



## ACCREDITATION OF INTERMEDIATE FIELD EPIDEMIOLOGY TRAINING PROGRAMS

### ELIGIBILITY REQUIREMENTS FOR INTERMEDIATE-LEVEL ACCREDITATION

All Intermediate Accreditation documents use the word *participants* to describe individuals enrolled in the program. A program may refer to these individuals as *residents, trainees, fellows, students*, or another term.

#### Program Duration:

- The duration of the program is at least 33 weeks (7.5 months) and not more than 65 weeks (15 months).

#### Completed Cohorts:

- At least two cohorts of participants have completed the program within the past four years. At least 75% of the total participants who started the program also completed it within the required time frame.

#### Predominance of Field Work:

- The majority of participants' time is spent in field work. Not more than 25% of the entire duration of the program is spent in the classroom (didactic/formal course work).

#### Work Site:

- At least 80% of participants are employed in a public health institution.

### **Work Sites for Intermediate Program Participants**

Typically, intermediate FETP participants are working in a public health capacity in a public health institution.

**A public health institution work site includes:**

- Ministry of Health (all levels within a country; should be the most common work site)
- Public health divisions in other ministries, including:
  - Agriculture
  - Animal health
  - Environment
  - Labor
  - Military/defense/police
  - Justice/forensics
  - NPHIs
  - National public health laboratories
  - Social security (where it is a provider of health services)
  - Education
  - Ports of entry/borders
- Teaching hospitals (public health focus)
- Medical research institutions (public health focus)

**A public health institution work site does not include:**

- Academic institutions and universities
- NGOs (unless specifically supporting the health ministry in public health activities at any level)
- UN agencies (unless specifically supporting the health ministry in public health activities at any level)
- Pharmaceutical and technology companies
- Private institutions (e.g. insurance companies)

ACCREDITATION OF INTERMEDIATE FETPs  
MINIMUM INDICATORS AND STANDARDS

<b>DOMAIN 1: MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS</b>			
<u>Standard</u>	<u>Justification</u>	<u>Description</u>	<u>Documentation and Validation Required</u>
<b>Key Indicator: 1a) Governance</b>			
<b>Standard 1a.1:</b> An advisory board, expert committee, or similar formal mechanism provides general guidance or oversight on the program’s goals and operations.	An advisory board, expert committee, or similar formal mechanism enables an FETP to systematically report and receive expert feedback and guidance.	An FETP advisory board, expert committee, or similar formal mechanism is in place to provide oversight of the FETP. It includes representatives from the host institution (including human resources), key public health authorities, and counterparts; the members may be internal or external to the hosting organization, but the majority of the members should not be involved in the day-to-day activities of the FETP. The advisory board meets at least annually and produces minutes of its meetings.  This body also supports the development of an epidemiology workforce strategy.	Yes/No 1. Description of oversight mechanism. 2. List of advisory board members and affiliations.  VALIDATION: Minutes of most recent meeting OR Interview with at least one member of the advisory board (or similar oversight committee).
<b>Standard 1a.2:</b> The program is officially recognized as a component of the MOH(s), NPHI, or public health institution(s).	FETPs functionally integrated with the MOH(s) and/or hosting public health institution(s) that align with the country/regions public health priorities and objectives contribute to build public health and systems capacity for the MOH(s), the country, or region’s health system(s).	The program is among the first line of response to disease outbreaks and disasters, being frequently deployed by the MOH(s), NPHI, or public health institution(s).  Participants are assigned to analysis and limited evaluation of surveillance activities, identifying surveillance needs.	1. Official documentation of the existing relationship (e.g., MOU, organizational chart, program website language, telephone directory, etc.)  VALIDATION: Interviews with MOH, NPHI, or public health institution officials.

		Participants are invited by the MOH(s), NPHI or host institution(s) to conduct limited evaluations of surveillance programs and interventions.	
<b>Key indicator: 1b) Infrastructure</b>			
<b>Standard 1b.1:</b> The program has office space, supplies, and equipment.	Office space, computers, and communication services are critical for FETPs to maintain routine supervision and management of program activities, staff, and participants.	The program has available space within a public health institution where program staff and technical supervisors can meet and work with participants and access basic office supplies for program purposes.	Yes/No VALIDATION: Site visit (check list)
<b>Standard 1b.2:</b> Participants have regular access to relevant public health learning resources.	Access to public health learning resources is central to the understanding and the application of epidemiologic and public health principles and methods that comprise the core of FETP learning.	Program assures access to core FETP learning resources for participants and technical staff, such as public health literature, videos, tutorials, e-learning resources, etc.  Program informs and provides guidelines to participants and technical staff about how to access and use scientific publications.	Yes/No VALIDATION: Survey of participants.

<p><b>Standard 1b.3:</b> The participants have access to laboratory testing for outbreak investigations, epidemiology studies, or ongoing public health interventions, as required by country standards and capacity.</p>	<p>Laboratory services are integral components of contemporary disease surveillance, prevention, and control strategies and programs.</p> <p>Quality and timely access to the different levels of a national/regional/global network of laboratories is paramount to supporting public health emergencies and outbreak/cluster investigations and in conducting systematic public health activities or studies.</p>	<p>The participants have access to laboratory services and are able to request services and send study specimens from the field for testing in the event of an outbreak, epidemiology study, or ongoing public health intervention. The program seeks to receive results in time to support that investigation or intervention.</p>	<ol style="list-style-type: none"> <li>1. A table listing the epidemiological investigations in the most recently completed cohort, the disease/syndrome being investigated, and laboratory test(s) performed, if required.</li> </ol> <p>VALIDATION: Review of the epidemiological investigation reports AND Current participants interview</p>
<p><b>Key Indicator:</b> 1c) Operational Guidelines and Procedures</p>			
<p><b>Standard 1c.1:</b> The program has documented standard operating procedures/manual or similar guidance that is available to all participants and staff.</p>	<p>The adoption and use of SOPs to develop FETP core competencies and provide essential public health services allow FETPs to achieve consistent and high-quality products and services, as long as program participants follow the steps described in the documents.</p>	<p>Documents describing the program organization and guidance to operate it, including duration and content of the training, core learning competencies, field assignments and investigations, classroom training, and expected products from participants (including written reports of surveillance evaluations, outbreaks, and related field investigations).</p>	<p>Copies of documents describing:</p> <ol style="list-style-type: none"> <li>1. Recruitment and selection procedures/criteria for participants and staff who supervise/mentor</li> <li>2. Duration of training</li> <li>3. Evaluation criteria for participants and staff who supervise/mentor</li> <li>4. FETP curriculum, core competencies of the program, and associated activities/deliverables</li> </ol>

			5. Participant graduation requirements
<b>Key Indicator: 1d) Orientation Manual</b>			
<b>Standard 1d.1:</b> Within two weeks of starting the program, each participant receives an orientation to the program.	The participants' orientation outlines training programs' operation and is designed to assist participants in achieving consistent, high-quality training and public health service results by providing instructions to guide their field placement and investigation activities, evaluate their progress, access resources, and receive supervision and technical assistance.	Within two weeks of entry into the program, each participant receives an orientation (document, manual, or oral presentation). The orientation describes program components: core FETP competencies and associated activities, deliverables to be completed by participants for graduation, participant performance evaluation measures, and feedback to the program.	Yes/No  VALIDATION: Participant survey.
<b>Key Indicator: 1e) Scientific Integrity</b>			
<b>Standard 1e.1:</b> The program promotes scientific integrity standards.	Scientific integrity in public health is the set of principles and behaviors to maintain scientific quality and objectivity of public health investigations, and service activities, make decisions based on sound objective science and evidence, and contribute to sound, effective, and ethical public health practice.	The program provides information to all participants, supervisors, and staff, on basic principles and behaviors of scientific integrity in public health practice.	Yes/No  VALIDATION: Survey of participants AND Interview of technical supervisors
<b>DOMAIN 2: INTEGRATION WITH THE PUBLIC HEALTH SERVICE</b>			
<b>Key Indicator: 2a) Government (or other institution) Support</b>			
<b>Standard 2a.1:</b> Government, public health authority, or other mandated institution	Government financial or human resource support of the program contributes resources to build capacity for the country's (countries') public health system(s),	At a minimum, the government, public health authority or mandated institution contributes funding for program costs (e.g., staff salaries, training facilities, communications equipment, utilities, etc.)	Yes/No  1. Description of current resource investment of the government or other

<p>provides financial or human resource support.</p>	<p>demonstrates commitment to program goals and objectives, and contributes to the institutionalization, and strengthening of the public health system infrastructure.</p> <p>Increasing government financial support of programs initiated with external funding strengthens public health infrastructure and capacity.</p>	<p>or human resource support (e.g., staff time, mentors' time, guest faculty, etc.).</p>	<p>institution directly supporting the FETP.</p>
<p><b>Key Indicator: 2b) Field Placements</b></p>			
<p><b>Standard 2b.1:</b> The participants' work sites are in the public health sector and allow participants to acquire the core competencies of the program.</p>	<p>In order to provide an effective field work experience to complement didactic course work, the participants' work sites must provide sufficient opportunities for participants to acquire core competencies of the program.</p>	<p>Participant work sites allow opportunities to acquire core competencies by providing access to surveillance data, opportunity for epidemiological investigation including outbreak/cluster investigation, and access to surveillance systems for the purpose of evaluation.</p> <p>There should be a process to assess and monitor the experiences of trainees in their field work sites.</p>	<ol style="list-style-type: none"> <li>1. For the previous two cohorts, list of participant names, work sites (for at least 80%, must be in MOH or a public health division of another institution), and sentence stating the field work opportunities offered by the work site.</li> <li>2. Documentation showing that work site employers permit participants to complete all required program activities (e.g., permission letters).</li> </ol> <p>VALIDATION: Document review AND Interview with participants and technical staff</p>
<p><b>Key Indicator: 2c) Engagement with Public Health Authorities</b></p>			

<p><b>Standard 2c.1</b> Participants develop epidemiological investigations and reports addressing the country’s public health priorities and routinely present results from their activities to public health authorities.</p>	<p>A key component of FETP training is learning how to effectively communicate and disseminate the results of public health surveillance analysis reports, evaluations of public health programs and interventions, and outbreak and other field investigations to technical audiences, decision-makers and the public, with the objective of impacting change within the public health system and the health status of the population.</p>	<p>FETP coordinates and disseminates participants’ investigations and reports via:</p> <ul style="list-style-type: none"> <li>● Updates to supervisors and personnel involved in the issue under investigation.</li> <li>● Updates to public health authorities.</li> <li>● Routine submission of participants’ reports to public health newsletters, epidemiology bulletins, or equivalent publications.</li> </ul>	<ol style="list-style-type: none"> <li>3. Description of how participant outputs are routinely provided to public health authorities.</li> <li>4. Documentation/evidence of sharing resources with public health authorities (bulletin publication, outbreak/cluster investigation reports, meeting minutes, etc.).</li> </ol> <p>VALIDATION: Interviews with public health authorities AND Review of publications</p>
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**DOMAIN 3: STAFFING AND SUPERVISION (The following standards do not necessarily indicate that there are separate individuals performing each of these functions)**

**Key Indicator: 3a) Program Staffing**

<p><b>Standard 3a.1:</b> The program has a director, coordinator, or designated person who provides leadership and oversight to the program.</p>	<p>Effective leadership and oversight of the program are cardinal to its success. The leadership and dedication of a senior, recognized, and respected public health professional is critical for the effective operation of the program.</p> <p>The program director or coordinator oversees sustained and well-organized FETP collaborations at all levels of the public health system(s), which is indispensable for the training of participants and delivery of public health services.</p>	<p>The intermediate program has a dedicated director or coordinator who provides leadership and oversight to the program. The designated program director or coordinator is a regular, salaried employee of the host public health institution.</p> <p>In some countries this role may be the responsibility of someone with a title other than director or coordinator.</p>	<ol style="list-style-type: none"> <li>1. Name of program director and/or coordinator.</li> <li>2. Description of the roles and responsibilities of the program director and/or coordinator.</li> </ol> <p>VALIDATION: interviews with program director and/or coordinator.</p>
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<p><b>Standard 3a.2:</b> The program has qualified technical staff to perform programmatic training functions.</p>	<p>Effective monitoring and evaluation of technical assistance and supervision of FETP participants' activities (monitoring of field work activities and products, planning, delivery and evaluation of classroom-based training, and coordination/support of outbreak and emergency response) demand considerable time and effort from dedicated technical staff.</p> <p>The core of the FETP is supervised public health practice. Participants must be supervised in their public health practice by qualified supervisors.</p>	<p>The program has qualified technical staff to train, oversee, and support participants' orientation, classroom training, field work, and monitoring and evaluation.</p> <p>Technical staff are qualified for their job if they have approved mentor training or experience in one or more of these areas:</p> <ol style="list-style-type: none"> <li>1. Management, design, and analysis of public health surveillance systems</li> <li>2. Outbreak and other epidemiologic investigations</li> <li>3. Disease prevention and control strategies</li> <li>4. Experience in mentoring public health professionals</li> </ol>	<ol style="list-style-type: none"> <li>1. List of FETP technical staff: name, title, and description of role(s) performed.</li> <li>2. List of program supervisors/mentors with qualifications including mentors training.</li> </ol> <p>VALIDATION: interviews with program staff.</p>
<p><b>Standard 3a.3:</b> The program has technical staff that oversee field activities, support participants' work, and provide timely feedback.</p>	<p>Competency-based training programs' ability to train epidemiologists and provide essential public health services substantially depends on participants working under consistent mentorship and supervision by experienced epidemiologists or public health scientists who work within the public health service systems and units.</p>	<p>Technical staff are consistently involved with the participants' in-service training projects and products, including planning, execution, analysis, and reporting.</p> <p>They provide regular and timely feedback to participants to comply with training schedules and needs, including sound technical advice to guide and improve service and products.</p>	<ol style="list-style-type: none"> <li>1. Evidence of supervisors' timely feedback to participants (e.g., e-mails, documents with comments, etc.).</li> </ol> <p>VALIDATION: Interview with participants AND Participants survey</p>
<p><b>Standard 3a.4:</b> The technical supervisors/staff are given orientation/training in order to provide technical</p>	<p>To provide standard quality of training, supervision, and technical advice to participants in accordance to core FETP competencies, programs need to develop technical guidelines</p>	<p>The program has guidelines describing the role of technical supervisors/staff and minimum standards of practice, and provides an annual orientation orally and/or in writing to confirm their understanding and</p>	<ol style="list-style-type: none"> <li>1. Agenda of the orientation/training for technical supervisors/staff.</li> </ol>

assistance and supervision to participants in the field.	and standards to orient supervisors to their roles, supervising field activities and supporting them in implementing standards of supervision.	agreement to perform their role of tracking and evaluating participants' progress toward graduation.	<p>2. List of technical supervisors/staff receiving orientation/training.</p> <p>VALIDATION: Interview with supervisors.</p>
<b>DOMAIN 4: SELECTION AND TRAINING OF RESIDENTS</b>			
<b>Key Indicator: 4a) Selection of Residents</b>			
<p><b>Standard 4a.1:</b> Participants are selected based on documented criteria and transparent processes.</p>	<p>Well-defined criteria for recruitment and selection of candidates into the program:</p> <ul style="list-style-type: none"> <li>● Secures the enrollment of highly motivated, qualified professionals into the program.</li> <li>● Contributes to transparency of program operations, program credibility, and recognition of FETP graduates.</li> </ul>	<p>The program has documented participant selection criteria that include:</p> <ol style="list-style-type: none"> <li>1) Education (e.g., successful completion of undergraduate education in biological sciences, social sciences, or mathematics) and computer literacy</li> <li>2) Knowledge of basic epidemiology and experience in human, animal, or environmental health</li> <li>3) Personal suitability (e.g., high degree of motivation, being self-directed and inquisitive, ability to work in teams, and willingness to train/educate others)</li> </ol> <p>The program has a transparent, well-defined recruitment process aligned with program or country needs.</p>	<ol style="list-style-type: none"> <li>1. Description of FETP recruitment process and selection criteria.</li> <li>2. Document listing the individuals selected for the current cohort, including the selection criteria (active cohort, not the completed cohorts that were documented in the Certification of Eligibility).</li> </ol>

<p><b>Standard 4b.1:</b> The program has well-defined, documented core competencies (around which the curriculum was developed). These core competencies are directly associated with didactic (classroom) and field activities, and deliverables. These are explicit for all participants and technical supervisors.</p>	<p>To attain uniform and high quality FETP training and increase public health functional capacity, programs need to develop and implement a well-defined, documented list of core competencies around which the program curriculum is developed.</p> <p>Clear definition of standards and requirements for each of the training products and services to be delivered and completed.</p> <p>Participants further enhance the program’s ability to assess individual and group progression towards completion of graduation requirements, identify challenges, and evaluate the impact of curriculum changes.</p>	<p>The program has a well-defined, documented list of core competencies which reflect the development of the curriculum. There are both didactic courses and field activities/deliverables that are explicit to all participants and technical supervisors/mentors.</p> <p>At a minimum, the core competencies address:</p> <ul style="list-style-type: none"> <li>● Epidemiologic methods</li> <li>● Public health surveillance</li> <li>● Outbreak and epidemiological investigations</li> <li>● Scientific Communication</li> </ul>	<p>Document that aligns core competencies to the curriculum (didactic and field activities). This is referred to as a crosswalk.</p>
<p><b>Key Indicator:</b> 4c) Residents are Completing Requirements of the Program</p>			
<p><b>Standard 4c.1:</b> Program provides regular, standardized monitoring (at minimum every other month), and evaluation, with timely feedback to participants regarding activities toward completion of program requirements (core competencies).</p>	<p>To assure that participants achieve core competencies over the expected time period, programs need to track and monitor the participant activities as well as provide clear feedback on their strengths and weaknesses. Supervisory/coordination activities involve regular performance evaluations and tracking.</p>	<p>Programs provide regular, timely feedback of the quality and completeness of the participants’ projects and products to guide, track, and report on their progress. Programs monitor and document participants’ activities and progress toward completion of their graduation requirements and contribute to their regular performance evaluations by providing oral and written feedback about their progress and performance.</p>	<ol style="list-style-type: none"> <li>1. Description of participant performance evaluation process.</li> <li>2. Description of process used to review the quality of deliverables.</li> </ol> <p>VALIDATION: Review random sample (n=10) of participant progress reports from the past two</p>

			cohorts AND Participant survey AND Interview with participants
<p><b>Standard 4c.2:</b> Participants who complete the program have met all required core competencies.</p>	<p>To increase public health functional capacity with highly trained participants, programs need to ensure each graduate has acquired the core competencies around which the program curriculum is developed.</p>	<p>All of the participants who complete the program have completed all of the required deliverables.</p> <p>Activities/deliverables should include at a minimum:</p> <p><i>Individual</i></p> <ul style="list-style-type: none"> <li>● Reports on <ul style="list-style-type: none"> <li>○ Data analysis</li> <li>○ Surveillance system evaluation</li> <li>○ Outbreak/cluster investigation</li> </ul> </li> <li>● Abstract</li> <li>● Oral presentation</li> </ul> <p><i>Group</i></p> <ul style="list-style-type: none"> <li>● Participation in group project</li> </ul>	<ol style="list-style-type: none"> <li>1. Program must describe the metrics, tools, evaluation process or procedures it uses to determine whether participants have met all required core competencies.</li> <li>2. Documentation showing the assignments of participants to the group project.</li> </ol> <p>VALIDATION: Review random sample (n=10) of summary reports, portfolios, or bodies of work from the past two cohorts AND Interview with participants</p>
<p><b>Standard 4c.3:</b> Each cohort will conduct a group project of a priority health issue.</p>	<p>The FETP-Intermediate cohort provides a unique opportunity to collect new information to shed light on a high priority public health issue. Given the short duration and training level of FETP-Intermediate, individual epidemiologic projects may not be feasible, but participants can learn key investigative skills by engaging in a group project.</p>	<p>The group project is an epidemiologic field study that requires every FETP-Intermediate participant to support the study's planning, design, data collection, data management, data analysis, interpretation of findings, reporting of findings, or development of recommendations, or any combination of these.</p>	<ol style="list-style-type: none"> <li>1. Topic and methods of group project (e.g., copy of protocol)</li> <li>2. List of participants with contributions to the different components of the group project</li> <li>3. Documentation of oral presentation or written report</li> </ol>

		The topic is usually chosen in consultation with the MOH/NPHI ahead of time and protocol drafted by FETP technical staff.	provided to MOH/NPHI officials  VALIDATION: Review of protocol and final report; interview with MOH/NPHI officials to confirm topic selection and acceptance of report
<b>DOMAIN 5: CONTINUOUS QUALITY IMPROVEMENT</b>			
<b>Key Indicator 5a:</b> The program makes a continuous, ongoing effort to achieve measurable improvements in program performance, accountability, and outcomes.			
<b>Standard 5a.1:</b> The program has a quality improvement process.	To improve the quality of the training and public service, the program needs to have a systematic process to obtain, analyze, and use feedback and other mechanisms.	The program systematically obtains information from participants, supervisors, staff, and other stakeholders. The program reviews this information and other program data to evaluate and improve program operations.	1. Description of the quality improvement process used, including how feedback is collected and what program data is reviewed.  VALIDATION: Interviews with program staff and supervisors AND Participant survey AND Program Binder (add tools used)
<b>Standard 5a.2:</b> The program has implemented quality improvement activities.	The actual implementation of plans for quality improvement demonstrates the program's commitment to improving quality.	Quality improvement activities could include: <ul style="list-style-type: none"> <li>• Continuous training of mentors and supervisors</li> </ul>	1. Evidence of at least two examples within the past three years documenting the results and actions taken from this process.

		<ul style="list-style-type: none"> <li>● Regular review of the recruitment process of participants and mentors</li> <li>● Improving technical supervision and feedback</li> <li>● Improving the overall management of the program</li> <li>● Improving training quality</li> <li>● Regular review of curriculum and training materials, with updates as needed</li> </ul>	<p>VALIDATION: Interviews with program staff and supervisors AND Participant survey</p>
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## Key Terms Used in this Document

Key terms defined below, and more are listed in the glossary of the Accreditation Manual.

Term	Definition
<b>FETP Director/Coordinator</b>	A public health professional who provides leadership and oversight to the program, such as the performance and operation of its technical components (field and didactic training), administrative activities (short and long term financial planning and reporting), and the overall supervision of program staff and residents. He/she is a full-time member of the host public health authority and oversees sustained and well-organized FETP collaborations at all levels of the public health system(s), which is indispensable for the training of residents and delivery of public health services.
<b>Field Site or Work Site</b>	This refers to the location/unit/division, etc. where the residents conduct their day-to-day work with the MOH or other public health agency. Especially for intermediate-level participants, this is where the field component takes place. <u>Source:</u> Score Card: Matrix Tool for FETP Assessment: Definitions and Clarifications, Centers for Disease Control and Prevention.
<b>Field Training</b>	Field training specifically refers to in-service training that is carried out as part of routine duty or actually being completed in the field such as an outbreak investigation, surveillance data analysis, surveillance system set-up/evaluation, intervention, epidemiological research, etc. (See Field Work)

<b>Hosting Institution</b>	Institution or organization that provides logistics/human resource facilities for conduct of FETP.
<b>Intermediate</b>	This is the middle level of FETP training, and is the second tier in the Pyramid FETP Model. It typically refers to training programs around one year long, where participants continue to work in work sites to advance the field component of the program.
<b>Partner</b>	An institution or organization (not an individual) outside of the MOH (or as defined above) although it may be other governmental organizations or ministries, or other NGOs, universities, other private entities that has a relationship with the program and has some shared/united objectives or activities. They may be involved in technical or advocacy work/support. <u>Source:</u> Score Card: Matrix Tool for FETP Assessment: Definitions and Clarifications, Centers for Disease Control and Prevention.
<b>Public Health Authority</b>	Public health authority is defined as the agency that is responsible for preventing disease, promoting wellness, protecting the country's health and safety, and providing information to enhance health decisions. It is often, but not always, the same entity as described in the MOH definition above. <u>Source:</u> <a href="http://www.cdcfoundation.org/content/what-public-health">www.cdcfoundation.org/content/what-public-health</a> .
<b>(FETP) Standard operating procedure/manual</b>	Document(s) describing the program organization and guidance to operate it, including recruitment and selection procedures/criteria for supervisors and residents, duration and content of the training, core learning competencies, field assignments and investigations, field placement selection and assignment, classroom training, and expected products from residents including written reports of surveillance evaluations, outbreaks, and related field investigations, evaluation criteria for residents, and technical supervisors, and resident graduation requirements.
<b>Technical Supervisor/Staff</b>	Technical supervisors/staff include field supervisors, mentors, and staff at the MOH, public health institute, university, or public health community providing guidance and supervision for residents' in-service training projects and products, including planning, conduct, analysis, and reporting, and feedback to improve service and products that relate to the program's core competencies. <i>(This does not include professors of university courses that do not provide supervision in the field.)</i>
<b>Timely Feedback</b>	Feedback that occurs at a suitable and opportune time to enable quick corrective action.