



TEPHINET

Training Programs in Epidemiology and
Public Health Interventions Network

Accreditation of FETPs

Instructions to Prepare the

Letter of Intent



REVISED NOVEMBER 2016



Appendix B. Accreditation Letter of Intent (LOI)

The TEPHINET accreditation of FETPs process is designed such that quality of training meets standards essential to applied epidemiology and public health practice. It provides an important opportunity to align common values and help programs gain recognition and prestige, which may lead to increased support at country and regional levels. Accreditation also plays a vital role in allowing institutions to look critically at their programs and build support and consensus for increased program quality and sustainability.

This appendix was reviewed and updated by the Accreditation Working Group during a week-long meeting held in April 2016. The changes are based on the analysis of the results of the 2015-2016 First Cycle of Accreditations of FETPs and on the feedback from applicant programs, accreditation reviewers and the members of the Global Accrediting Body.

The updated Accreditation Letter of Intent standard forms and instructions are presented here together with the guidance to organize an FETP collaborative program group to assess the program alignment with the accreditation indicators and standards. To this end an updated Accreditation Readiness Assessment checklist is included in Part 3 of this appendix

The Readiness Assessment is a tool adapted from the TEPHINET Accreditation of FETPs Minimum Indicators and Standards Table. The process of completing the readiness assessment gives programs an opportunity to garner support from institutional authorities and stakeholders to engage in the accreditation process.

It is advisable that the program leadership and staff realistically assess whether they meet the criteria set forth in the checklist and identify any missing information necessary to complete the checklist.

Please note that TEPHINET only invites programs to submit a LOI once they have conducted the accreditation readiness assessment and if they have responded affirmatively to EACH and ALL of the questions in the checklist.

In addition to examining whether all programmatic elements are in place, programs should also consider whether the human resources are available to assemble the documentation required in the accreditation application by the submission date,

Appendix B. Accreditation Letter of Intent

and that the program has the support of the host institution to proceed with the application and to host a site visit as described in the Accreditation of FETPs Program Manual.

Suggestions for organizing your work in a participatory manner are provided in Part 4 of this Appendix. If you have questions or remain unsure about your program's eligibility, do not hesitate to contact the TEPHINET Secretariat.

Instructions to Complete the Letter of Intent

Before submitting an FETP Accreditation Letter of Intent programs shall:

1. Be fully familiar with the accreditation indicators and standards as described in the TEPHINET Accreditation of FETPs Minimum Indicators and Standards Table.
2. Have completed the Accreditation Readiness Assessment (included in part 3 of this appendix) and made sure that the program response to the EACH of the questions in the readiness assessment are ALL positive and that the program has documentation that can be provided as supporting evidence in the accreditation application and further validated during an accreditation site visit.

Letter of Intent Requirements

1. Complete it using the standard form provided in part 1 of this appendix.
2. Complete programs Certification of Accreditation Eligibility form.
The certificate form is included in part 2 of this Appendix, which consists of the program's response to question number 1 and the completion of tables 3 and 3b.
3. Submit Completed forms in a pdf-formatted attachment to TEPHINET accreditation manager Wendy Worthington at wworthington@taskforce.org.
4. **Letters that are not prepared in the provided standard forms will be returned to senders.**

If you have any questions about accreditation readiness or about how to complete the Accreditation Letter of Intent (LOI) please contact Wendy Worthington at wworthington@taskforce.org or Dionisio Herrera at dherrera@tephinet.org with the subject heading "**Accreditation Letter of Intent.**"

Additional correspondence may also be mailed to: 325 Swanton Way, Decatur, GA 30030, USA. Attn: TEPHINET.

Appendix B. Accreditation Letter of Intent
(Please, use institutional letterhead for each page of LOI)

Accreditation Letter of Intent

Name of Program: _____

Date: __ / __ / ____

Name of the Ministry of Health Unit or Public Health Institution Hosting the Program

The undersigned formally declare our intent to develop and seek accreditation for the FETP of _____ and request accreditation review of the proposed program.

The undersigned understand that the decision as to whether the program qualifies for accreditation rests solely and exclusively with TEPHINET accreditation bodies and that the decision(s) are final.

The undersigned have the authority to enter into this agreement on behalf of the (*name of program*), as indicated below.

Program Eligibility:

We have read the Accreditation of FETPs Basic Eligibility Requirements and the Accreditation of FETPs Minimum Indicators and Standards Table and certify that our program met all three eligibility requirements as illustrated in the attached response to question 1 and information presented in tables A and B.

We hereby verify the following:

Our program has conducted the Accreditation Readiness Assessment and determined that the program satisfies EACH and ALL of the accreditation of FETPs indicators and standards and that the responses to the Accreditation Readiness Assessment checklist were **ALL** affirmative.

The undersigned have read and understand the above statements and intend for the program and institution to be bound by them.

Signatures

Program Director:

Host Institution Senior Official (s):

If applicable: Co-Host Institution Official(s) and Title:

Appendix B. Accreditation Letter of Intent

Certification of Accreditation Eligibility

Table 1. Program duration: The program is equal to or greater than 21 months.

What is the start date and completion date of your program for the most recent cohort of graduates?

Start date ____ / ____ / ____ Completion date ____ / ____ / ____
 Month Day Year Month Day Year

Table 2. Evidence of Completed Cohorts: at Least 2 Cohorts of Residents Have Completed the Program within the Past 5 Years.

Enrolled Cohorts	Accepted Participants at First Week of Activities (At the Beginning of Program Cycle) NUMBER	Accepted Participants completing the Program (Prior to the Beginning of next Program Cycle) NUMBER	Completion RATE (%)
FETP Cohort #1 (Residents Who Most Recently Completed the Program)			
FETP Cohort # 2 (Residents Completing Program Prior to Beginning of Cohort #1)			

Table 3. Predominance of Field Work: Annual Calendar for the Program

(If the calendar is not the same for the last two completed cohorts, present a calendar for each of the cohorts)

Program Activities	Activities Shown Here Occur within a Period of at least 21 Months or 2 Calendar Years											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Cohort start date												
2. Residents' Orientation												
3. Epidemiology Course												
4. Residents doing field work												
5. Public Health Surveillance Course												
6. Outbreak Investigations Course												
7. Scientific Communications Course												
8. National Holidays												
9. Vacation and Sick/Family Days (other days off)												
10. Other Courses (specify)												
11. Other Courses (specify)												
12. Other Activities (specify)												
13. Cohort completion date												

Use these letter colors to fill in according to activity type: Didactic Training **XXX** Field Work **XXX** Days Off (holidays, vacation, sick /family leave, etc.) **XXX**

Appendix B. Accreditation Letter of Intent

Table 3b. Predominance of Field Work: <u>Field Work</u> Duration	
Program Activities	Activities Marked Here Occur within a Period of at least 21 Months or 2 Calendar Years (please write down exact dates, days, weeks)
1. Cohort start date	
2. Residents' Orientation (date and duration)	
3. Field Work (^b dates when work begins and ends by year and number of weeks estimated)	
4. Epidemiology Course (date and duration in days / weeks)	
5. Field Work (dates when work begins and ends by year and number of weeks estimated)	
6. Public Health Surveillance Course (date and duration days / weeks)	
7. Field Work (dates when work begins and ends by year and number of weeks estimated)	
8. Outbreak Investigations Course (date and duration days / weeks)	
9. Field Work (dates when work begins and ends by year and number of weeks estimated)	
10. Scientific Communications Course (date and duration days / weeks)	
11. Field Work (dates when work begins and ends by year and number of weeks estimated)	
12. Other Non-Field Work Activities Specify (dates and duration)	
13. Field Work (dates when work begins and ends by year and number of weeks estimated)	
14. Other Non-Field Work Activities Specify (dates and duration)	
15. National Holidays (date and duration)	
16. Vacation and Sick / Family Days (and other institutional days off)	
17. Cohort Completion Date	

^b Please write down exact beginning and end calendar dates, number of days and weeks, etc.

Appendix B. Accreditation Letter of Intent

Definition of Field Work

Activities done towards achieving core competencies by the residents in the program.

These include:

1. Epidemiologic investigations (outbreaks, emergencies, natural or manmade disasters, surveys, applied public health research, etc.)
2. Conducting surveillance, conducting special studies (surveys, program/surveillance evaluation)
3. Consultation with policy makers, preparing for and presenting at scientific conferences
4. Performing laboratory bench work in support of epidemiologic practice
5. Consulting with local public health officials on their perceived public health problems
6. Developing and/or delivering epidemiology and biostatistics training
7. Teaching other residents or field epidemiologists.

The following additional activities may also be considered as field work when done in support of or in response to MOH needs, and **NOT** if they are largely to fulfill academic requirements, or if during this time the residents are not at field sites and not available for public health responses (i.e., having protected time at a university):

1. Data management and analysis, and
2. Writing scientific papers and technical reports, and
3. Conducting media interviews.

The following activities are **NOT considered field work**:

1. Didactic/formal course work
2. Training feedback and evaluation
3. Performance feedback and evaluation including aptitude tests, exams, thesis/dissertation defense,
4. Reviewing/studying/revision for exams
5. Attendance at scientific meetings/conferences if not presenting field work
6. Hosting scientific meetings/conferences
7. Computer and other information technology/software tutorial incl. Epi-Info
8. Visits to institutions of learning
9. Vacation, sick time, or any other paid or unpaid leave of absence.