



September 2, 2016

VIA EMAIL  
(jwilson@ntai.net)

Mr. John Wilson  
Network Technology Academy Institute  
20-40 Holland Street, Suite 402  
Somerville MA 02144

***Re: Initial Accreditation Denied  
(Appealable, Not a Final Action)  
ACCET ID #1481***

Dear Mr. Wilson,

This letter is to inform you that, at its August 2016 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Network Technology Academy Institute, located in Malden, Massachusetts.

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 May 23-24, 2016), and the institution's response to that report, dated July 14, 2016. It is noted that a few 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 its mission statement provides a definitive basis upon which to deliver and assess the education and training programs offered by the institution.

The team report indicated that the institution did not assess the delivery of its training programs and had no mechanisms in place to measure its success in meeting its mission. As further discussed in this letter under Standard VI. C, Performance Measurements, Standard IV.E, Certification and Licensing, Standard VIII.A, Student Progress, Standard VIII.C, Participant Satisfaction, Standard VIII.D, Employer Satisfaction, and Standard VIII.E, Completion and Placement, the institution did not demonstrate compliance with these standards. It does not adequately assess or monitor student progress, it does not monitor or assess pass rates on certification exams, it did not provide student surveys for team review, it does not collect or review employer or student satisfaction, and it does not systematically and effectively track or verify job placement of its students. Therefore, the institution did not demonstrate that it systematically and effectively implements sound, policy-driven means to measure its success

in meeting its mission.

## 2. Standard I-B: Goals

The institution did not demonstrate that broad institutional goals are clearly stated, support the mission, and are understood at all levels of the organization. The team report indicated that the institution did not demonstrate policies or procedures for developing and revising its goals, or communicating its goals to all levels of the organization. The report stated that the institution's goals were not replicated consistently in the institution's policy documents, while the Instructor Handbook and Administration Manual did not indicate any of the goals. Further, the team report stated that the institution's goals, other than the objectives of creating a student-centric environment and ensuring high certification and placement rates do not correlate with the Principles of Ethics for ACCET-Accredited Institutions. In addition, the team found that the institution's lack of policy, procedure, or operational mechanisms with respect to measuring outcomes in certification or placement, among other areas, indicated that the goals were aspirational in nature and did not demonstrate that the institution was able to measure attainment of its goals. Finally the report indicated that the team's interviews with faculty and staff demonstrated a lack of familiarity with the goals at all levels of the organization.

The institution stated in its response that it uses "a number of communication tools" to facilitate communications including weekly meetings, and it provided screen shots of meeting minutes and email communications from the Confluence project management system it is piloting. Four screen shots were submitted, each with the same shot of the mission statement on them, with meeting dates in a column on the left. No actual meeting minutes were provided. In addition, the email communications provided did not reference institutional goals, but were copies of emails from the Massachusetts Division of Professional Licensure from January 2016.

A copy of the institution's updated business plan, dated July 17, 2016, was provided as an exhibit. The narrative response indicated that a dashboard of key performance indicators will be derived from the plan and that periodic review of the dashboard will help the institution monitor plan objectives. The response made reference to certain pages of the plan for specific plan objectives, which are far more detailed than the broad institutional goals required by the standard and which should be used to inform and guide the development planning objectives. The response noted that meetings will be held "on the 1<sup>st</sup> Thursday of the month" to discuss goals, although no substantive minutes of such meetings were provided. A copy of the Employee Manual was included as an exhibit which indicates the meeting schedule, but no other policy documents were provided regarding the creation and communication of broad institutional goals. Therefore, observable results were not in evidence to demonstrate the systematic and effective implementation of policies and procedures relative to the development, oversight, and communication of institutional goals.

## 3. Standard II-C: Planning

The institution did not demonstrate that it has a sound planning process governed by written policies and procedures, and consequently, that its plans support the mission, facilitate the accomplishment of broad institutional goals, and are updated at least annually. The team report

indicated that the institution's planning document was a "logic tree" with no specific and measurable objectives, corresponding operational strategies, projected time frames, required resources, or methods for subsequent evaluation of objectives, as required by the standard. The plan provided for the team's review was entirely contingent on obtaining one objective to obtain another, organized in a cause and effect logic tree to be read from the bottom to the top as, "If this, then that; if this and this, then that, etc." The team observed no oversight of the plan or means to measure progress on its objectives. In addition, the plan contained a large number of assertions or objectives that were not specific, measurable, realistic, or time-contained. Finally, the team found no evidence of a formal planning policy or process, nor of policy or procedures to communicate planning objectives to faculty or staff, and no documents could be provided to evidence that meetings had been held to discuss planning objectives, or that these objectives were subject to any review, validation, or revision as necessary.

The institution's response was identical to that provided above to the weaknesses cited under Standard I-B, Goals. While the plan submitted in the response appears to address the concerns in the team report relative to specific and measurable objectives, corresponding operational strategies, projected time frames, required resources, and methods for subsequent evaluation of objectives, the additional documents do not, as above, provide any information relative to the cited lack of policy guidance of the planning process. The exhibits included in the response relate to the communication of goals and plan objectives but do not include any written policy and procedures on the development or continuing monitoring of the plan. In addition, the meeting minutes and email exhibits, the same as above, do not include actual examples of meeting minutes or emails relative to the new business plan or the communication of plan objectives to faculty and staff. Therefore, observable results were not in evidence, and the institution failed to demonstrate the systematic and effective implementation of its planning process in practice over time.

#### 4. Standard II-A: Governance

The institution did not demonstrate that it develops and maintains an effective framework of written strategies and policies, or that it ensures the integrity and effectiveness of the institution and its compliance with statutory, regulatory, and accreditation requirements.

The team report indicated that the institution did not develop or maintain an effective framework of written strategies. It noted specifically that policies and procedures did not exist to ensure the effective delivery of IDL, to enroll non-immigrant students, to equitably administer the discounts offered by the institution, to collect and record data on program graduates who sit for certification exams, or to track, document, and validate placement rates. In addition the institution could not produce any USCIS Employment Eligibility Verification Forms I-9 for any employee.

The report stated that the institution's policy documents contained large numbers of policies which were clearly inapplicable to the institution's operations, such as the institution's Instructor Handbook, which contained policies on office hours "although many of us have heavy research and service assignments in addition to teaching," "faculty-authored books," and provisions for "graduate programs and students," and "misconduct in research." It made

clear reference to “Florida International University.” The institution also presented a document, “Instructional Methodologies for Effective Certification Training,” which contained general provisions on formative and summative evaluation techniques as well as information processing, the deep approach to learning, instructional strategies, and learning styles, but no methodology specific to the institution.

The team report indicated that the institution’s Form I-17 lists the institution’s main location as 20 Holland Street, Somerville, Massachusetts, which was not included in the institution’s application, was also listed as active on the institution’s website and in its Enrollment Agreement. One instructor indicated to the team that he was currently teaching at that location, although it was represented to the team during the on-site visit as a corporate, non-teaching facility. The institution also indicated on its Form I-17 that it had quarterly start dates for its programs, but the institution had open enrollment. The I-17 also contained a program, Microsoft Certified IT Professional at 700 clock hours, not offered at the institution. It did not list the Systems Administration, Systems Administration Advanced, Network Security Advanced, Virtualization Concepts and Cloud Computing Advanced, or Adobe Technical Communications and Web Design programs. In addition, when the team reviewed ACCET Document 50-I, On-Site Compliance Checklist Relative to Enrolled Nonimmigrant Students, it found a lack of written policies relative to issuing Forms I-20, registration, change of enrollment status, changes of address, vacation, temporary absence, program completion, and withdrawal and termination.

While the institution provided signed copies of I-9’s for its employees in its response, in many of the standards, the institution was cited for a lack of written policies and procedures, and with few exceptions, no written policies and procedures were provided, as in Standard III-B, Financial Procedures; Standard III-C, Financial Assistance/Scholarships; Standard IV-C, Performance Measurements; Standard IV-E, Certification and Licensing; Standard V-A, Instructional Methodology; Standard VI-C, Instructor Orientation and Training; Standard VIII-C, Participant Satisfaction; Standard VIII-D, Employer/Sponsor Satisfaction; and Standard VIII-E, Completion and Placement. The response did not address the aforementioned policies noted by the team as inapplicable to the institution’s operations. Consequently, it still does not evidence an effective framework of written strategies, as originally noted by the team in its report.

The institution also stated that, “All issues about SEVIS have been corrected per [the] attached ‘SEVIS adjudication’ and the attached SEVP policies and procedures.” However, all issues have not been resolved; they remain open as cited by the team, as no corrective action has taken place. Per the email from SEVP, the institution may submit requested changes for uploading to its file, and no evidence of this was provided in the response to the team report. The institution’s response included multiple policies relating to the oversight of international visa students; however, no evidence was presented to demonstrate that the policies have been disseminated to appropriate staff, or that any of the policies have been systematically and effectively implemented in practice.

Consequently, compliance with this standard has not been demonstrated.

5. Standard II-B: Operational Management

The institution did not demonstrate that operational management systematically and effectively implements the strategies and policies of senior management within an organizational framework that is clearly defined, understood, and effective, or that written policies and procedures guide the day-to-day operations of the institution.

The team report indicated that written policies and procedures did not exist for multiple operational areas, including those required to ensure the effective delivery of IDL, to enroll nonimmigrant students, to equitably administer discounts and work-study programs, to collect and record data on program graduates who sit for certification exams, and to track, document, and validate job placement rates. Further, the team found that of certain policies that did exist, for instance on educational goals and objectives, financial procedures, supervision of instruction, and instructor orientation and training, were either non-compliant with ACCET standards, such as the institution's refund policy, or not systematically and effectively implemented, such as those for instructor orientation and training. In addition, the team report indicated that the institution could not provide meeting minutes or other evidence to demonstrate that policies and procedures were discussed with staff and faculty during meetings. Further, the team report stated that the institution was staffed for large portions of the week only by instructors and an administrator/receptionist who was also employed by a related and co-located testing center, and that there was insufficient oversight of faculty and administrative operations.

The institution stated in its response that instructors at its Malden training center are supervised by "telepresence." In addition, the institution indicated that "an executive decision" was made requiring the Director of the Malden location to be on site "on a permanent basis." However, no evidence of this staffing change was provided in the response to demonstrate sound and effective operational oversight of the Malden location. In addition, the response included a copy of the same Confluence screen shots include in the responses to Standards I-B and I-C above, showing four pages of the site, each with the mission statement and, on the left side of the screen, dates of meetings. No actual copies of meeting minutes were provided, nor were any policies or procedures presented to address the issues cited by the team under this standard. Therefore, the systematic and effective implementation of operational policies and procedures, or of sound management in general, has not been demonstrated in practice over time.

6. Standard II-C: Personnel Management

The institution did not demonstrate that it provides for the systematic and effective recruitment, selection, hiring, and retention of personnel, nor that an appropriate degree of orientation, supervision, evaluation, and training is provided to employees to ensure that qualified and capable personnel, at appropriate staffing levels, are effectively utilized.

The team report indicated that employee files contained insufficient materials to evidence hire dates, orientation procedures, evaluations, or ongoing training. In addition, no clear job descriptions were in evidence, with a substantial overlap of responsibilities of managerial staff,

and a corresponding gap of important responsibilities that were unassigned, such as orientation, training, and development of employees, and completion and placement verification. Further, the report noted that the President only had an intermittent presence on campus, and that the Director was rarely on campus, so the institution could not evidence appropriate staffing levels for adequate supervision of the institution's educational and business objectives.

In addition, per the team's review of ACCET Document 21, ACCET On-Site Visit –Personnel File/Qualifications Checklist, instructor in-service professional development for all instructors was not recorded in employee files or otherwise available for the team's review, and no training was indicated for any members of non-faculty staff. No evidence of annual employee evaluations was provided. The team found that three full-time instructors have "some college," with no indication in employee files or elsewhere that, per the institution's faculty hiring requirements, they have the alternative, "combination of some education and highly transferable life/work experience." No Forms I-9, Employment Eligibility Verification, were available for any of the institution's employees.

The institution provided copies of all staff and faculty personnel files in its response. These files included copies of ACCET Document 6's – Faculty/Administrative Personnel Form, resumes, applications, W-2's, Form I-9's, and performance evaluations. Little narrative explanation was provided in the response except to say that the institution was searching for a part-time human resources staff person, and that job descriptions were included on the performance evaluations include in the personnel files. However, no response was given to the issues cited by the team relative to how management would address the supervisory overlap and gaps in coverage referenced in the team report. The issue of hire dates was not satisfactorily addressed; for example, John Wilson's Document 6 states his hire date was January 23, 2015, while his performance evaluation states it was January 1, 2014, and his I-9 states January 4, 2014. Jean-Baptiste Clark's Document 6 and application give August 6, 2015, as his start date, while his performance review notes January 1, 2014.

Further, the "job descriptions" noted on the performance evaluations are in some cases just titles, such as "CompTIA Instructor." The Administrator's job description is one line, which states: "Helps students with admissions and supports Administration with open projects." No delineation of job duties was provided in any of the performance evaluations that would constitute a job description. Employee evaluations and I-9's were provided in the copies of personnel folders, although it appeared that the Administrator's evaluation took place before he was hired. No evidence of the required combination of education and experience as provided to show that the three instructors cited in the report were indeed qualified to work at the institution. Consequently, with the lack of evidence of the systematic and effective implementation of policies and procedures related to personnel management, the institution has failed to demonstrate compliance with this standard.

#### 7. Standard II-E: Communications

The institution did not demonstrate that it ensures regular and effective communication among appropriate members of the institution on pertinent aspects of its operations, including the delivery of quality education and training services, or that periodic meetings with employees

are conducted and appropriate documentation is maintained on significant issues.

The team report indicated that there was no evidence of substantive monthly faculty or weekly administrative meetings were held as scheduled. Further, the report noted that the team observed no communications between the Somerville location and the Malden location.

The institution stated in its response that it uses “real-time communications as well as a variety of sophisticated IT tools” to ensure communication among faculty and staff. It indicated that a weekly "real" and "virtual" company-wide meeting is held, citing the use of *WebEx* for online meetings. In addition, the response stated that the institution is “currently assessing Confluence communications software” as a means to create better communications. It also noted that the institution has moved the Director's office to the Malden location, and the CEO will continue to conduct weekly visits at the Malden location, to help ensure better supervision and communication between the administrative offices in Somerville and the training facility in Malden. As evidence of improved communications, the institution provided the same screen shots previously noted in the letter of Confluence showing lists of emails and meeting dates, but showing no substantive information that would serve to address the cited weakness in the team report. No documentation of the current WebEx meetings was included, nor was there any evidence of the relocation of the Director to Malden or of the impact this move has had on operations there. Therefore, the institution has failed to demonstrate the implementation of a systematic and effective communications framework in practice over time.

#### 8. Standard III-B: Financial Procedures

The institution did not demonstrate that its tuition charges are applied fairly and consistently or that receipt of tuition payments and other monies is properly recorded and tracked. It did not demonstrate that cancellation and refund policies are written, fair and equitable; are consistently administered; and comply with statutory, regulatory, and accreditation requirements.

The team report stated that the review of ACCET Document 50 FR, On-Site Financial Review Checklist, showed that the institution's Division of Professional Licensure's Office of Private Occupational School Education bond expired in 2015. It also showed that the school, at the time of the on-site visit or in the past year, is or was the subject of an administrative action or audit by a government agency, but the institution did not provide documentation relating to this action during the visit. Further, the team observed that discounts were offered, as confirmed by the CEO, on a “subjective basis,” and that work-study assignments, designed to reconcile underpayments in tuition, were likewise not governed by written policies or procedures. In addition, the team report stated that, per the institution, “the exact amount of tuition due is written on the enrollment agreement,” but no complete enrollment agreements, with signatures and clear statements of programs, tuition, and fees due, were provided for the team's review.

The report also indicated that the institution's cancellation and refund policy used the Massachusetts state policy, but did not also implement the ACCET policy to demonstrate that it follows the policy that is more beneficial to the student, as required by ACCET Document

31 – Cancellation and Refund Policy. The institution’s policy calculated refunds on a quarterly, rather than weekly, basis. The report noted that the institution did not maintain documentation to demonstrate the timeliness and accuracy of refunds with respect to periods of enrollment, start date, last date of attendance, date of determination, charges to the student, total amount paid, weeks earned, resulting percentage of program completed, and calculation of refund. The institution provided the team with student invoices but no evidence that student ledgers, with date/proof of payment or balances due, were maintained. The report indicated that no member of staff demonstrated an understanding of refund procedures. Lastly, while the team was given documentation that 27 students had withdrawn over the two years prior to the visit, the institution had processed no refunds during that time, so it was impossible for the team to review refunds.

The institution provided a copy of its bond renewal notice in its response, along with a copy of the Consent agreement removing it from probation in November 2015. It provided a copy of its policy from its catalog regarding financing options from local providers such as TRADE and the Workforce Investment Board, which indicates that tuition prices are governed by the contracts with those agencies, and provided a tuition price list by program showing tuition rates for the programs by funding course. A copy of the catalog was also included to show the tuition prices for the institution’s programs. Copies of five completed enrollment agreements were submitted, which included tuition and certification exam fees. An enrollment agreement template, dated July 14, 2016, was also included, showing all tuition and fees clearly broken out.

However, the bond renewal notice included in the response indicates that the \$40,000 bond expired on July 31, 2016 and has not yet been paid. No evidence of payment was included in the response. No written policies and procedures on tuition pricing and negotiating contract with funders was provided, and the catalog includes information that conflicts with the institution’s response, stating on page 29, “in no event shall a student be treated differently with respect to charges and refunds based on source of funding...” The response did not address the weakness cited regarding the requirement to use the ACCET cancellation and refund policy alongside the states, and the enrollment agreement template did not include the ACCET cancellation and refund policy. Further, the enrollment agreement template has yet to be used, so its use could not be evidenced in practice. Finally, no documentation was provided for any of the 27 withdrawn students to determine whether a refund was due. Therefore, the systematic and effective implementation of policies and procedures relative to the financial management of the institution, most importantly its cancellation and refund policy, has not been demonstrated in practice over time; as a result, the institution has failed to demonstrate compliance with this standard.

9. Standard III-C: Financial Assistance/Scholarships

The institution did not demonstrate that it administers student assistance programs and scholarships responsibly, or that such programs are governed by written policies and procedures, and in full compliance with relevant statutes and regulations, or that such assistance is awarded in a fair and equitable manner.

The team report indicated that the institution was unable to provide copies of relevant contracts

with local funding agencies so the team could review whether these programs were responsibly managed and in full compliance with relevant statutes and regulations. In addition, the team report stated that shortfalls in Department of Labor/Workforce Investment Board tuition funding were made up via discounts or work study options, but no written policies and procedures were in place to ensure that these benefits are administered fairly or equitably. During the course of the on-site visit, the CEO indicated that both “discounts” and “work study” benefits were administered on a “subjective basis.”

The institution provided signed copies of its agreements with local funding sources, as well as a copy of its policy from its catalog regarding financing options from local providers such as TRADE and the Workforce Investment Board, which indicates that tuition prices are governed by the contracts with those agencies, and provided a tuition price list by program showing tuition rates for the programs by funding course. A copy of the catalog was also included to show the tuition prices for the institution’s programs. However, the catalog excerpt is only a brief description of the program, and provides no detailed policy or procedures for the evaluation of a student’s case or the awarding of the scholarship to ensure fairness in the process. No other written policies or procedures governing the awarding of the institution’s scholarships were provided. Therefore, the institution has failed to demonstrate the systematic and effective implementation of its scholarship program in practice over time.

#### 10. Standard IV-B: Program/Instructional Materials

The institution did not demonstrate that program materials, including syllabi and lesson plans, demonstrate the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives.

The team report indicated that students received a vendor-generated “exam description,” but not a syllabus, and that performance outcomes were only discussed in class but were not available in written form, nor were measurable learning objectives available in written form. In addition, the report stated that written lesson plans were not in use. It noted that no information was provided regarding the amount of work expected to be completed outside of class. Further, the report stated that instructors were permitted to update the syllabus or instructional materials as they saw fit to match student needs, but that no evidence was presented to demonstrate review and approval of changes to materials or curricula.

The institution stated in its response that its Instructor Evaluation Form provides “quantifiable elements” to measure student progress, but provided no narrative explanation as to how this ensures that instructors use lesson plans or that changes to materials or curriculum are approved by the institution’s management. Further, while copies of syllabi were provided, many of these still appeared to be vendor-generated topic lists and do not constitute learning objectives. No lesson plan were provided nor was any policy provided to ensure that ad hoc changes to materials or curriculum made while a course is in progress are reviewed and approved by the institution for appropriateness to the course objectives. Therefore, systematic and effective implementation of course planning, with observable results were not in evidence, and the institution has failed to demonstrate compliance with this standard.

#### 11. Standard IV-C: Performance Measurements

The institution did not demonstrate that it has a sound, written assessment system, or that any assessment other than online testing is systematically, effectively, and consistently implemented.

The team report indicated that the institution's Performance Metrics for Students did not weight assessment elements, and that instructors were unaware of any weighting to be assigned to specific elements identified by the institution, such as "professionalism," "teamwork," "leadership" or "initiative." In addition, the report noted that no rubrics were available for instructors to ensure consistency in assessment. The report stated that the only assessment tool confirmed by the team was an online unit test that could be taken by students an unlimited number of times until a passing score was obtained. The team found that student records contained no evidence of assessments and that, while the institution indicated that students are advised of assessments by e-mail, no documentation was provided to evidence this process. Further, there was no policy or procedure to ensure that the defined elements of the institution's assessment system were used and recorded in student records.

The institution stated in its response that it is using new performance metrics to assess student progress. It provided a blank copy of its new Instructor Evaluation Form as an exhibit. The form includes four weighted criteria for evaluation, which include completion of lab assignments and final exam. No copies of completed forms were provided, and no written policies or procedures to guide instructors in using the form was included in the response. The response did not address the other areas of weakness noted by the team, such as record keeping or rubrics and other tools to be used to ensure consistent application of assessment instruments. Therefore, the institution has failed to evidence the systematic and effective implementation of a sound assessment system in practice.

#### 12. Standard IV-D: Curriculum Review/Revision

The institution did not demonstrate that it uses systematic and effective procedures to continuously monitor and improve the curriculum. The team report indicated that the institution did not solicit feedback from relative constituencies, including employers, as part of its curricular review process. The report stated that, while curricular changes are vendor-generated, there were no policies and procedures to ensure systematic and effective implementation of vendor changes. The team report cited an example of a CompTIA A+ class in session during the on-site visit teaching toward an outdated certification exam.

The institution stated in its response that it is using student surveys to gauge satisfaction, and provided a blank copy of the NTAI Evaluation Template. The survey focuses primarily on the instructor and asks no specific question about materials. Further, no completed surveys or analysis of survey data was provided, and no written policies and procedures were submitted to provide oversight of the survey process or the curriculum change process. Therefore, effective implementation and observable results of curriculum review and revision were not in evidence, and as a result, the institution failed to demonstrate compliance with this standard.

13. Standard IV-E: Certification and Licensing

The institution did not demonstrate that it records and tracks the pass rates of graduates and uses the results to measure and improve the quality of the educational programs offered. The team report indicated that the institution did not track the pass rates of its graduates in certification exams or use the results to measure and improve the quality of the educational programs offered. Correspondingly, the institution could not demonstrate that it adequately prepared students to meet the standards for certification.

The institution stated in its response that it has developed a practice test to prepare students to take the certification exams, and provided a sample copy of such a test. In addition, the response stated that it has developed a new Student Master Database that will track student information, including certification exam data, and it included a copy of a printout dated July 17, 2016, showing the number of students who took a certification exam. However, the institution's response did not address the core areas of concern cited in the weakness; namely, that it did not track exam pass rates and, consequently, had no exam pass rate data to inform program and instructional improvement. Further, no written policies and procedures were provided, and the response did not show the implementation of the new practice exams. Lacking evidence of systematic and effective implementation in practice, the institution has failed to demonstrate compliance with this standard.

14. Standard V-A: Instructional Methods

The institution did not demonstrate that written policies and procedures are in place to ensure that the curricula are followed and that there is consistency of application by all instructional staff. The team report indicated that the institution had no written policies or procedures to ensure that curricula are followed consistently by all instructional staff. It further noted that there was no documentation of the weekly visits to classrooms by the CEO, which were used to gauge student progress and instructional effectiveness.

The institution stated in its response that it has implemented student surveys, a blank copy of which was provided as an exhibit in the response. In addition, it indicated that these surveys would be used in combination with the visits to classes by the CEO. Copies of notes of these visits were provided as well. However, the response did not include any written policies and procedures governing the use of surveys or the conducting class visits. No completed surveys or analysis of survey data was provided, and the three sets of notes provided are from the beginning of 2016. Therefore, systematic and effective implementation in practice with observable results was not in evidence to demonstrate full compliance with this standard.

15. Standard VI-A: Qualifications of Instructional Personnel

The institution did not demonstrate that it defines in policy a combination of educational credentials, specialized training and/or certification, work experience, and demonstrated teaching and classroom management skills, which qualifies instructors for their training assignments.

The team report indicated that the institution's minimum qualifications for instructional personnel as stated in its ASER differ from minimum qualifications stated in its Administration Manual. The former stipulated that the minimum requirements for hire are certification in the program of instruction, two years' work experience in the area of instruction, and a demonstrated ability to teach during the interview process. The latter indicated that instructors must have a bachelor's degree in computer science or a "demonstrated combination of some education and highly-transferable life/work experience." The team report stated that employee files for three instructors (Pollard, Taylor, and Hill) provided no evidence that they met minimum qualifications as described in the Administration Manual.

The institution stated in its response that the Massachusetts Department of Professional Licensure "requires Certificates as enough to instruct and we've made the change to reflect that. So yes, we are current with our ASER answer." However, while copies of employee personnel folders were provided in the response to weaknesses under Standard II-C, Personnel Management to show that instructors met the state-mandated minimums, no written policy document was provided to evidence that the version of minimum instructor qualifications provided in the ASER by the institution has been implemented; therefore, compliance with this standard has not been demonstrated.

#### 16. Standard VI-B: Supervision of Instruction

The institution did not demonstrate that it implements good practice in the evaluation and direction of instructors. It did not demonstrate that regular classroom observations, along with student and supervisory feedback, are documented and effectively utilized to enhance the quality of instruction. The team report indicated that the institution did not demonstrate that it documents and effectively utilizes classroom observations to enhance the quality of instruction. In addition, no documentation was available to the team evidencing student feedback. The weekly observes by the CEO were informal and not documented. In addition, the CEO, who was the only staff member qualified to oversee instruction, was typically present at the Malden campus only one day a week.

The institution stated in its response that the CEO's observations are being more properly recorded. It stated that the CEO observations/quizzes verify that, "instructors are on course with curriculum and students are learning/progressing at the right pace." Several exhibits were provided to document the CEO's classroom visits, but these appeared to be in computer code and provided no useful information to the Commission in its evaluation of the response to this weakness. No explanatory narrative was provided to clarify the meaning of the exhibits. Moreover, only four visit records were provided in the response, which does not provide the evidence of implementation in practice required to satisfy the requirements of this standard. Further, no documentation was provided to evidence that instructors receive feedback on their teaching, either from supervisors or from students. The Evaluation Template, provided previously in the response, has yet to be implemented. Therefore, systematic and effective implementation has not been demonstrated; consequently, the institution has failed to demonstrate compliance with this standard.

#### 17. Standard VI-C: Instructor Orientation and Training

The institution did not demonstrate that it develops and implements an effective written policy for the ongoing professional development of instructional personnel that is systematically implemented, monitored, and documented. The team report indicated that the institution had no written policy for the training or ongoing professional development of instructional personnel. Ongoing vendor-generated training was neither documented nor monitored by the institution, no additional training is documented in personnel files, and no specific in-service training is conducted at the institution.

The institution stated in its response that it hires “highly skilled professionally trained instructors” with multiple certifications and years of experience. It also stated that it recognizes the need for ongoing training and, “highly encourages its instructors to receive additional professional development in order to be ready for [...] new technological trends.” It stated that it has implemented a process to monitor instructor training, which is done through the annual performance evaluations. The evaluation forms contain a section titled “Action Plans, Training and Professional Goals” that indicates training goals for the instructor. However, no written policy and procedures was provided to provide the framework for the use and tracking of the information on the evaluation forms, nor was any documentation provided to evidence previous training or future scheduled training. As a consequence, the institution has failed to demonstrate that it systematically and effectively implements written policies and procedures for the ongoing professional development of its instructors.

#### 18. Standard VII-B: Enrollment

The institution did not demonstrate that reliable and regular means are utilized to ensure that, prior to acceptance, all applicants are able and qualified to benefit from the education and training services, or that it provides in its written enrollment agreement or contract full disclosure of the rights, obligations, and responsibilities of all parties, including cancellation and refund policies that comply with statutory, regulatory, and accreditation requirements.

The team report indicated that student files did not contain a copy of a high school diploma or GED required for entry into the school’s programs. The institution could not provide the team with a copy of a Student Learning Proposal or a completed Academic Roadmap, which were supposed to be issued to students upon enrollment. The institution’s assessment of applicant suitability for program offerings was found to be subjective based on an interview with the CEO. In addition, the team report stated that the institution’s Enrollment Agreement lacked a schedule of payment or the impact of payment periods on the institution’s cancellation and refund policy, and a “buyer’s Right to Cancel,” as defined by the FTC. In addition, the institution’s Enrollment Agreement contained the non-compliant refund policy cited as a weakness under Standard III-B, Financial Procedures.

The institution provided five student files in its response, noting that the academic roadmap has been integrated into the new enrollment agreement template. In its review, the Commission noted that the roadmaps were in two of the five files submitted. In addition, academic documents were provided in only one file; the other four had no high school diplomas, GEDs, or other documents evidencing enrollees’ prior learning. No Student Learning Proposal documents were provided,

and the response did not address this document at all. Lastly, the new enrollment agreement still used the non-compliant cancellation and refund policy noted in Standard III-B. Therefore, the systematic and effective implementation of required elements of the enrollment process has not been demonstrated in practice over time.

19. Standard VII-C: Transfer of Credit

The institution did not demonstrate that it implements written policies and procedures that ensure the fair and equitable treatment of students relative to the transfer of credit to and from the institution.

The team report indicated that the institution's transfer of credit policy did not contain provisions for appealing transfer credit decisions, and did not reference adjustments to tuition and fees or ramifications for financial aid for accepted credits.

The institution provided its transfer of credit policy in its catalog as an exhibit in its response. It noted that the policy is in the "SEVP section" of the catalog. Upon review, the Commission found no "SEVP section" in the catalog provided, nor was the transfer of credit policy updated to reflect the cited concerns in the team report. Therefore, the institution has failed to demonstrate compliance with ACCET Document 16 – Transfer of Credit Policy and with this standard.

20. Standard VII-D: Student Services

The institution did not demonstrate that student services consistent with the mission and learning objectives of the institution are provided.

The team report indicated that the institution provided limited student services on an ad hoc basis. The report stated that the institution represented that it hired TER Consulting, LLC to assist students with career development, but that no documentation was provided to evidence this, and that the ASER stated, "NTAI does not incorporate any placement training into [its] programs."

The institution stated in its response that as a vocational school regulated by the Massachusetts Department of Professional Licensure, it cannot guarantee job placement. It stated that it has "established new business relationships with former students' partner companies and recruiters to help students find employment." A copy of the student services policy was provided in the school catalog as an exhibit, which lists four separate services provided to students. However, no documentation evidencing that students use any of the services was provided, although the same five student folders were included as an exhibit to this response that have been previously submitted for other standards, presumably to show that students were placed in jobs. Given the lack of substantive and relevant documentation evidencing the systematic and effective implementation in practice of any of the student services referenced in the catalog, the institution has failed to demonstrate compliance with this standard.

21. Standard VIII-A: Student Progress

The institution did not demonstrate that it systematically and effectively implements a satisfactory academic progress policy to monitor, assess, and record student progress with a set of defined elements that are appropriately related to performance objectives of its program offerings.

The team report indicated that no evidence was found from a review of over 20 student files that the institution documented student progress in accordance with stated institutionally-established performance outcomes. No information on student progress or on evaluation was maintained. In addition, the team report stated that no mid-point assessments were provided to the team, and the institution's satisfactory academic progress policy did not reference the participation, professionalism, reports, leadership, initiatives, labs, teamwork, and project exams upon which students are stated to be graded under Standard IV-C, Performance Measurements.

The report indicated further that students who failed the online unit or final exams could retake the test multiple times until passed. The institution's satisfactory academic policy as noted in the catalog stated that 75% attendance was required to remain in good standing, but the catalog also stated that 85% attendance was the requirement. The team found no academic plans for failing students, and the institution did not have a maximum time frame for a student to complete a program. Further, the policy did not include specific procedures under which a student may appeal a determination that he or she is not meeting the SAP standards, except in the case of dismissal.

The institution stated in its response that its new evaluation form, called the "Instructor Evaluation Form for Students," a blank copy of which was included as an exhibit, has "newly defined measurable standards to effectively assess student progress." It noted that the new elements for measuring progress will relate to its stated program performance objectives. However, no copies of completed forms were included in the response, and no information was provided on how the four areas noted on the new evaluation form will relate to the program performance objectives.

In addition, the response included five student folders, as previously submitted in other standards in the response, which included student folder checklists "developed for the sole purpose to ensure each folder has all required forms and documentation." No explanation was provided as to how this addresses the concerns cited in the team report, although each folder did contain evaluation forms based on the criteria noted above (participation, professionalism, reports, and leadership, initiatives, labs, teamwork, and project exams). However, the response included no information as to how these criteria are used in the overall grade of students, and this could not be discerned for the information in the student folders submitted. In addition, the response did not address the issue cited relative to the lack of mid-point evaluations or academic plans. The institution indicated that it has revised its satisfactory academic progress policy, and provided a copy of it in the response. However, no evidence of its dissemination to staff and students, or of its application in practice, was provided.

Consequently, lacking evidence of systematic and effective implementation and observable results, the institution has failed to demonstrate compliance with this standard.

22. Standard VIII-B: Attendance

The institution did not demonstrate that it implements written policies and procedures for monitoring and documenting attendance that are effective in ensuring that student participation and preparation are consistent with the expected performance outcomes.

The team report indicated that interviews with staff, faculty, and students demonstrated that there was no clear understanding of minimum attendance requirements, and that the catalog policies on minimum attendance requirements varied from 75, 80, or 85 percent attendance. The team report further stated that instructors who observe violations of the attendance policy “may advise the president or director” who may, in turn, deny the student credit for a course, withdraw the student from the school, or take any other appropriate action, as stated in the institution’s catalog. Students were not provided clear information on the consequences of absences.

The institution stated in its response that it is “making students more accountable for their attendance,” and provided a copy of its updated catalog, which includes the new attendance policy, as well as the satisfactory academic progress policy, which requires an 80% attendance minimum for successful course completion. However, no evidence of the new policy’s systematic and effective implementation in practice was provided in the response; therefore, the institution has not demonstrated compliance with this standard.

23. Standard VIII-C: Participant Satisfaction

The institution did not demonstrate that it implements written policies and procedures to provide an effective means to regularly assess, document, and validate student satisfaction relative to the quality of education and training offered.

The team report indicated that the institution indicated in its ASER that it used four separate survey documents to gauge participant satisfaction, but that the institution presented only end-of-session evaluations for the team’s review, and these were not found to be systematically and effectively utilized by the institution to validate student satisfaction relative to the training and services provided. The team report also stated that interim evaluations were not used.

The institution stated in its response that the previous use of four different survey documents was “tedious” and that students complained, so one single survey document has been developed to replace them. The new survey document is to be given at the end of every course. However, as only a blank copy was included in the response, the survey’s systematic and effective implementation, as well as the validation of student satisfaction based on the analysis of survey data, has not been demonstrated in practice.

24. Standard VIII-D: Employer/Sponsor Satisfaction

The institution did not demonstrate that it implements written policies and procedures that provide an effective means to regularly assess, document, and validate employer/sponsor

satisfaction relative to the quality of the education and training services provided.

The team report indicated that the institution did not have written policies and procedures to solicit feedback from employers, and that no employer survey had been undertaken at any time by the institution. The report noted that the institution was unable to provide any document other than a mock sample document relating to satisfaction with the institution's education and training services by the Massachusetts Department of Career Services, the primary sponsor of the institution's students.

The institution stated in its response that it developed an Employer Satisfaction Survey and attached a blank copy as an exhibit to solicit feedback from employers and the Massachusetts Department of Career Services. However, as only a blank copy of the survey was included in the response, without any corresponding written policies and procedures, the survey's systematic and effective implementation, as well as the validation of employer and sponsor satisfaction based on the analysis of survey data, has not been demonstrated in practice.

#### 25. Standard VIII-E: Completion and Placement

The institution did not demonstrate that written policies and procedures are followed that provide an effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and placement rates.

The team report indicated that the institution provided no documentation to evidence that it has a policy to accurately track, document, and validate completion rates, since it could not provide documentation to show actual completion rates and supporting data (number of enrolled students/number of students who met all graduation criteria), nor documentation with respect to assessments, satisfactory progress, or attendance which would validate completion.

The team report further stated that institution had no written policy on placement assistance to help graduates obtain employment, as noted under Standard VII-D, Student Services. The institution had no written policy regarding the assessment, documentation, and validation of employment, or regarding the follow-up and documentation of placements. In addition, the institution was unable to demonstrate the accuracy of placement reported on Document 28.1, Completion and Placement Statistics. The team found that the institution did not collect the minimum required information to verify employment, including: employer information; employment start dates, job title or description of placement, the name of the employer, mailing address, telephone number, and e-mail address, employer contact information, method of verification (employee signature, telephone verification, or e-mail), or documentation and attestations related to self-employment, temporary employment, part-time employment, continuing employment, or waivers. Consequently, the institution was unable to demonstrate that it met ACCET's minimum required benchmark for job placement.

The institution stated in its response that it developed a new Student Master Database that includes pertinent student information, including name, start date, expected completion date, certification data, and placement information including the name of the employer, job title and employment verification. It provided copies of these forms showing lists of program names,

numbers of students in each cohort, as well as start dates, completion dates, employment start dates, and employer name. In addition, approximately 50 employment verification forms were provided, along with blank copies of newly developed part-time, self-employed, and continued employment attestations.

However, while the information provided from the new database indicated a 74% placement rate (53 eligible/39 placed) for all programs combined, it did not break out completion and placement data by program as required by ACCET Document 28 – Completion and Placement Policy. The institution's response did not include ACCET Document 28.1's – Completion and Placement Statistics to track completion and placement data as required by ACCET policy, so the Commission could not make a determination whether or not the institution's programs were meeting the ACCET completion and placement benchmarks. In addition, of the employer verifications submitted, 25 were discounted for reasons including lack of part-time or self-employment attestations and having fewer than 30 days of employment.

Consequently, compliance with this standard has not been demonstrated.

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 or withdraw 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 or withdraw 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 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

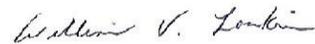
- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

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/sef

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