



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING  
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VIA EMAIL & FEDERAL EXPRESS  
(davidama@yahoo.com)

Dr. Roberto Davila, President  
Colegio Tecnológico y Comercial de Puerto Rico  
Calle Paz #165 Altos  
Aguada, PR 6020960

***Re: Initial Accreditation Denied  
(Appealable, Not a Final Action)  
ACCET ID #1515***

Dear Dr. Davila,

This letter is to inform you that, at its April 2018 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Colegio Tecnológico y Comercial de Puerto Rico, located in Aguada, Puerto Rico.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted February 26 – 27, 2018), and the institution's response to that report, dated March 27, 2018. It is noted that two of the weaknesses cited in the team report were adequately addressed in the institution's response and accepted by the Commission. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard I-A: Mission

The institution did not demonstrate that it establishes and utilizes specific criteria to measure whether it is achieving its mission.

The team report indicated that the institution lacked documented evidence to demonstrate how it evaluates and measures the success of the institution's mission.

In its response, the institution provided copies of meeting minutes from both an Advisory Board meeting and a Board of Directors meeting. However, this documentation lacked the depth and breadth of coverage to evidence active and thorough engagement in regard to measuring the institution's mission. It was further noted that the institution failed to submit evidence of implementation of any changes resulting from these meetings.

Additionally, the institution provided a copy of a graduate and an employer survey to demonstrate review of the mission's success, however, there was no evidence of an analysis of the data collected by way of these surveys, nor implementation of improvements to the school's operations, training, and administrative processes as a result of the meetings and surveys enacted since the on-site visit.

Therefore, the institution failed to demonstrate compliance with this standard.

## 2. Standard I-C: Planning

The institution did not demonstrate that it utilizes a planning process to establish plans that include specific and measurable objectives, along with corresponding operational strategies, projected time frames, and methods for subsequent evaluation that are utilized to measure progress in achieving the plans' established objectives.

The team report indicated that the institution did not demonstrate systematic and effective implementation of a process that results in comprehensive planning documents (both short and long term) that include objectives that address all the key functional areas of the institution. The objectives noted did not indicate corresponding operational strategies, projected timelines for completion or the designated parties responsible for implementation.

In its response, the institution did not address this weakness as cited in the team report. It asserted that it follows the business planning format endorsed by The Small Business Administration. The institution submitted email documentation, an insurance certificate, and a fire permit as supporting documentation.

Therefore, the institution failed to demonstrate compliance with this standard.

## 3. Standard II-A: Governance

The institution did not demonstrate that it has an accountable governance structure that sufficiently guides the overall direction and effectiveness of the institution to include its compliance with regulatory and accreditation requirements.

The team report indicated that the institution did not have a sound understanding of ACCET accreditation requirements as related to the following key areas: institutional management, record keeping, financial assistance and procedures, curriculum design and development, compliant enrollment agreements, monitoring of attendance, oversight of satisfactory academic progress, and appropriate tracking of program completion and job placement resulting in achievement of benchmark rates as required by ACCET.

In its response, the institution provided an explanation of its use of enrollment agreements. The institution also submitted the Table of Contents for two procedures manuals with notations intended to serve as responses to the weaknesses cited in various standards. This

documentation did not indicate that the institution has a thorough understanding of the scope of its responsibility relative to governance, nor did it demonstrate the ability to comply with all regulatory and accreditation requirements.

Therefore, the institution failed to demonstrate compliance with this standard.

4. Standard II-B: Institutional Management

The institution did not demonstrate that it has developed and effectively implemented policies and procedures within an organized framework that is clearly defined and understood and which effectively guides the day-to-day operations of the institution.

The team report indicated that the institution did not have well established, clearly understood, and effectively implemented policies and procedures relative to: cancellation and refund practices; annual faculty evaluations; onboarding and training of newly hired faculty; job descriptions that align with actual employees' duties and responsibilities; issuance of Enrollment Agreements to new students; the monitoring of attendance and leaves of absence (LOAs); the tracking of satisfactory academic progress; and the tracking and monitoring of program completion and job placement.

In its response, the institution provided some revisions and updates to policies and procedures noted as insufficient or non-existent by the team. Further, the institution explained that during the visit, the Financial Officer was covering for absent staff thereby creating the impression that the job responsibilities of this position were not aligned with the day-to-day realities of the job as witnessed by the team. The institution provided updated and/or revised versions of policies and procedures; however, the institution failed to demonstrate evidence of staff training relative to the new policies and procedures, and failed to provide documentation to demonstrate systematic and effective implementation of these updated policies and procedures.

Therefore, the institution did not demonstrate full compliance with this standard.

5. Standard II-D: Records

The institution did not demonstrate that it has an organized record-keeping system that ensures that all records are maintained in an accurate, orderly, and up-to-date manner, and further, that the institution's record-keeping system facilitates ready access and review of these records by appropriate third parties.

The team report indicated that the institution's records were inaccurate, incomplete, and/or out-of-date in the following operational areas: student academics, attendance, financial procedures (including enrollment agreements), and completion and job placement. Additionally, student records were disorganized and did not facilitate a third-party review.

In its response, the institution submitted Table of Contents for two policy manuals, one for

Financial Procedures and one for Admissions Procedures. The institution also provided an explanation for some of the discrepancies found in specific students' records. The institution's comments focused on issues of team error and the additional requirements of ACCET documents and forms which are not aligned with the requirements as set forth by the institution's former accreditor, ACICS, and the state accrediting agency. Furthermore, the institution failed to demonstrate that its record-keeping systems are compliant with ACCET criteria as related to Standard III-B Financial Procedures, VII-B Admissions/Enrollment, VIII-C Student Progress, and IX-D Completion and Job Placement.

Therefore, the institution did not demonstrate compliance with this standard.

6. Standard III-B: Financial Procedures

The institution did not demonstrate that policies and procedures exist for proper financial controls and/or the supervision of financial management staff to include the proper recording and tracking of all monies. Additionally, the institution did not demonstrate that its refund policy is implemented in a fair, equitable, and consistent manner that ensures compliance with regulatory and accreditation requirements.

The team report indicated that the institution has not implemented the required separation of duties for collecting, reporting, and depositing student cash payments. Further, the institution's Cancellation and Refund policy applies to non-Title-IV students only, and is therefore not compliant with ACCET Document 31 – Cancellation and Refund Policy. The refunds reviewed by the team were for students receiving Title-IV funding, with only the Return to Title IV policy applied demonstrating that the institution's refund policies and procedures do not apply consistently to all students enrolled at the institution.

In its response, the institution did not indicate that it has knowledge of, or that it has taken steps to implement, a procedure that ensures separation of duties for cash handling for sound financial controls. The institution's response that Title IV requirements do not include separation of duties for cash handling is insufficient, as Title IV requirements do not encompass all financial procedures necessary for school operations. Additionally, the institution confirmed in its response that it does not calculate refunds for any students who are provided Title IV funding, nor does it calculate refunds for students who cancel during the trial period. The institution further indicated that the refund policy only applies to "private dropouts," and students who receive Title IV funding are not subject to the refund policy. While the institution stated that it provides refund calculation worksheets, the only documentation provided represented Return to Title IV calculations. The institution failed to demonstrate that it fully understands that students who receive Title IV funds are also subject to the institution's refund policy. ACCET Document 31–Cancellation and Refund Policy requires institutions to complete and document refund calculations for *all* students who cancel, withdraw, drop, or are withdrawn from training. It should be noted that Return to Title IV documentation is not the same as a refund calculation under the institution's refund policy.

Therefore, the institution did not demonstrate compliance with the requirements of this standard.

7. Standard III-C: Financial Assistance/Scholarship

The institution did not demonstrate that student financial assistance programs, specifically, federal financial aid programs, are responsibly administered and in full compliance with relevant statutes and regulations.

The team report indicated that the institution did not properly and responsibly manage the disbursement and subsequent administration of Title IV funding. The institution indicated in its procedures manual for Satisfactory Academic Progress (page 35), on its Return to Title IV form, and on the Disbursement Notification letters signed by students that it charges tuition based on payment periods; however, refund calculations reviewed by the team were based on period of enrollment resulting in incorrect refund amounts. Additionally, the files of dropped students were poorly maintained and organized by the institution making the process of a third party review difficult. The team's completion of ACCET Document 50-FA – On-Site Financial Review Checklist resulted in non-compliant findings which spanned an array of issues across multiple student files. By way of example, the following two cases epitomize the issues identified in several students' files during the course of the on-site visit:

- [REDACTED]
  - No evidence of an Enrollment Agreement (EA)
  - No indication of an expected graduation date
  - Attendance for the entire program not provided
  - Percentage of completion calculation on R2T4 was based on all hours completed by the student throughout all enrollments
  - No definitive indication of percentage of program completed
  - No evidence of an institutional refund calculation
  - Date of Determination is outside of the allotted 14 days:
    - Last Date of Attendance (LDA) 6/27/2017
    - Date of Determination (DOD) 12/22/2017
- [REDACTED]
  - No evidence of an Enrollment Agreement (EA)
  - Incorrect refund calculation based on the definition of a payment period
  - No evidence of an institutional refund calculation
  - Records indicated that this student should have been dropped from the institution on 1/10/2017 due to non-compliance with the attendance policy, however, this did not occur, and the LDA was indicated as September 18, 2017.

In its response, the institution indicated that it calculated Returns to Title IV by payment period. However, the information submitted in the response did not demonstrate accurate payment periods. The institution asserted that it does not require re-admitted students to complete Enrollment Agreements thereby leaving re-enrolled students without a current and/or updated contract to cover their training. Further, the institution failed to address all of the issues cited as problematic in the team report under the requirements of this standard, including issues in

student files. The following students' files remained unresolved in the institution's response: [REDACTED], and [REDACTED].

Therefore, the institution is not compliant with the requirements of this standard.

8. Standard IV-C: Externships/Internships

The institution did not demonstrate that its externship programs are based on a preplanned outline of the specific knowledge, skills, and experience to be acquired, and further, that policies and procedures for the supervision and evaluation of these externships are consistently implemented to ensure their value and effectiveness.

The team report indicated that the institution did not demonstrate that it systematically conducts site visits to externship locations to ensure that the environment is educationally sound and appropriate to students' programs and training.

In its response, the institution referred to excerpts in the institution's policies and procedures that describe the internship evaluation process. Additionally, the institution referred to evidence of evaluations from the last group of externships; however no supporting documentation was provided to demonstrate implementation of the policy. Therefore, the effectiveness of the training and experience gained at these externally located sites could not be verified.

Therefore, the institution is not compliant with the requirements of this standard.

9. Standard VI-B: Supervision of Instruction

The institution did not demonstrate consistent evaluation and direction of instructors to include annual documented student and supervisory feedback to effectively enhance the quality of instruction.

The team report indicated that faculty in the Medical Secretary and Pharmacy Technician programs do not receive annual, formal evaluations regarding their overall performance on the job apart from and in addition to classroom observations.

In its response, the institution provided more evidence of completed classroom observations as well as *blank* policy/procedure forms that included: evaluation forms for self-critique, evaluation forms for supervisory critique, and evaluation forms for students' critique; however, there was no evidence of implementation of these new procedures/forms to demonstrate supervisory review and documented feedback to enhance the quality of education.

Therefore, the institution is not compliant with the requirements of this standard.

#### 10. Standard VII-B: Admissions/Enrollment

The institution did not demonstrate that it implements admissions and enrollment policies and procedures that are in compliance with statutory, regulatory, and accreditation requirements. Additionally, the institution did not demonstrate that reliable, regular means are utilized to ensure that, prior to acceptance, all applicants understand the programs they are committing to, and further, that this enrollment process is effectively managed and monitored to ensure the institution's integrity.

The team report indicated that the institution did not systematically issue Enrollment Agreements to all students enrolling or re-enrolling in the institution's programs. The team report cited specific students who did not have evidence of Enrollment Agreements in their files, and it was further noted that students enrolling in the institution prior to 2018 were not reviewing or signing Enrollment Agreements.

In its response, the institution submitted revised files for [REDACTED] and [REDACTED] to correct the deficiencies noted regarding missing documentation to include Enrollment Agreements. The institution explained that Enrollment Agreements were not used until 2017 when the application for accreditation with ACCET was submitted. However, the documentation submitted in the response did not evidence that the institution had systematically and effectively implemented a compliant policy and procedure for the issuance of Enrollment Agreements to all students enrolling in the institution's programs since the on-site visit.

Therefore, the institution is not compliant with the requirements of this standard.

#### 11. Standard VIII-B: Attendance

The institution did not demonstrate that it has established reliable and working procedures for the effective oversight, monitoring, and documentation of attendance, and further, that these procedures ensure that student attendance and participation are consistent with the expected performance outcomes of the institution's courses or programs.

The team report cited several issues regarding inconsistencies and non-compliant practice in the implementation of attendance policies and procedures as follows:

- The institution did not adhere to its own policy which states that the maximum number of allowed consecutive absences before automatic termination is, three. Beyond that, the student will be automatically terminated. Two student files were cited in the team report as examples of cases in which the institution's own policy was not instituted: [REDACTED] and [REDACTED].
- The institution did not demonstrate that make-up work occurs in the same delivery method and covers the same content as the portion of class missed, as required by ACCET Document 35 – Attendance Policy.
- The institution did not demonstrate regular implementation of its Leave of Absence (LOA) policy in a way that is consistent and compliant with ACCET Document 36 – Leave of

Absence Policy. By way of example, student [REDACTED], who started on August 15, 2017, with an expected graduation date of August 2017, was placed on LOA for the time period of October 25, 2017 – April 20, 2018 (post expected graduation date).

- Student grade reports reviewed by the team indicated that students earned 100% attendance. When the team reviewed corresponding attendance records for individual class days, the students in question had been marked absent on certain days indicating that attendance records as published on grade reports did not reflect actual attendance.

In its response, the institution submitted a description of the attendance reporting and tracking process which included an overall summary of the actual attendance policy. The institution submitted a new form entitled, “*Formulario Reposición de Horas*” to be used for the tracking of make-up work for missed class time. The response also included a narrative explaining the situation of the student with the LOA issue cited in the team report; however, the institution did not submit *updated* records to reflect the true situation of this student as explained in the narrative. Additionally, the response did not include evidence of grade reports that match attendance records. The institution failed to demonstrate that a reliable procedure is utilized by all teachers and staff for tracking and reporting student attendance.

Therefore, the institution is not compliant with the requirements of this standard.

## 12. Standard VIII-C: Student Progress

The institution did not demonstrate that student progress is documented consistently in accordance with its own established performance outcomes and is communicated to all students on a regular and timely basis. It was not evident that the institution publishes a clear description of its requirements for satisfactory student progress and utilizes sound written policies and procedures to determine student compliance with these requirements.

The team report indicated that the institution did not provide documented evidence that it regularly notifies students of their academic progress for academic and financial aid purposes as required by ACCET Document 18 – Satisfactory Academic Progress Policy. The institution did not provide the team with evidence that it issues warnings and applies probation status to students failing to meet SAP minimums. During the on-site visit, the team requested student academic progress (SAP) documentation which was never provided.

In its response, the institution submitted revised wording for its SAP policy to provide clarity. The institution further explained that no students at the school received academic progress warnings nor were any students put on academic probation in 2017 or in early 2018. While the institution’s SAP policy is clarified for the record, the institution failed to demonstrate the implementation of this policy to ensure that students’ progress is consistently documented and clearly communicated on a regular and timely basis.

Therefore, the institution is not compliant with the requirements of this standard.

13. Standard IX-D: Completion and Placement

The institution did not demonstrate that it establishes and implements written policies and procedures that provide effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and placement rates, as compliant with ACCET benchmarks of 67% for completion and 70% for job placement.

The team report indicated that the institution was below benchmark for 2017 (January 1 – September 30) completion and placement statistics as follows:

**Program: Pharmacy Technician (day)**

Completion: 43.75% (16 net starts, 7 complete)

Placement: 28.57% (7 eligible, 2 placed)

**Program: Medical Secretary (day)**

Completion: 100% (3 net starts, 3 complete)

Placement: 66.67% (3 eligible, 2 placed)

Copies of ACCET Document 28.1 – Completion and Placement Statistics were noted by the team to be incorrectly completed as required by ACCET procedure. The institution hosts a graduation ceremony every December, for all students to attend regardless of when they are scheduled to complete their studies. The institution transfers students *out* of their scheduled graduation month/cohort and *in* to the current December cohort thus inflating the December cohort with more completers than there actually are. Additionally, the institution presented one version of the 28.1 with repeated entries for the same graduation month/cohort (Team Report Exhibit: Pharmacy Technician, Day, page 4 of 2017 28.1). Further, the institution did not provide full, supporting documentation for the Medical Secretary program. Copies of cohort-specific On-Site Sampling Verification Forms (OSVFs) for the August, September 2017 cohorts were not provided to the team.

In its response, the institution submitted incomplete, confusing, and incorrectly completed documentation. No revised 2016 28.1s were provided. The institution included some Document 28.2s On-Site Sampling Verification Forms (OSVFs), for 2016, but not all. A revised 28.1 for 2017 was provided for the Medical Secretary Program and Pharmacy Technician Program, and some OSVFs were provided for these programs, but not all. There was no supporting documentation provided to validate placements. Further, despite the fact that the data submitted is incomplete, the rates continue to indicate below benchmark outcomes for 2017.

**Program: Pharmacy Technician (day) 2017**

Placement: 28.57% (7 eligible, 2 placed)

**Program: Medical Secretary (day) 2017**

Placement: 66.67% (3 eligible, 2 placed)

It is further noted that the institution's 28.1 submissions do not reflect official use of the ACCET Document 28.1 Completion and Placement Statistics, as the formulas and total do not align. For example, the Medical Secretary 2017 28.1 indicates one gross start and one transfer out of the December cohort, resulting in zero eligible for completion, yet the number of completers listed is three.

The institution failed to demonstrate sound understanding of ACCET policies and procedures relative to tracking, recording, and reporting completion and placement as required by ACCET Document 28 – Completion and Placement Policy and as evidenced by incorrectly completed documentation, lack of documentation, and multiple, unsuccessful attempts to correctly complete the ACCET-specific documents required.

Therefore, the institution is not compliant with the requirements of this standard.

Since denial of initial accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The full procedures and guidelines for appealing the decision are outlined in Document 11 - Policies and Practices of the Accrediting Commission, which is available on our website at [www.accet.org](http://www.accet.org).

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$8,500.00, payable to ACCET, for an appeals hearing.

In the case of an appeal, a written statement, plus six (6) additional copies regarding the grounds for the appeal, saved as **PDF documents and copied to individual flash drives**, must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information, provided that all of the following conditions are met:

- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III-A, Financial Stability, with the institution's non-compliance with Standard III-A the sole deficiency warranting a final adverse action.
- The financial information was unavailable to the institution until after the Commission's decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process; and

- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

Initial applicants are advised that, in the instance of an appeal following a denial of accreditation being initialized in accordance with ACCET policy, the institution may not make substantive changes to its operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

It remains our hope that the accreditation evaluation process has served to strengthen your institution's commitment to and development of administrative and academic policies, procedures, and practices that inspire a high quality of education and training for your students.

Sincerely,



William V. Larkin, Ed.D.  
Executive Director

WVL/cc

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