metin içeren bir resim

Açıklama otomatik olarak oluşturuldu

HEPDAK DIRECTIVE OF EVALUATION AND ACCREDITATION

IMPLEMENTATION PRINCIPLES

**HEPDAK DIRECTIVE OF EVALUATION AND ACCREDITATION IMPLEMENTATION PRINCIPLES**

|  |  |  |
| --- | --- | --- |
| **TABLE OF CONTENTS** | | |
| **Article 1** | Basis, Objective, and Scope | 3 |
| **Article 2** | Definitions | 3 |
| **Article 3** | Objectives of HEPDAK Accreditation | 3 |
| **Article 4** | Eligible Programs and Institutions for Accreditation Application | 3 |
| **Article 5** | Application Process for Accreditation | 4 |
| **Article 5.1** | Programs Applying for Accreditation for the First Time | 4 |
| **Article 5.2** | Programs with Expired Accreditation Period | 5 |
| **Article 6** | Program Evaluation Teams | 5 |
| **Article 7** | Evaluation of Programs and Interpretation of Standards | 6 |
| **Article 8** | Stages of the Program Evaluation Process | 6 |
| **Article 9** | Details of the Evaluation Process | 7 |
| **Article 10** | Consistency and Spell Checking | 9 |
| **Article 11** | Decisions of Accreditation | 11 |
| **Article 12** | Development Report | 13 |
| **Article 13** | Announcing the Accreditation Decisions to the Public | 13 |
| **Article 14** | Objections | 14 |
| **Article 15** | Changes in the Evaluation Period | 15 |
| **Article 16** | Amendments in the Directive | 16 |
| **Article 17** | Enforcement | 16 |

**HEPDAK EVALUATION AND ACCREDITATION IMPLEMENTATION PRINCIPLES DIRECTIVE**

**ARTICLE 1- Basis, Objective, and Scope**

This directive is prepared according to the bylaw of “Association for Evaluation and Accreditation of Nursing Education Programs (HEPDAK)” and HEPDAK Working Regulation.

The purpose of this directive is to arrange the program evaluation and accreditation implementation principles of HEPDAK.

# ARTICLE 2- Definitions

In this directive:

1. HEPDAK stands for the Association for Evaluation and Accreditation of Nursing Education Programs,
2. Board of Directors stands for the Board of Directors of HEPDAK,
3. HEAK stands for the Accreditation Board of Nursing Education Programs,
4. Standards stands for the HEPDAK Standards to be used in the accreditation of nursing education programs,
5. Institution stands for the higher education institution to which the nursing education program applying for accreditation is affiliated.

# ARTICLE 3- Objectives of HEPDAK Accreditation

Accreditation of nursing programs by HEPDAK depends on a voluntary basis and it evaluates the programs applying for the aim of accreditation. HEPDAK accreditation aims to achieve the following objectives in order to contribute to the enhancement of the quality of nursing education in Turkey:

1. Determining ones meeting the standards among the applying nursing education programs.
2. Announcing the accredited programs and informing the public, prospective students, student advisors, student parents, educational institutions, professional institutions, potential employers, and government agencies about the programs meeting HEPDAK standards.
3. Providing consultancy regarding the continuous improvement of the education programs in the field of nursing and the development of new programs.

# ARTICLE 4- Eligible Programs and Institutions for Accreditation Application

1. Education programs in the higher education institutions in the Republic of Turkey and the Turkish Republic of Northern Cyprus, which are recognized by the Council of Higher Education, may apply for evaluation for accreditation purposes.
2. The applying program must be a Nursing Education Program (The word “nursing” should be present in the name of the applying program).
3. It is a must for a program applying for the first time to have produced graduates before the date of application.
4. In the nursing program, if it is a nursing faculty, its dean must be a nurse instructor; if it is a nursing school, its director must be a nurse instructor; and it is a faculty of health sciences, head of nursing department must be a nurse instructor.
5. If evening education is also present in the institution for the program for which an accreditation application is made, the evaluation of this program is made according to the following principles:
   1. The application must be made separately for both daytime education and evening education.
   2. Institutions must demonstrate that this program meets HEPDAK standards, for both daytime and evening education.
   3. Applications for evening education programs are made separately in the same semester with the first general evaluation of daytime education programs after they produce graduates.
6. Each campus- which shows significant physical and administrative differences from each other- of a multi-campus institution seeking accreditation of its programs by HEPDAK will be considered as a separate institution in the evaluation process.

# ARTICLE 5- Application Process for Accreditation

* 1. **Programs Applying for Accreditation for the First Time**
     1. An institution that requests to be evaluated for the first time for accreditation purposes sends this request in writing to HEPDAK by the end of January of the year in which the evaluation will be made by filling out the Program Evaluation Application Form and sending it by e-mail.
     2. The institution’s accreditation request is reviewed by HEPDAK in terms of the timing of accreditation requests and compliance with the conditions in Article 4. If deemed necessary by HEPDAK, additional information and documents from the institution for the program for which accreditation is requested may be requested.
     3. HEPDAK notifies the institution regarding whether the programs for which accreditation applications are made can be evaluated, the total accreditation fee determined for the programs that can be subjected to evaluation, and the payment conditions, by the end of February at the latest.
     4. Accreditation request of the institution is finalized when a letter of confirmation for the acceptance of HEPDAK's notification and conditions is sent to HEPDAK till the end of March. The applications of the institutions which don’t send a confirmation letter until this date are considered to be withdrawn by the relevant institutions.
     5. The institution prepares a self-evaluation report in the format and content determined by HEPDAK for the program(s) with finalized accreditation request(s). The institution uploads the self-evaluation report of the program to HEMSIS until 10 July. Applications of institutions that do not upload the self-evaluation report to HEMSIS until this date are deemed to have been withdrawn.
     6. The preliminary examination commission evaluates the self-evaluation reports sent by institutions to HEPDAK in terms of compliance with the required format and content.
     7. If HEPDAK deems it necessary, it notifies the relevant institution until the end of August that the deficiencies in the self-evaluation reports which are found to be inadequate only in format must be eliminated within 15 days. The application of the program that fails to eliminate the format deficiencies in the self-evaluation report within 15 days following the notification of HEPDAK is considered to be withdrawn by the relevant institutions.
     8. In the preliminary examination of the self-evaluation reports carried out by HEAK, if reporting and/or standard deficiencies that may cause the program not to be accredited are found, HEPDAK notifies the relevant institution by the end of September. After these deficiencies are eliminated by the institution, the institution is informed that the next application to HEPDAK may only be possible in the next evaluation period at the earliest. Failure to report a standard deficiency in any of the HEPDAK accreditation standards as a result of the preliminary examination does not mean that a standard deficiency evaluation will not be made as a result of the detailed examination during the visit to the institution by the evaluation team.
     9. HEAK initiates the evaluation process for the programs that are found to have no reporting and/or standard deficiencies in their self-evaluation reports that will terminate the accreditation evaluation of the program and that are found to be appropriate in terms of format, and for the programs that eliminate format deficiencies within 15 days.
     10. In case the number of applications is high, HEPDAK may establish a second evaluation period within the same evaluation year.

# Programs with Expired Accreditation Period

* + 1. HEPDAK sends a reminder letter to the programs whose accreditation period will expire by the end of December two years before their expiration date.
    2. In the application procedures of these programs, the process given in Article 5.1 for programs that will apply for accreditation for the first time is applied with the following differences.
       1. An institution requesting an evaluation for its programs whose accreditation period will expire and which will be subject to general evaluation or interim evaluation by HEPDAK shall submit this request in writing to HEPDAK until the end of January one year prior to the expiration date of the accreditation period. Institutions are deemed not to have applied for accreditation evaluation for programs for which the evaluation request is not submitted to HEPDAK by the end of January.
       2. Programs for which an interim report or an interim visit assessment will be made prepare an interim report focusing only on the weaknesses and concerns identified in the previous general assessment, rather than a comprehensive self-assessment report. This interim report is uploaded to HEMSIS until 10 July. Applications of institutions that do not upload the self-evaluation report to HEMSIS by this date are deemed to have been withdrawn.

# ARTICLE 6- Program Evaluation Teams

1. Teams that will evaluate the nursing programs consist of a team leader and program evaluators selected by HEAK from the current pool of program evaluators.
2. The team leader is selected from among current or former members of HEAK or, where necessary, from experienced program evaluators who have served as HEAK evaluators for at least two terms.
3. A student evaluator is also assigned in the teams including evaluation.
4. The number of team members can be reduced where the evaluation focus is very limited and there is significant coincidence between the programs to be evaluated, such as in interim evaluations.
5. When the evaluation team members are determined,
   1. Possibility of a conflict of interest with the relevant institution,
   2. Intra-team
      1. institutional distribution,
      2. academic - clinical/practice representation balance,
   3. Considerations such as the transportation requirements of the program evaluators and the student evaluator are considered.
6. The formation of the program evaluation teams is finalized by the end of September at the latest and notified to the relevant institutions by HEAK. The institution is asked whether or not there are any conflicts of interest between the team members and the institution and approval is requested for the team.
7. As of now, all communications and arrangements of the team with the institution are carried out under the joint responsibility of and cooperation with the team leader and the Dean of the Faculty/Director of the Graduate School who carries out the programs.
8. Transportation and accommodation requirements of the team are provided by the coordination of the team leader.
9. When necessary, HEPDAK members, evaluator candidates, representatives from accreditation institutions in Turkey and abroad may participate in the evaluation teams as observers, upon the decision of HEPDAK and provided that the approval of the team leaders and the relevant institutions is obtained.

# ARTICLE 7- Evaluation of Programs and Interpretation of Standards

Programs applying for accreditation are evaluated to determine whether or not they meet the evaluation standards. The following issues should be considered when using the standards in the evaluation process.

1. Although institutions may use their own terminology, in evaluations using the HEPDAK standards, the different terminologies of institutions must be used consistently with the definitions given in the “Definitions” section of the HEPDAK Education Program Standards document.
2. The institutions conducting the programs are free to choose and organize the courses and course contents in the education programs. In these contents, qualitative factors are more important than quantitative factors such as credits and hours. The education program should be carefully checked to ensure that it meets the general principles given in the standards.
3. Teaching methods and their use are constantly developing. Although a traditional teaching method or an innovative teaching method can be used in a course or in all the courses in the program, it is compulsory to assess the learning level with contemporary and most reliable methods in order to ensure that program outputs are achieved.

# ARTICLE 8 - Stages of the Program Evaluation Process

The program evaluation process including both the evaluation of qualitative and quantitative factors and the decision-making process for accreditation at the end, consists of the following three stages:

1. Examination of the self-evaluation report prepared by the institution: The self- evaluation report is an introductory document of the evaluated institution that explains the program for which the institution has applied for accreditation, the processes applied in the execution of this program, all relevant academic and administrative units in a certain format. During the examination of the self-evaluation report, any additional information and documents deemed necessary for the pre-visit evaluation by the members of the evaluation team are requested from the institution without waiting for the institution visit. The program to be evaluated sends the transcripts of randomly selected students and graduates to the evaluation team for a pre-visit analysis.
2. Institution visit: Besides the examination of the self-evaluation report and additional information and documents requested from the institution, the evaluation team makes an on-site visit. The institution visit has three purposes in terms of the evaluation team:
   * To assess the factors that cannot be sufficiently explained in the self-evaluation report. For example, to examine the academic environment, motivation of the students and faculty, continuity of instructors and students, quality of staff and students, student works regarding the basis of the program output measures, and other factors that are not easy to document in writing in the self-evaluation report.
   * Helping to identify the strengths of the institution including areas that are open to development
   * To examine the documents and information prepared by the institution as an evidence for meeting the HEPDAK evaluation standards and to see the physical facilities on-site.
3. Preparation of the report by the evaluation team: Within sixty (60) days after the institution visit, the evaluation team prepares and submits a draft report to HEPDAK by considering the content of the self-evaluation report, the information and documents requested from the institution, the interviews conducted during the institution visit, the places seen, the documents examined, the information obtained, and the 30-day response of the institution given for the exit notification.
4. Evaluation in case of extraordinary situations: If an institution visit cannot be made due to an extraordinary situation (epidemics, natural disasters, security, etc.), remote evaluation applications are carried out according to the processes defined in the HEPDAK-Remote Evaluation and Site Visit Directive (Version 1.0). Remote evaluation applications will be performed according to all the definitions and methods of this directive other than institution visits.

# ARTICLE 9- Details of the Evaluation Process

A detailed review is required to decide on the initial accreditation of a program or to conduct a general or interim accreditation review of an accredited program. Such a review is carried out by evaluation teams according to the principles of the “HEPDAK Evaluation Guidelines” prepared by HEAK. Some important details of the evaluation process are given below:

1. For renewal of accreditation, each program must undergo a detailed evaluation at five (5) year intervals. Such detailed evaluations are referred to as “General Evaluation”. The accreditation period of a program shall not exceed five (5) years.
2. If a program is not accredited, or if accreditation is cancelled as a result of an evaluation, the institution can object to this decision.
3. The identification of some weaknesses or deficiencies in the previous evaluation requires an interim evaluation without waiting for the periodical general evaluation. Interim evaluations focus only on the concerns and weaknesses identified in the previous general evaluation and the measures and improvements the institution has taken to eliminate these deficiencies. An interim evaluation may also include a focused visit to the institution, depending on the type of deficiencies identified in the previous evaluation. If during the interim evaluation, new inadequacies related to standards that were not specified in the previous evaluation are identified in the information and documents provided by the institution, and/or the information and documents obtained during the visit, interviews and site visits, these new deficiencies are included in a separate section in the evaluation report. Deficiencies which are found to have occurred after the previous evaluation are considered within the scope of Article 14 and are taken into account in the accreditation decision to be given to the program. The others do not affect the accreditation decision.
4. In evaluations that do not require an interim visit, i.e. evaluations that are only based on the interim report, the interim report is evaluated by one of the team members who is assigned by the team leader.
5. The visit date of the evaluation team to the institution is jointly decided by the team leader and the authorized manager of the institution (usually the dean/director or the relevant dean/deputy director), as appropriate for the team members and the institution.
6. The examination and evaluation activities of the visiting team during the visit are jointly planned in full detail in coordination with the team leader and the authorized manager of the visited institution prior to the visit in order to meet the additional information, additional documents, interview, and review requests of the visiting team. The plan including the works of the evaluation team members and the student evaluator during the institution visit is created together with the team leader and the student evaluator and submitted to the program manager by the team leader.
7. Observers may participate in the evaluation teams only with the decision of the Board of Directors and with the permission of the team leader and the institution.
8. Issues related to general institutional functions such as administration, student services, library, computer and informatics infrastructure, support of academic units such as other departments and faculties, etc. will be evaluated only in terms of the services provided to the evaluated program.
9. In extraordinary circumstances that make it difficult for team members to visit the institution (e.g. pandemics, natural disasters), team members conduct their works via online interviews with the administrators, students and relevant persons of the institution and program. If necessary, the team leader assigns one or two evaluators from the team members to visit the institution to examine the infrastructure.
10. In cases where team members are completely prevented from moving, technology can be used to complete all site visit works online, including inspections of the library, computer and informatics infrastructure, by video recordings and live video footage.
11. Reporting of the findings of the visit:
    * As the final activity of the institution visit, the visiting team verbally presents its evidence-based findings to the rector of the university or his/her representative and to a group of academic staff of the institution he deems appropriate. This statement is called as the “Exit Notification” and the meeting where the exit notification is submitted is called as the “Exit Meeting”.
    * The exit notification should reflect the evaluations based on the findings of the evaluation visit. These evaluations can be changed by the Consistency Control Committee (CCC) and HEAK during the process of finalizing the report including them to be submitted to the institution.
    * Visiting teams submit their verbal evaluation to the institution in writing at the end of the exit meeting.
    * The institution may respond to written explanations on deficiencies left by the evaluation team within thirty (30) days after the visit. If the institution gives no response to HEPDAK within this period, this means that the institution accepts all the evaluations stated in the exit notification and waives the right to objection to these evaluations.
12. The primary purpose of the 30-day response by the institution is to correct “material errors” in the information and impressions which the team evaluation submitted in the exit notification is based on. However, the institution may also present additional information in the 30-day response to be considered in the preparation of the evaluation team report. However, deficiencies identified during the visit are regarded as corrected if the necessary corrections or changes are agreed and implemented within 30 days of the visit and are evidenced by official documents signed by authorized managers. If even though some attempts have been made and some measures have been taken to correct a problem, the effects of these measures do not begin to occur, or if there are only some signs of goodwill, the effects of corrective measures (e.g. initiating the recruitment processes of a new instructor, adding a new course activity, planning additional funding or equipment) are taken into consideration by HEAK during the next scheduled interim visit or evaluation of the interim report.
13. After each institution visit, the visiting team prepares a draft report containing its key findings and accreditation recommendations. In case the visited institution responds to the exit notification, the draft report is prepared in such a way to include the institution’s 30-day responses and the team's assessment of these responses. An electronic copy of the draft report is sent electronically by the team leader to the Chairman of HEPDAK. The reports, which are controlled for consistency and spelling, are submitted for the approval of the members of HEAK according to the HEAK evaluation schedule. Approved reports are the final reports to be submitted to the institutions.
14. The notification submitted to the Institution includes the following types of notifications:
    * Notification of strengths - Example: The infrastructure and specialization distribution of the instructor staff in the department where the program is carried out includes all the areas of the program in a balanced and qualified manner.
    * Notification of concern - Concern indicates that a standard is currently being met, however, this situation has the potential to be changed and this standard may not be met in the near future. Thus, it is useful for the institution to take a positive action to ensure that the standard continues to be met.
    * Notification of weaknesses - A weakness indicates that a standard has been partially met, however, this has been achieved with difficulty and there is no guarantee that the quality of the program will not be deteriorated until the next general evaluation. Corrective measures are therefore required by the institution to ensure that the standard is met sounder.
    * Deficiency notification - A deficiency is the notification that a standard is not met. Thus, the program does not comply with the standards. Urgent measures should be taken by the institution to meet this standard.

# ARTICLE 10- Consistency and Spell Checking

As a result of the accreditation evaluation of the programs, the notifications to be made to the institutions must be consistent with each other in terms of both evaluations and form, and they should be free of misspelling. Prior to the discussion of the draft reports by HEAK, it is ensured that the consistency of evaluation is achieved at three levels.

1. **Intra-team consistency:** Team members evaluating a program should be consistent in their evaluation for similar deficiencies in each standard. All the team members are responsible for ensuring the intra-team consistency; however, the primary responsibility belongs to the team leader.

The process of ensuring intra-team consistency is performed in three stages.

# Evaluators during the preparation stage;

* 1. There must be absolutely at least one experienced evaluator in the teams.
  2. The team leaders should be selected among experienced evaluators.
  3. The visiting teams are provided with evaluator training/refresh training by HEPDAK before the visit.

# During the SER evaluation stage;

1. Pre-visit detailed evaluation of the SERs by the team members and pre-visit reporting are provided.
2. Frequent online meetings should be held prior to the visit, during which the report prepared by each team member should be discussed and the rationales for different decisions should be explained.
3. Decisions changing during the visit should be reviewed and discussed in meetings.
4. Frequent online meetings should be held during the 60-day response period for the draft report and each standard should be discussed.
5. The final draft report should be reviewed for spelling and style before it is sent to HEPDAK.

# After the evaluation process is finalized;

1. Standards that are thought to cause conceptual confusion should be reported to HEPDAK in D4 form after the visit.
2. Standards and evidence should be clarified in institutional trainings.

The exit notification to be written with the opinions of all team members, filling in the exit and 60-day decision column of the PES, ensures intra-consistency.

1. **Inter-team consistency:** When program evaluations are carried out in different institutions during an evaluation period, the assessment of similar deficiencies in each standard should be consistent. The evaluation team leaders are primarily responsible for ensuring inter-team consistency. However, in order to ensure consistency at this level, the HEPDAK Board of Directors will form a Consistency Control Committee that consists of HEAK representative who was not the team leader at that time,-if any, representative of the HEPDAK Board of Directors, and the leaders of the teams that were evaluator at that time so that consistency controls are realized between teams and between years.
2. **Consistency between years:** If there is no clear HEPDAK decision to assess similar deficiencies differently, theevaluation of these deficiencies in a standard should be consistent in years. The evaluation team leaders are primarily responsible for ensuring consistency at this level. To ensure consistency at this level, the Consistency Control Committee established by the HEPDAK Board of Directors realizes consistency controls between the teams and between the years.

The process of ensuring consistency between the teams and between the years is the CCC and HEAK process.

# Process of the Consistency Control Committee;

* 1. Establishment of CCC.
  2. Submitting the reports received by HEPDAK to CCC.
  3. Preparing a consistency table including each standard and program by the secretary of HEPDAK and submitting it to CCC.
  4. Discussing the reports of the programs in the evaluation period and previous years individually depending on the standards in CCC.
  5. Reviewing the reports of the previous years for controversial cases.
  6. In cases of possible inconsistencies between the teams in CCC, the opinions and explanations of the team leaders are considered, and necessary corrections are made by the teams according to the suggestions (it is stated in the report that it was corrected with the decision of the CCC).
  7. Processing the data related to the amended standards in the consistency table.
  8. Submitting the reports to HEPDAK after the approval of CCC.

# HEAK Process:

1. Team leaders submit the reports to HEAK together with their justifications.
2. The reports are discussed by the members of HEAK, and the questions are answered by the team leader.
3. The scored deficiencies are submitted to the members of HEAK (The percentage of each program meeting the standards is determined by scoring as D/1, W/2, C/3, √/4. The percentage obtained is not used for giving a decision for accreditation. It provides an idea for the members of HEAK regarding the evaluation of the program’s meeting of the standards).
4. If HEAK members have suggestions for changes to the decisions, they should be forwarded to the team leader and the team leader should review the corrected report (indicating that the report has been corrected by HEAK decision) in terms of spelling and style and send it to HEPDAK within one week.
5. HEAK members vote on the proposed accreditation decision for each team.

For consistency at these levels, consistency is ensured when CCC established by the HEPDAK Board of Directors and the HEAK perform consistency controls between the teams and between the years.

# ARTICLE 11- Decisions of Accreditation

1. Final decision about accreditation belongs to HEAK. This decision depends on the suggestions made by the visiting team to HEAK.
2. HEPDAK does not sequence the programs according to their quality. Programs are accredited or not. Accreditation decisions only state the type of the next assessment. Relevant documents that are valid for the duration of the accreditation are provided for the accredited programs.
3. If it is concluded that a program meets all of the minimum requirements specified in HEPDAK standards, accreditation is granted for five (5) years. In interim evaluations, the duration of the accreditation may cover a maximum of five (5) years from the date of the previous general evaluation. If a program is not assessed as “deficient” in any standard in its general evaluation but assessed as “weak” in one or more standards, accreditation is only granted for two (2) years. This decision is open to objection. For programs granted accreditation for two (2) years, interim evaluations are conducted in the last year (second year) of the accreditation validity period. The interim evaluation is focused on the standards for which “weakness” and “concern” assessments were made during the general evaluation. Assessments of “deficiency” or “weakness” for any standard during the interim evaluation are regarded as “deficiency” and the accreditation period of the program is not extended. This decision is open to objection. On the other hand, the accreditation period of the programs that are not assessed as “deficiency” or “weakness” in a standard during the interim evaluation, is extended for maximum three (3) years until the next general evaluation date.
4. If a program is evaluated as “deficient” for the first time in the general assessment since one or more standards are not met completely, the program is not accredited. This decision is open to objection.
5. If, during the accreditation period, HEPDAK receives some information that a program does not meet the standards, it will immediately notify it to the institution and request a response from HEPDAK within thirty (30) days. If no response is received from the institution, or if the response is deemed inappropriate by HEAK, HEPDAK may initiate cancellation with justification. These proceedings start when the institution is notified about the reasons for implementing the cancellation with justification. A visit to the institution may be organized to determine the actual data. A document showing the reasons for the cancellation is prepared and sent to the institution for examination and response within thirty (30) days. If no response is received from the institution or if the response is deemed inappropriate by HEAK, the accreditation is cancelled. This decision, together with an explanation of its reasons, is notified to the institution immediately. This cancellation is open to objection.
6. HEAK may take the following decisions¹.
   * **NGE (Next General Evaluation)** - This decision shows that the program fully complies with the applied standards. This decision can only be taken after a general evaluation and is usually valid for five (5) years.
   * **IR (Interim Report)** - This decision indicates shows that the standards for which a “weakness” was reported should be met sounder to ensure that the quality of the program does not deteriorate until the next general evaluation. The nature of the weakness does not require a visit to the institution for the next evaluation regarding the corrective measures to be taken by the institution. However, the institution is required to submit an interim report focusing on the corrective measures it takes. This decision can only be taken in a general evaluation and is usually valid for two (2) years.
   * **IV (Interim Visit)** - This decision shows that the standards for which a “weakness” has been reported need to be met sounder to ensure that the quality of the program does not deteriorate until the next general evaluation. The nature of the weakness requires an institution visit for the next evaluation regarding the corrective measures to be taken by the institution.

Prior to the visit, the institution is also required to submit an interim report focusing on the corrective measures taken. This decision can only be made in a general evaluation and its duration is usually two (2) years.

* + **ER (Extension by Report)** - This decision shows that the institution has taken adequate measures to eliminate the weaknesses identified in the previous IR decision. This decision can only be taken at the IR evaluation. This decision extends the accreditation until the next general evaluation and therefore its duration is usually three (3) years.
  + **EV (Extension by Visit)** - This decision shows that the institution has taken adequate measures to eliminate the weaknesses identified in the previous IV decision. This decision can only be taken at the IV evaluation. This decision extends the accreditation until the next general evaluation and therefore its duration is usually three (3) years.
  + **NA (Non- Accreditation)** - This decision can be given after a general or interim evaluation of a program. In the evaluation of a program that underwent a general evaluation, the decision indicates that the program does not meet the standards and has deficiencies. If this decision is given after the interim evaluation, this decision shows that the weaknesses identified in the general evaluation of an accredited program still present.

1 With the decision of the HEPDAK Board of Directors, Show Evidence by Report, Show Evidence by Visit and Extension by Evidence applications were terminated as from the 2019-2020 period.

* + **T (Termination)** - This decision is usually made in response to the request of the institution to extend the accreditation of a program that is decided to be closed. The purpose of this decision is to cover students currently studying in the program to be closed. The duration of this decision is usually one (1) year. Accreditation may be extended for a maximum of three (3) years based on annual reports submitted by the institution.

1. The decision for “non-accreditation” enters into force at the beginning of the academic year after the decision of HEAK (in cases of objection, the Board of Directors of HEPDAK) regarding “non-accreditation”. If the accreditation previously granted to a program by HEAK is terminated and no objection for this decision is done by the institution or, in case of an objection, the decision is not canceled by the Board of Directors of HEPDAK, this program is removed from the list of the accredited programs of HEPDAK.
2. Sometimes, institutions may close a program. HEPDAK works together with the institutions to ensure that the accreditation of such a program remains valid until the date of termination, provided that the following actions are taken:
3. The accreditation of a program that will be closed by its institution within the accreditation period is considered to be valid as of the notification of the termination decision until the date of termination, provided that a report submitted by the institution is accepted by HEAK.
4. The accreditation of a program to be closed at a date not more than three (3) years after the end of the current accreditation period may be extended for one (1), two

(2) or a maximum of three (3) years until the date of closure by a “Termination” decision by HEAK, based on a report by the institution. If necessary, HEAK may require a short visit to the institution, usually for one (1) day, by only one team leader, in order to take this decision.

1. In the list of accredited programs, HEPDAK makes a note of the date of termination for those programs to be closed, for which a “Termination” decision has been taken.
2. HEPDAK accredits programs deemed appropriate by HEAK, notifies the relevant institution of accreditation decisions and reports, prepares, and archives the list of accredited programs annually.
3. The evaluation reports prepared for the programs evaluated by HEPDAK are announced on the HEPDAK website.

# ARTICLE 12- Development Report

Development reports are prepared in order to monitor the status of accredited programs in terms of basic/development standards and to evaluate, obtain information about and monitor their works in the development areas identified in the last evaluation report. The processes of preparing and evaluating development reports are carried out according to the “Guidelines for Preparing Development Reports for Accredited Education Programs”.

# ARTICLE 13- Announcing the Accreditation Decisions to the Public

The current version of the list of programs accredited by HEPDAK is published on the website of HEPDAK. This list includes the names of the accredited programs and their accreditation periods. The format to be used for the list of accredited programs to be published on the HEPDAK website and the details of the information to be published are determined by the decision of the HEPDAK Board of Directors.

1. Programs that do not apply to HEPDAK till the end of January one year before the expiration date of their accreditation period,
2. Programs that are deemed to have withdrawn their application according to Articles 5.1(d), (f), (h) or 5.2(b-2),
3. Programs that are deemed not to have submitted their application according to Article 5.2(b-1) and whose accreditation is terminated according to Article 11(g) are removed from the list of accredited programs at the end of the accreditation period previously granted by HEPDAK.

# 

# ARTICLE 14 - Objections

* 1. HEPDAK objection processes are designed to support the objectivity and validity of the decisions made in the evaluation processes of nursing program. Objection evaluation process of the institutions regarding under which conditions and how to object the evaluation process of HEPDAK are defined below.

Institutions can apply for an objection in the following cases:

* + - HEPDAK decisions
    - Evaluation processes

The justifications for which the institutions may have their objections based on are as follows:

* + - The HEPDAK decision is not consistent with the available evidence
    - The HEPDAK decision is not consistent with HEPDAK standards and criteria, written policies and processes
  1. **Time and form of the application:** Objections must be submitted in writing by the authorized person of the institution to the Board of Directors of HEPDAK via e-mail within 30 days as of the notification of the accreditation decision to the institution. The application for objection must be grounded on justifications based on the accreditation decision and the documents supporting the objection must be attached as evidence. The documents to be submitted as evidence must be presented to the evaluation teams during the evaluation process. Adjustments made after the HEPDAK evaluation are not taken into consideration.
  2. **Objection evaluation committee:** The committee consists of three members elected by the Board of Directors of HEPDAK. At least one of the members must be a member of HEAK. The other members are selected among the HEPDAK evaluators. There should be no conflict of interest between the committee members and the institution. The evaluator present in the evaluation team of the objecting institution cannot take part in the objection committee. HEPDAK appoints one of the members as the leader. The committee takes decisions by majority of votes.

# Objection evaluation process:

1. HEPDAK maintains the previous accreditation status of the nursing program as of the delivery of the notification until the objection is issued.
2. HEPDAK submits the documents related to objection and evaluation process to the objection committee.
3. If the reasons for the objected decision are deemed insufficient, the committee sends the objection to HEPDAK.
4. If the Committee and HEPDAK agree on this decision, this result is notified to the relevant institution.
5. If the justifications for objection are accepted, the following documents regarding the objection are prepared and sent to the objection committee.
   * A cover sheet listing the justifications for the objection.
   * An explanatory text summarizing the application process and results chronologically.
   * Decision of HEAK and, if necessary, additional evidence from HEAK.
   * All correspondence made with the institution and the related documents.
   * Evidence to support the institution’s objection.

# Decision of the objection committee:

* + - The decision of the objection committee is limited to the decision options to be taken by HEAK.
    - The objection committee submits its decision in writing to the Board of Directors of HEPDAK within 30 days as of the start date of duty.
    - This decision is evaluated by the Board of Directors of HEPDAK and a final decision is taken.
    - HEPDAK notifies the institution and HEAK in writing regarding its decision together with its reasons within 15 days after the decision is taken.

# ARTICLE 15- Changes in the Evaluation Period

1. Executive of the institution is responsible for notifying HEPDAK about changes in a program accredited by HEPDAK and those in areas that may affect the program's accreditation status. The important ones are stated below.
   1. Objectives of the Program
   2. Education Program
   3. Students
   4. Instructors
   5. Management
   6. Physical Infrastructure
   7. Financial status of the institution
2. When the institution or a third party notifies HEPDAK about significant changes in an accredited program that may affect the accreditation status of the program, an evaluation process is initiated. The first step in the evaluation process is that the institution provides information to HEPDAK for responding to the allegations or decisions.
3. It is not compulsory to have the information provided by the institution to be very detailed. However, it must contain sufficient detail to allow the impact of the amendment on the accredited program to be assessed.
4. HEAK considers the information provided by the institution and decides whether or not the current accreditation decision needs to be modified. This decision depends on the degree of certainty that the program affected by the change continues to meet the relevant evaluation standards.
5. After HEPDAK receives notification of a significant change in an accredited program, the chairman of HEAK sends the copies of the information provided by the institution to two HEAK members.
6. The two members of HEAK are asked to evaluate the information provided and report their recommendations to the HEAK within thirty (30) days. These members may request additional information from the institution via the secretariat of HEPDAK. The recommendations may be related to extending the accreditation of the program affected by the change until the end of the current evaluation period or asking the institution to request another visit to determine the accreditation status of the program changed.
7. HEAK evaluates the recommendation and takes a final decision without delay.
8. This final decision is immediately notified to the institution by HEPDAK.
9. Refusal of another visit by the institution is the reason for cancellation of accreditation of the program.
10. In institutions with accredited programs, HEPDAK must be continuously informed about the closure of programs and possible important changes in the teaching staff, infrastructure, organization, enrolled students, and other relevant factors.

# ARTICLE 16- Amendments in the Directive

Recommendations for the amendments in this Directive may be submitted to the Board of Directors of HEPDAK by HEAK or by a committee to be appointed by the Board of Directors of HEPDAK. The recommendations prepared are included in the agenda of the first meeting of the Board of Directors of HEPDAK and then, a decision is taken about them.

# ARTICLE 17-Enforcement

This directive enters into force from the date it is approved by the Board of Directors of HEPDAK.