOA Board shall, only upon recommendation from the Bureau through the COPTI, review and approve any changes to the document *Accreditation of Osteopathic Postdoctoral Training Institutions*.

Locations of Osteopathic Postdoctoral Training Institutions (OPTIs)

Listed in this document are the hospitals that are affiliated with the seventeen AOA-accredited Osteopathic Postdoctoral Training Institutions (OPTIs). Hospitals in an OPTI provide postdoctoral training or student clerkships (3rd and 4th year medical school). Each hospital routinely hosts postdoctoral trainees (or students) from other affiliated training sites within the OPTI.

OPTIs play a fundamental role in osteopathic medical education and training. OPTIs administratively support osteopathic postdoctoral training programs approved by the American Osteopathic Association (AOA). Hospitals must be affiliated with an OPTI in order to provide AOA-approved postdoctoral training.

Healthcare is changing rapidly. Hospital mergers, the establishment of new training programs and other hospital events can have a significant impact on postdoctoral training. Consequently, the AOA plans to update this listing at least twice a year. For the most current information, contact the OPTI directly. This is a supplement document to **Opportunities, Directory of Osteopathic Postdoctoral Education Programs**.

Centers for Osteopathic Research and Education (CORE), Athens, OH

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Partner College of Osteopathic Medicine:
Ohio University, College of Osteopathic Medicine

Partner Hospitals:

O'Bleness Memorial, Athens, OH
South Pointe Hospital / Horizon Orthopedics, Inc.,
Sports Medicine Program, Cleveland, OH
Children's Hospital, Columbus, OH
Doctors Hospital, Columbus, OH
Cuyahoga Falls General Hospital, Cuyahoga Falls, OH
Grandview Hospital & Med. Center, Dayton, OH
Doctors Hospital of Stark County, Massillon, OH
Southern Ohio Medical Center, Portsmouth, OH
Firelands Regional Medical Center, Sandusky, OH
St. Vincent Mercy Med. Center, Toledo, OH
St. Joseph Health Center, Warren, OH
South Pointe Hospital – Cleveland Clinic Health System,
Warrensville Hts, OH
St. John West Shore Hospital, Westlake, OH

Lake Erie Consortium for Osteopathic Medical Training (LECOMT), Erie, PA

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Partner College of Osteopathic Medicine:
Lake Erie College of Osteopathic Medicine

Partner Hospitals:

Wellington Regional Medical Center,
Wellington, FL
Westview Hospital, Indianapolis, IN
St. Joseph Community Hospital (Ancilla Health Care)
Mishawaka, IN
Marquette General Health System, Marquette, MI
Mid-Michigan Medical Center, Midland, MI
Metro Health Medical Center, Cleveland, OH
UHHS / Richmond Heights Hospital, Richmond Heights, OH
Clarion Hospital, Clarion, PA
Hamot Medical Center, Erie, PA
Millcreek Community Hospital, Erie, PA
Saint Vincent Health Center, Erie, PA
UPMC/Horizon, Farrell, PA
Conemaugh's Memorial Medical Center, Johnstown, PA
UPMC McKeesport, McKeesport, PA
Meadville Medical Center, Meadville, PA
Mercy Hospital of Pittsburgh, Pittsburgh, PA
UPMC St. Margaret, Pittsburgh, PA
The Western Pennsylvania Hospital, Pittsburgh, PA
Scranton-Temple Residency Program c/o Mercy Hospital,
Scranton, PA
Memorial Hospital, York, PA
Washington Hospital, Washington, PA

OPTI – West Educational Consortium, Pomona, CA

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Partner College of Osteopathic Medicine:

Western University of Health Sciences,
College of Osteopathic Medicine of the Pacific

Partner Hospitals:

WesternU/COMP/Arizona Dermatology, Mesa, AZ
Arrowhead Regional Medical Center, Colton, CA
Downey Regional Medical Center, Downey, CA
Pacific Hospital of Long Beach, Long Beach, CA
Doctors Hospital and Medical Center, Montclair, CA
Riverside County Regional Medical Center,
Moreno Valley, CA
Western U/COMP, Pomona, CA
Western U/COMP/California Dermatology, Pomona, CA
San Diego Sports/Medicine and Family Health Center
San Diego, CA
WesternU/COMP/California Dermatology Program,
Torrance, CA
Colorado Springs Osteopathic Foundation and
Family Medicine Center, Colorado Springs, CO

The Osteopathic Medical Education Consortium of Oklahoma (OMECO), Tulsa, OK

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E-Mail: stowers@chs.okstate.edu
kjoo@chs.okstate.edu

Partner College of Osteopathic Medicine:

Oklahoma State University, College of Osteopathic Medicine

Partner Hospitals:

OSUCOM / (UAMS) University of Arkansas for Medical
Sciences, Little Rock, AR
OSUCOM / (UAMS) University of Arkansas for Medical
Sciences AHEC, Pine Bluff, AR
Medical Center of Southeastern Oklahoma, Durant, OK
OSUCOM/Northwest Oklahoma Osteopathic Foundation Clinic
Enid, OK
Integris Southwest Medical Center, Oklahoma City, OK
St. Anthony Hospital, Oklahoma City, OK
Southwest Medical Center, Oklahoma City, OK
Oklahoma State University, Tulsa, OK
Tulsa Regional Medical Center, Tulsa, OK

Statewide Campus System / Michigan State University College of Osteopathic Medicine (SCS/MSUCOM OPTI), East Lansing, MI

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Partner College of Osteopathic Medicine:

Michigan State University, College of Osteopathic Medicine

Partner Hospitals:

Bay Regional Medical Center, Bay City, MI
Carson City Osteopathic Hospital, Carson City, MI
St. Joseph's Mercy of Macomb, Clinton Township, MI
Community Health Center of Branch County,
Coldwater, MI
Huron Valley – Sinai Hospital, Commerce, MI
St. John Detroit Riverview Hospital, Detroit, MI
Genesys Regional Medical Center, Grand Blanc, MI

Michigan State University College of Osteopathic
Medicine, East Lansing, MI

Botsford General Hospital, Farmington Hills, MI
Garden City Hospital, Osteopathic, Garden City, MI
Genesys Regional Medical Center, Grand Blanc, MI
Metropolitan Health Corporation, Grand Rapids, MI
Kalamazoo Center for Medical Studies, Kalamazoo, MI
Ingham Regional Medical Center, Lansing, MI
Sparrow Health System, Lansing, MI
St. John Oakland Hospital, Madison Heights, MI
Mount Clemens General Hospital, Mount Clemens, MI
Mercy General Health Partners, Muskegon, MI
POH Medical Center, Pontiac, MI
St. Joseph Mercy Oakland, Pontiac, MI
Providence Hospital and Medical Center, Southfield, MI
Munson Medical Center, Traverse City, MI
Oakwood Southshore Medical Center, Trenton, MI
Henry Ford Health System / Horizon Health System (Bi-County
Community Hospital / Henry Ford Wyandotte), Warren, MI
Academic Member: Kirksville College of Osteopathic
Medicine, Kirksville, MO
Pro Medica Health System, Toledo, OH

Osteopathic Postdoctoral Training Institution of Kirksville (OPTIK), Kirksville, MO

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Partner College of Osteopathic Medicine:

Kirksville College of Osteopathic Medicine
Des Moines University – Osteopathic Medical Center

Partner Hospitals:

John C. Lincoln Health Network, Phoenix, AZ
St. Mary Corwin Hospital, Pueblo, CO
Northside Hospital and Heart Institute, St. Petersburg, FL
North Iowa Mercy Health Center, Mason City, IA
Mercy Health Network, Des Moines, IA
Trinity North Medical Center, Davenport, IA
Saint Louis University Family Practice Program, Belleville, IL
SIU-Memorial Hospital, Carbondale, IL
SIU-Decatur Memorial Hospital, Decatur, IL
SIU-Springfield Family Practice Center, Springfield, IL
Quincy Family Practice/Blessing Hospital, Quincy, IL
University of Kansas Medical Center, Kansas City, KS
St. John Detroit Riverview, Detroit, MI
St. John Oakland Hospital, Madison Heights, MI
Synergy Medical Education Alliance, Saginaw, MI
Duluth Family Practice Program, Duluth, MN
University of Minnesota Rural FP Residency Program,
Waseca, MN
Capital Regional Medical Center, Jefferson City, MO
Northeast Regional Medical Center, Kirksville, MO
Moberly Regional Medical Center, Moberly, MO
Des Peres Hospital, St. Louis, MO
KCOM/AHS Overlook Hospital, Summit, NJ
KCOM/Medical College of Wisconsin-Family Practice
Residency, Milwaukee, WI
University of Wyoming Casper Family Practice Program
Casper, WY

New York College of Osteopathic Medicine Educational Consortium (NYCOMEC), Old Westbury, NY

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Partner College of Osteopathic Medicine:

New York College of Osteopathic Medicine of the
New York Institute of Technology

Partner Hospitals:

Saint Barnabas Health Care System of New Jersey, including:
Newark Beth Israel Medical Center, Newark, NJ
Union Hospital, Union, NJ
Saint Barnabas Medical Center, Livingston, NJ
Brookdale University Hospital and Med. Center, Brooklyn, NY
Lutheran Medical Center, Brooklyn, NY
Sisters of Charity Hospital, Buffalo, NY
Maimonides Medical Center, Brooklyn, NY
Wyckoff Heights Medical Center, Brooklyn, NY
Peninsula Hospital Center, Far Rockaway, NY
United Health Services Wilson Memorial Hospital,
Johnson City, NY
Nassau University Medical Center, East Meadow, NY
Jamaica Hospital Medical Center, Jamaica, NY
Mid-Hudson Family Health Institute, Kingston, NY
Benedictine Hospital, Kingston, NY
Long Beach Medical Center, Long Beach, NY
Long Island Jewish Medical Center, New Hyde Park, NY
St Clare's Hospital & Health Center, New York, NY
North Shore University Hospital at Plainview,
Plainview NY
New York United Hospital, Port Chester, NY
Good Samaritan Hospital Medical Center, West Islip, NY

Northeast Osteopathic Medical Education Network (NEOMEN), Biddeford, ME

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Partner College of Osteopathic Medicine:

University of New England, College of Osteopathic Medicine,
Biddeford, ME

Partner Hospitals:

University of Connecticut Hospital, Farmington, CT

University of Massachusetts/Fitchburg Family Practice
Fitchburg, MA
Berkshire Medical Center, Pittsfield, MA
University of Massachusetts/Memorial Health Center,
Worcester, MA
Saint Vincent Hospital – Worcester, MA
Maine – Dartmouth Family Practice/Maine General Hospital,
Augusta, ME
Eastern Maine Medical Center, Bangor, ME
UNECOM/Southern Maine Medical Center, Biddeford, ME
Central Maine Medical Center, Lewiston, ME
New Hampshire-Dartmouth Family Practice/Concord Hospital,
Concord, NH
Clifton Family Practice/St. Joe's Hospital and Medical Center,
Clifton, NJ
Saint Michael's Medical Center, Newark, NJ
St. Joseph's Hospital and Medical Center, Patterson, NJ
Warren Hospital Coventry Family Practice, Phillipsburg, NJ
Albany Medical Center, Albany, NY
Bassett Health Care, Cooperstown, NY
Saint Clare's Hospital – Schenectady, NY
St. Elizabeth Hospital, Utica, NY
Samaritan Medical Center, Watertown, NY

Midwestern University OPTI (MWU/OPTI), Downers Grove, IL and Glendale, AZ

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Partner Colleges of Osteopathic Medicine:

Midwestern University - Chicago College of Osteopathic
Medicine
Midwestern University - Arizona College of Osteopathic
Medicine

Partner Hospitals:

MWU/AZCOM Kingman Regional Medical Center
Kingman, AZ
Mesa General Hospital Medical Center, Mesa, AZ
Maryvale Hospital, Phoenix, AZ
Tempe St. Luke's Hospital, Tempe, AZ
MacNeal Memorial, Berwyn, IL
BroMenn Regional Medical Center, Bloomington, IL
Cook County Hospital, Chicago, IL
Thorek Hospital, Chicago, IL
Illinois Masonic Medical Center, Chicago, IL
Resurrection Medical Center, Chicago, IL
Swedish Covenant Hospital, Chicago, IL
West Suburban Medical Center, Oak Park, IL
St. James Hospital & Health Centers, Chicago Heights &
Olympia Fields, IL
St. Francis Hospital, Evanston, IL
BroMenn Health Care, Normal, IL
Advocate Christ Medical Center, Oak Lawn, IL
MWU/Rockford Memorial Hospital Division, Rockford, IL
Carl Foundation Hospital-Family Practice Residency
Urbana, IL
St. Margaret Mercy Healthcare Centers, Hammond, IN

3rd and 4th Year Clinical Clerkship Sites:

Bromenn Regional Medical Center, Bloomington, IL
Bethany Hospital, Chicago, IL
Lutheran General Hospital, Chicago, IL
St. Alexis Hospital, Chicago, IL
Thorek Hospital, Chicago, IL
Illinois Masonic, Chicago, IL
Resurrection Medical Center, Chicago, IL
Cook County Hospital, Chicago, IL
Mt. Sinai Hospital, Chicago, IL
St. Francis Hospital, Evanston, IL
Little Company of Mary Hospital, Evergreen Park, IL
Christ Hospital, Oak Lawn, IL
Saint Margaret Mercy Healthcare Centers, Hammond, IN
Bi County Hospital, Warren, MI

Texas OPTI, Ft. Worth, TX

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Partner College of Osteopathic Medicine:

University of North Texas Health Science Center at Fort Worth
Texas College of Osteopathic Medicine

Texas OPTI Partner Hospitals:

Northside Hospital and Heart Institute, St. Petersburg, FL
Corpus Christi Bay Area Medical Center, Corpus Christi, TX
Methodist Health System – Methodist Charlton,
Dallas, TX
Plaza Medical Center, Ft. Worth, TX
John Peter Smith Hospital, Ft. Worth, TX
Texas Tech University Health Science Center, Lubbock, TX
UNTHSCFW/TCOM/TTUHSC, Lubbock, TX
Dept of Family & Community Medicine

Mountain State OPTI (MSOPTI), Lewisburg, WV

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Partner College of Osteopathic Medicine:

West Virginia School of Osteopathic Medicine

Partner Hospitals:

The Toledo Hospital & Toledo Children's Hospital
Toledo, OH
Charleston Area Medical Center, Charleston, WV
United Hospital Center, Clarksburg, WV
Logan General Hospital Logan, WV
West Virginia University Hospitals, Inc., Morgantown, WV
Princeton Community Hospital, Princeton, WV
Greenbrier Valley Medical Center, Ronceverte, WV
Ohio Valley Medical Center, Wheeling, WV
West Virginia School of Osteopathic Medicine, Lewisburg, WV
Wheeling Hospital, Inc., Wheeling, WV

UMDNJ-SOM OPTI, Stratford, NJ

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Partner College of Osteopathic Medicine:

University of Medicine and Dentistry of New Jersey, School of
Osteopathic Medicine

Partner Hospitals:

Barnert Hospital, Paterson, NJ
Children's Regional Hospital at Cooper Hospital-University
Medical Center, Camden, NJ
St. Francis / Bon Secours & Canterbury Partnership for Care
Jersey City, NJ
Kennedy Memorial Health System, including:
Kennedy Memorial Hospital - University Medical Center,
Cherry Hill, NJ
Kennedy Memorial Hospital - University Medical Center,
Stratford, NJ
Kennedy Memorial Hospital - University Medical Center,
Turnersville, NJ

Touro University Medical Education Consortium (TUMEC), Vallejo, CA

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Partner College of Osteopathic Medicine:

Touro University - College of Osteopathic Medicine

Partner Hospitals:

Chino Valley Medical Center, Chino, CA
St. John's Episcopal Hospital, South Shore, Far Rockaway, NY
University of New Mexico Family Practice, New Mexico, NM
Valley Hospital Medical Center, Las Vegas, NV

Consortium for Excellence in Medical Education (CEME), Ft. Lauderdale, Florida

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Partner College of Osteopathic Medicine:
Nova Southeastern University, College of Osteopathic Medicine

Partner Hospitals:

Palmetto General Hospital, Hialeah, FL
Westchester General Hospital, Miami, FL
St. Vincent's Medical Center, Jacksonville, FL
Sun Coast Hospital, Largo, FL
Florida Hospital East Orlando, Orlando, FL
Memorial Hospital – Peninsula, Ormond Beach, FL
University Community Hospital – Carrollwood, Tampa, FL
North Broward Hospital District, Ft. Lauderdale, FL
Palm's West Hospital, Loxahatchee, FL
Palmetto General Hospital, Hialeah, FL
Miami Children's Hospital, Miami, FL
Columbia / Miami Heart Institute, Miami Beach, FL
Mt. Sinai Medical Center, Miami Beach, FL
NSUCOM/Parkway Regional Medical Center
North Miami Beach, FL
Columbia Hospital – West Palm Beach, FL
Palm Beach County Health Department, West Palm Beach, FL
Medical College of Georgia, Augusta, GA
The Medical Center, Columbus, GA
Lake Charles Memorial Hospital, Lake Charles, LA
Duke/Southern Regional Area Health Education Center,
Fayetteville, NC

Kansas City University of Medicine and Biosciences – College of Osteopathic Medicine Education Consortium (KCUMB-COM Educational Consortium)

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Partner College of Osteopathic Medicine

The University of Health Sciences, College of Osteopathic Medicine

Partner Hospitals:

Medical Center of Independence, Independence, MO
Freeman Hospital, Joplin, MO
Via Christi Health System, Wichita, KS

Appalachian Osteopathic Postgraduate Training Institute Consortium, Inc. (A-OPTIC, Inc.), Pikeville, KY

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Partner Colleges of Osteopathic Medicine:

Pikeville College School of Osteopathic Medicine
Edward Via Virginia College of Osteopathic Medicine

Partner Hospitals:

Spring Hill Medical Center, Mobile, AL
Ft. Wayne Medical Education Program, Ft. Wayne, IN
Our Lady of Bellefonte, Ashland, KY
UK/Center for Rural Health/East Kentucky Family Practice
Hazard, KY
Methodist Hospital, Henderson, KY
UK/Chandler Medical Center, Lexington, KY
Appalachian Regional Health Care, Lexington, KY
Pikeville Methodist Hospital, Pikeville, KY
Highlands Regional Medical Center, Prestonsburg, KY
North Mississippi Medical Center, Tupelo, MS
New Hanover Regional Medical Center, Wilmington, NC
Bethesda Hospital, Cincinnati, OH
Selby General Hospital, Marietta, OH
Spartanburg Regional Health Systems, Spartanburg, SC
Gateway Medical Center, Clarksville, TN
Quillen College of Medicine, Johnson City, TN
University TN Graduate School of Medicine, Knoxville, TN
Shenandoah Valley Family Practice Residency Program,
Front Royal, VA
Norton Community Hospital, Norton, VA
Carilion Health System, Roanoke, VA
Huntington VA Medical Center, Huntington, WV
Williamson Memorial Hospital, Williamson, WV

PCOM MEDNet, Philadelphia, PA

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Partner College of Osteopathic Medicine:
Philadelphia College of Osteopathic Medicine

Partner Hospitals:

Christiana Care Health System, Wilmington, DE
St. Francis Medical Center, Wilmington, DE
Deborah Heart & Lung Center, Browns Mills, NJ
St. Barnabas Hospital, Bronx, NY
Abington Memorial Hospital, Abington, PA
Lehigh Valley Medical Center, Allentown, PA
Sacred Heart Hospital, Allentown, PA
St. Luke's Hospital & Health Network, Allentown and
Bethlehem, PA
Altoona Hospital Center for Medicine, Altoona, PA
The Medical Center, Beaver Falls, PA
Lehigh Valley Hospital / Muhlenberg Hospital Center,
Bethlehem, PA
Geisinger Health System, Danville, PA
Mercy Catholic Medical Center, Darby, PA
Delaware County Memorial Hospital – Crozer Keystone Health
System, Drexel Hill, PA
Easton Hospital, Easton, PA
Pinnacle Health / Community General Osteopathic Hospital,
Harrisburg, PA
The Arlington Place/Community General Osteopathic Hospital
Harrisburg, PA
Nesbitt Memorial Hospital (WVHCS), Kingston, PA
Wyoming Valley Health Care System, Kingston, PA
Community Hospital of Lancaster, Lancaster, PA
Latrobe Area Hospital, Latrobe, PA
Frankford Hospital, Philadelphia, PA
Good Samaritan Hospital, Lebanon, PA
Mercy Suburban Osteopathic Hospital, Norristown, PA
St. Agnes Medical Center, Philadelphia, PA
Albert Einstein Medical Center, Philadelphia, PA
St. Joseph Hospital / North Philadelphia Health System,
Philadelphia, PA
Tenet-Graduate Hospital, Philadelphia, PA
St. Francis Medical Center, Pittsburgh, PA
University of Pittsburgh/Shadyside Hospital, Pittsburgh, PA
The Reading Hospital and Medical Center, Reading, PA
St. Joseph Medical Center, Reading, PA
Guthrie Clinic / Robert Packer Hospital, Sayre, PA
Crozer Keystone Health System, Springfield, PA
Crozer-Chester Medical Center, Upland, PA
Williamsport Hospital, Williamsport, PA
Lankenau Hospital, Wynnewood, PA

PCOM Consortium, Philadelphia, PA – includes:

Internship programs:

Albert Einstein Medical Center
Chestnut Hill Hospital
Cooper Hospital
Deborah Heart and Lung Center
Delaware County Memorial Hospital – Crozer Keystone Health
System
Episcopal Hospital
Frankford Hospital, Bucks County
Frankford Hospital, Frankford Campus
Memorial – Sloan Kettering Hospital
Mercy Catholic Medical Center
Mercy Suburban Hospital
Methodist Hospital
St. Agnes Medical Center
St. Christopher's Hospital for Children
Temple University Hospital
Tenet – Elkins Park Hospital
Tenet – Graduate Hospital
Tenet – Hahnemann University Hospital
Tenet – Parkview Hospital