predicted further cognitive impairment and progression to dementia. However, when the slow gait component of frailty was combined with baseline cognitive impairment, it showed the highest risk of progression to dementia (HR: 35.9; 95%CI: 4.0–319.2; p= 0.001). Frailty and Cognitive impairment are common and co-exist in the same individuals. However, slowing gait seems to be the frailty component driving the association with future dementia.

A U.S. NATIONAL PROFILE OF OLD ADULTS WITH COGNITIVE IMPAIRMENT ALONE, PHYSICAL FRAILTY ALONE, AND BOTH

Meiling Ge,[1] and QIANLI XUE[2], *1. Center on Aging and Health, Johns Hopkins Medical Institutions, Baltimore, Maryland, United States, 2. Department of Medicine Division of Geriatric Medicine and Gerontology, School of Medicine, Johns Hopkins University, Baltimore, Maryland, United States*

Using data from NHATS, we aimed to identify characteristics (demographics, health conditions/events, self-care behaviors, psychological wellbeing) that distinguish joint vs. separate presence of physical frailty (by the Fried's) and cognitive impairment (CI: bottom quintile of test performance in executive function and memory; or proxy-report of dementia diagnosis or AD8 score >=2). Of the 7,497 older adults, 25.5%, 5.6%, and 8.7% had CI only, frailty only, and both, respectively. After adjusting for demographic characteristics, current smoker, single disease, and knee surgery history uniquely identified "frailty only". Although none was found to uniquely identify "CI only" or "both", surgery history and comorbidity were strongly associated with "frailty only" and, to a lesser degree, "both", but not "CI only". The findings advocate for treating physical frailty and CI as overlapping yet distinct conditions, and prioritizing comorbidity, surgery history, and smoking status in clinical screening of frailty and CI before formal diagnostic assessments.

SESSION 2100 (SYMPOSIUM)

LESSONS LEARNED FROM ACCREDITING GERONTOLOGY PROGRAMS: GETTING READY!

Chair: Harvey L. Sterns, *The University of Akron, Akron, Ohio, United States*
Co-Chair: Janet S. Hahn, *Western Michigan University, Kalamazoo, Michigan, United States*

Accreditation for Gerontology Education Council (AGEC) is an organization that collaborates with, but is independent from the Gerontological Society of America and the Academy for Gerontology in Higher Education. It is directed by a Board of Governors consisting of nine members representing higher education gerontology programs and entities associated with the field of aging. The organizational structure also includes review teams, site visitors, and staff support. Higher education degree granting programs in gerontology, specifically associate arts degree, baccalaureate degree, and master's degree programs, are eligible to apply to AGEC for accreditation. This symposium will have presentations that focus on Overview and Experiences to Date that will describe the accreditation process and what has been learned by the accreditation of the first three degree programs. The second presentation will focus on How and Why to Apply for Accreditation and will provide background information on the steps and processes necessary to submit for the accreditation review with clarification updates. The third presentation will provide lessons learned from our first reviews with suggestions on Preparing the Self- Study and will include guidance on approaches to be taken. The fourth presentation is also lessons learned with a focus on Mapping the Competencies as part of the Self Study. Symposium presenters share important information to encourage gerontology degree programs to apply for AGEC accreditation.

ACCREDITATION FOR GERONTOLOGY EDUCATION COUNCIL: OVERVIEW AND EXPERIENCES TO DATE

Harvey L. Sterns[1], *1. The University of Akron, Akron, Ohio, United States*

This presentation will describe the accreditation process that was developed by a special committee under the sponsorship of the Association for Gerontology in Higher Education. With support from The Russell & Josephine Kott Memorial Charitable Trust, the committee developed materials to guide the evaluation process and an operations manual, formed a Board of Governors, registered as an independent non-profit and gained approval as a 501C3 entity. This resulted in the official formation of the Accreditation for Gerontology Education Council. Three schools have gone through the accreditation process. Results of the process will be described and lessons learned will be discussed. Refinement of the process is ongoing. There is a marketing committee that has reached out to additional schools, and new applications are being accepted.

HOW AND WHY TO APPLY FOR GERONTOLOGY ACCREDITATION

Janet S. Hahn,[1] and Donna E. Schafer[2], *1. Western Michigan University, Kalamazoo, Michigan, United States, 2. National Association for Professional Gerontologists, Healdsburg, California, United States*

This presentation covers the steps to achieve accreditation of a gerontology program as well as the costs and benefits of accreditation. The overall timeline for a typical accreditation process is presented as well as the organization of required standards. Advance planning and a close review of Accreditation for Gerontology Education Council standards will allow time for a program to comply and document compliance with standards. Communication and cooperation within an institution are needed for a program to successfully seek accreditation. Key individuals and important conversations will be identified to assist those who are considering accreditation for their gerontology program.

PREPARING YOUR AGEC SELF-STUDY

Donna Weinreich,[1] and Donna Schafer[2], *1. Western Michigan University, Kalamazoo, Michigan, United States, 2. National Association for Professional Gerontologists, Healdsburg, California, United States*

Section VI of the AGEC Handbook provides guidelines for writing the self-study. This Handbook section is central to the accreditation review process because it provides information about how your program demonstrates that accreditation standards have been met/exceeded. It also