



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

Ms. Karen Housel
Professional Medical Careers Institute
920 Hampshire Road, Suite S
Westlake Village, CA 91361

***Re: Interim Report Reviewed;
Initial Accreditation Denied
(Appealable, Not a Final Action)
ACCET ID #1483***

Dear Ms. Housel,

This letter is to inform you that, at its April 2017 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Professional Medical Careers Institute, located in Westlake Village, California.

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 October 5 – 6, 2016), and the institution's response to that report, dated November 23, 2016. It is noted for the record that the Commission originally considered the institution's application for initial accreditation at its December 2016 meeting. At that time, the Commission voted to defer consideration for one cycle and directed the institution to submit an interim report for review at the April 2017 Commission meeting. It is noted that some weaknesses cited in the team report were adequately addressed in the institution's response and/or the subsequent interim report and accepted by the Commission. However, the Commission determined that the institution failed to demonstrate compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard I-C: Planning

The institution did not demonstrate that it had implemented sound, written one-year and longer-range (three to five year) plans that encompassed both the educational and business objectives of the institution.

The institution's original team report indicated that the short- and long-term plans were incomplete, as they did not provide specific timeframes or consistently measurable objectives, some objectives were standard policy requirements, and there was no evidence of review and

update of the plan. The response provided updated plans but did not provide evidence of implementation or planning review, nor did the plan include operational strategies in the form of interim steps for complicated objectives. The plan only included two long-term objectives, which the Commission determined was insufficient to guide and improve the long-term operations of the school.

In its interim report, the institution provided revised and updated plans, along with meeting minutes to demonstrate communication of the plans. However, no documentation of implementation of the plans was provided. Additionally, the revised long-term plan was even less comprehensive than the one provided in the team report response, as it continued to include only two objectives and, of those, one had substantially decreased in scope, from “add an RN program” to “start RN feasibility study.” Finally, the two objectives in the long-range plan both had projected completion timeframes of mid- to late-2018, which does not meet the requirements of a three to five-year longer-range plan, as required.

The institution did not demonstrate creation of longer-range plans spanning three to five years to guide and improve the long-term operations of the school, and failed to provide evidence of implementation of its planning documents, even when provided an additional opportunity to comply. Therefore, the institution failed to demonstrate compliance with this standard.

2. Standard II-C: Human Resource Management

The institution did not demonstrate that it has systematically and effectively implemented written policies and procedures that address the professional development of all personnel.

The original team report indicated that the institution did not have evidence of regular professional development for faculty or staff. The response in the team report indicated that it provided in-service training for faculty, but did not provide professional development for administrative staff, as required.

In its interim report, the institution provided a policy that includes both faculty and administrative staff members, which requires a goal-setting meeting with each staff member to determine appropriate professional development activities. However, the meeting minutes provided to evidence communication of this policy describe a separate set of procedures, which require four hours of relevant job training each year and provides “some job relevant training” in most staff meetings. While this process appears to provide appropriate professional development, it does not align with the written policy submitted by the institution, which describes an individual process to align professional development with specific goals set in the annual review. Additionally, the meeting minutes indicate that, “*the safety training portion of today’s meeting will fulfill 1 hour of training for both faculty and admin staff.*” However, the description in the minutes of the safety training exclusively refers to safety relevant to instructors, with topics covered including sharps and bodily fluid safety for students, as well as rubrics, “*OSHA Training for Instructors,*” and “*Nursing Education Forum.*” These topics do not demonstrate job-relevant training for administrative staff. While the institution also provided online Office Safety

certificates for administrative staff, the inclusion of the safety training clearly meant for instructors does not provide the Commission with confidence that the institution is consistently providing relevant professional development for administrative staff, nor that it is following its own written policy.

The institution did not demonstrate that it has written policies and procedures for training and professional development for all personnel that are systematically and effectively implemented. Therefore, the institution failed to demonstrate compliance with this standard.

3. Standard III-B: Financial Procedures

The institution did not demonstrate that it has systematically and effectively implemented a cancellation and refund policy that is written, is fair and equitable, and complies with state and accreditation requirements.

The original team report indicated that the institution was not calculating refunds for all withdrawn students and was incorrectly calculating refunds based on date of determination, not the last date of attendance. In its response to the team report, the institution provided updated forms and procedures, but indicated that there had been no withdrawals so it was unable to demonstrate implementation of the changes. The Commission directed the institution to make further updates to its policy as published in the catalog, revise its refund calculation worksheet to include all elements required by ACCET Document 31 – Cancellation and Refund Policy, and provide complete documentation of any withdrawn students after December 1, 2016 to demonstrate implementation of its refund policy.

In its interim report, the institution provided an updated policy and worksheet. However, the two examples provided indicates that the institution is not following its own policy regarding cancellations. The policy in the signed enrollment agreements stated that, “*each student has the right to cancel/voluntarily terminate the program and obtain a refund of charges paid through attendance at the first class session or the seventh day after enrollment, whichever is later*” (emphasis added.) In both examples provided by the institution, the enrollment agreements were signed by the student on the first day of class and the students cancelled on the second or third day of class in that same week; two and three days after signing the enrollment agreement. However, the documentation provided demonstrates that for both of these students, the institution retained charges for a week of tuition as well as other books and equipment fees, which is a violation of its own policy as well as a probable violation of California state policy, upon which the institution’s policy is based. Additionally, the Commission notes that in both cases, the students had signed the enrollment agreement’s first and last page at separate times, representing a month’s difference between signing the tuition section and the disclosures section. This raises questions regarding when disclosures are provided to students during the enrollment process, further detailed in Standard VII-B: Enrollment. The Commission also noted that in the case of [REDACTED] the student signed the first page of the enrollment agreement on 10/13/16 and the remainder of the agreement on 1/24/17, yet the invoice for this student showing charges for the complete CNA program is

dated 9/27/16, before any agreement was signed, raising further concerns regarding the institution's processes for charging tuition.

The institution did not demonstrate that it is systematically and effectively implementing a cancellation and refund policy compliant with state and accreditation requirements. Therefore, the institution failed to demonstrate compliance with this standard.

4. Standard IV-B: Program/Instructional Materials; Standard VIII-A: Performance Measurements

The institution did not demonstrate that its program materials included syllabi that demonstrated the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives. Further, the institution did not demonstrate that it has a sound, written assessment system that contains a set of defined elements that are appropriately related to the performance objectives of the program or course.

The original team report indicated that the institution did not have course syllabi and that the grading system used by the institution did not provide clear information as to how the point system was applied to assess certain activities (clinical, attendance, presentations) and factored into the final grade, or how the points convert into a percentage, especially when the policy states that an activity is given "about 120 points" rather than an exact point total. The response to the team report included documentation with inconsistent grading information and did not provide any information about the weighted factors for the VN and NA Theory courses. The response also demonstrated a grading system with weighted components that were not reflective of the learning objectives of the course, as the syllabi demonstrated that attendance was worth 17-28% of each course.

The Commission directed the institution to provide a narrative update, to include a consistent framework for performance measurements that reflected a student's attainment of the course's learning objectives, rubrics for subjective grading components, syllabi for all courses that indicate the grading and assessment system, and evidence of implementation of the grading policy, including five grade sheets for theory and clinical courses in the VA and NA programs, and grading history for five students to demonstrate how point values in a given course are recorded to provide information on cumulative performance.

The institution's interim report did not include a narrative update, and only provided one syllabus. The only grading framework provided was for the Clinical Nursing courses, which did not demonstrate that the performance measurements of the institution's courses reflected the performance objectives, as it indicates that 21% of a student's grade is still based on attendance, and indicates that the grade is additionally based on items such as "*Time management*," "*Dress and grooming*," "*Communication Skills*," and "*No Cell Phone Use*." Additionally, the grading criteria listed in the syllabus do not calculate correctly. While the syllabus lists a total of 360 points for "*Clinical Performance and Attendance*," the criteria in that section add up to 540 points, a significant difference for which the institution's

documentation provides no resolution. The rubric provided by the institution, which indicates that it represents both VN and NA clinical courses, has a number of unclear and inconsistent categories. For example, the rubric has separate categories for *Work Ethic* and *Professional Behavior*, but the former category is partially defined by “*professional behavior*.” The rubric for *Professional Behavior* is partially defined by “*good communication skills*,” which is also a separate category. *Communication Skills* and *Work Ethic* are separately assessed, but both are partially defined by “*polite*.” These definitions do not demonstrate clear grading criteria or clear guidance to instructors on how to evaluate these criteria. Additionally, the institution only provided five grade sheets total, all for the VN Clinical courses, instead of providing five for clinical and theory in the VN and NA programs, as directed. A review of the grade sheets indicated that they do not clearly align with the grading criteria outlined in the syllabus provided in the interim report. The grade record includes *Professional Behavior*, which is worth two points per day, but this is not listed in the syllabus. While the syllabus indicates that students receive scores for “*leadership experience*,” “*assessment and charting (2 points/day)*,” and “*Medication and dosage test*,” none of these items are listed on the grade records.

Additionally, the grade records provided for [REDACTED] and [REDACTED] do not include grades for other criteria, including medication cards, medication and treatment passes, and lab cards. The grade record for [REDACTED] indicate two scores for the clinical presentation, which is worth 10 total points, awarded as “2/11” and “10.” The grade sheets provided in the interim report continue to demonstrate the same issues as those found in the original team report with lack of clarity regarding how the points given on the grade sheets calculate into the final grade. This continuing issue, as well as the institution’s incomplete response and lack of alignment of the grading criteria with the syllabus, does not demonstrate consistent grading of students in all courses and programs according to an assessment system that accurately reflects a student’s attainment of learning objectives.

The institution did not demonstrate that it is systematically and effectively implementing a sound, written assessment system that contains a defined set of elements that are appropriately related to the learning measurements of the course and reflected accurately on syllabi. Therefore, the institution has failed to demonstrate compliance with this standard.

5. Standard IV-D: Curriculum Review/Revision

The institution did not demonstrate that it systematically and effectively implements written policies to continuously monitor and improve the curriculum, which focus on a comprehensive review of the curriculum as it relates to the expected learning outcomes. It failed to demonstrate that its curriculum review and revision policies include both soliciting and utilizing feedback from relevant constituencies (e.g. faculty, students, graduates, employers, and advisory/certification boards) and analyzing student outcomes, including student completion, and job placement results.

The original team report indicated that the institution did not provide evidence or

documentation of a formal curriculum review process, including collecting and incorporating feedback from relevant constituencies, policies and procedures for curriculum review and revision, or any evidence of changes, updates, or revisions to curricular content or methodology. In its response, the institution indicated that it had created a policy and procedure and provided evidence of informal review of student feedback and implementation of specific changes, but did not provide a policy that included timeframes for review, how often feedback is solicited and reviewed, and how often curricula are reviewed. No procedures for the curriculum review and revision process were provided to demonstrate that it includes an analysis of completion and placement results and a comprehensive review of curriculum, as required.

In its interim report, the institution did not provide a narrative update or a policy and procedure for curriculum review and revision. The three items provided in the interim report were a blank curriculum revision sign-up sheet to document individual changes in curriculum, a short PowerPoint presentation defining curriculum and asking for instructors to identify recent changes to curriculum, and meeting minutes indicating, “*Curriculum Review and Revisions – Feedback from Instructors.*” These documents do not demonstrate that the institution has a regular, formal curriculum review and revision process. While the interim report indicated that feedback from instructors was solicited, there was no documentation of solicitation of feedback from other stakeholders, including students, externship sites, and employers, and no documentation that the feedback is analyzed and incorporated into the curriculum review process, as required by the standard.

The institution did not demonstrate that it systematically and effectively implements written policies to continuously monitor and improve the curriculum. It failed to demonstrate that its curriculum review and revision policies include both soliciting and utilizing feedback from relevant constituencies (e.g. faculty, students, graduates, employers, and advisory/certification boards) and analyzing student outcomes, including student completion, and, if applicable, job placement results. Additionally, it failed to demonstrate that its curriculum review and revision policies focus on a comprehensive review of the curriculum as it relates to the expected learning outcomes. Therefore, the institution failed to demonstrate compliance with this standard.

6. Standard V-C: Equipment and Supplies

The institution did not demonstrate that its instruction is conducted in a safe and sanitary environment that meets all applicable local, state, and federal requirements.

The original team report indicated that the institution did not provide a written policy and procedure for ensuring that equipment and supplies are up-to-date and in sufficient quantity. The team report also indicated that the institution did not demonstrate proper disposal of sharps and hazardous waste, did not provide evidence of a Hazardous Communication plan or a needle stick and sharps injury protocol, and did not demonstrate that safety supplies were provided to students, including eye wash stations, MSDS binders, biohazardous waste containers, and an

OSHA regulations binder.

In its interim report, the institution failed to provide a narrative update and a complete policy and procedure for equipment and supplies that specifically included oversight of the administration of OSHA requirements, as directed. The institution's revised policy did not indicate how and how often the condition and quantity of supplies would be "monitored." Further, although the Commission Action letter directed the institution to provide supporting documentation that the single eyewash station was sufficient for the layout of its laboratory spaces and appropriate for the number of students enrolled, no such information was provided in the interim report. Additionally, despite specific instructions in the Commission Action letter to provide documentation of communication of the placement of the new MSDS binder to students, the sign-in sheet provided by the institution indicates only a review of the safety policy in regard to this standard, which does not contain information about the MSDS binder or its location to ensure that it can be utilized when needed. Further, the response did not demonstrate that the institution has individuals on staff with recent OSHA training, as the only documentation provided was staff meeting minutes, which appear to indicate internal OSHA training conducted by the institution's own staff. This internal training does not demonstrate that the institution has staff knowledgeable of OSHA requirements, as there is no information on the qualifications of the staff members leading the training to demonstrate that they themselves understand OSHA requirements. Given the extent of OSHA violations in the original team report, including a lack of eyewash stations, improper sharps and medical waste disposal, and a lack of OSHA and MSDS documentation, all of which were not fully resolved in the team report response and subsequent interim report, the Commission does not have confidence that an internal training is sufficient to demonstrate that the institution has staff members knowledgeable of OSHA requirements.

The institution did not demonstrate that its instruction is conducted in a safe and sanitary environment that meets all applicable local, state, and federal requirements. Therefore, the institution has failed to meet the requirements of this standard.

7. Standard V-A: Instructional Methods

The institution did not demonstrate that it has systematically and effectively implemented written policies and procedures to ensure that the curricula are followed and that there is consistency of application by all instructional staff.

The original team report indicated that the institution did not have a policy and procedure for substitute instructors, and that multiple students interviewed by the team indicated a range of concerns relating to the oversight of instruction. Students indicated that there were different instructors every class session, and that instructors did not know what topics had been previously covered or what assignments were due. Students indicated that they would be assigned homework by one instructor, then turn it in to a different instructor who was unaware it had been assigned and would not always address it. The institution's response provided a policy indicating that substitute instructors had to be current or previous instructors at the

school, and the regular instructor and the Director of Nursing were responsible for providing lesson plans for the substitute. The response also indicated that instructors had to record deviations from the lesson plan for the following instructor, and that there was a substitute instructor during the site visit that was unfamiliar with assignments. However, as this information did not fully resolve the issue, the institution was instructed to provide a narrative update, to include instructor assignments for September and October 2016 to demonstrate teaching responsibilities, grading records for the same period to demonstrate homework grades in accordance with the syllabus and schedule, and evidence of recent instructor training to ensure understanding of curricular materials, including homework assignments and grading assessments.

In its response, the institution did not provide a narrative update or evidence of recent instructor training on understanding of curricular materials, homework assignments, and grading assessments. The institution provided a calendar of instructor assignments for September 2016 through January 2017, but this calendar does not align with the instructor assignments listed on the “*Assignment Record – Theory*” document for Course VN3 for September-November 2016 also provided in the interim report. The Assignment Record indicates the following assigned instructors: [REDACTED], and [REDACTED]. However, the calendar does not indicate any VN 3 Theory classes taught by [REDACTED] or [REDACTED]. While some classes are assigned to “[REDACTED]” approximately half the classes are taught by “[REDACTED]” and a number of classes are taught by “[REDACTED]” instructors not listed on the Assignment Record. The October 6, 2016 class for VN 3 Theory is taught by a [REDACTED], and the November 16, 2016 VN 3 Theory class has no instructor assignment. These significant discrepancies between the scheduled instructors and the instructors on the grade sheet do not resolve the concerns regarding changing instructors originally cited in the team report. Further, the calendar demonstrated that the institution’s interim report contained incomplete grading information for September/October 2016, as the institution provided one Assignment Record for VN 3 Theory and one Homework Record for a single AM CNA cohort, but the calendar indicates additional courses during the September/October 2016 timeframe, including VN 4 Theory, PM CNA, VN 2 Theory, and an additional AM CNA course. Finally, the interim report included a “*Level 3 Instructional Plan Summary*” and a “*Morning CNA program daily schedule*” for January-March 2017, as well as a “*Weekly instructor Summary Audit*” dated January 30-31, but it is not clear what these documents are meant to evidence.

The institution did not demonstrate that its curricula are followed and that there is consistency of application by all instructional staff. Therefore, the institution has failed to demonstrate compliance with the standard.

8. Standard VII-B: Admissions/Enrollment

The institution did not demonstrate that its written policies for admissions and enrollment are clearly stated, defined, and in compliance with statutory, regulatory, and accreditation requirements; that reliable and regular means are utilized to ensure that, prior to acceptance, all applicants are able to benefit from the education and training services, consistent with

ACCET policies; nor that the enrollment process, including any online process, is preplanned, effective, and regularly monitored by the institution to ensure its integrity.

The original team report indicated that the institution's admissions counselor provided students with inconsistent program information dependent on current enrollment, not student interest. In its response, the institution indicated that it had not been aware that the admissions counselor had been providing inconsistent admissions counseling, and provided a new policy. However, it did not provide any documentation that the enrollment counselor had been trained on the new policy, and the policy did not include enrollment policies or procedures to ensure that the enrollment process was regularly monitored by the institution to ensure its integrity.

In its interim report, the institution provided an updated policy and procedure for advertising and recruitment, as well as documentation of communication of the new policy and procedure. However, the documentation does not include enrollment procedures. Of the six items listed in the advertising and recruitment policy, only three relate to enrollment: "*Monitoring of the school advertising and recruitment will be done on a yearly basis and whenever critical updates are necessary,*" "*The CNA program will be recommended to all who have no background in Healthcare,*" and "*No student will be advised to attend a class based on enrollment figures.*" These three general items do not constitute operational procedures for enrollment and do not demonstrate how the enrollment process is regularly monitored by the institution. Additionally, the policy indicating that the institution recommends the CNA program to prospective students without a background in healthcare appears to be inconsistent with its admissions requirements, which do not require a background in healthcare for the nursing program. The response also provided a "*Checklist for Nursing Course Prospect Students*" and evidence of its implementation. However, this checklist appears to be solely for prospective nursing students, and therefore, does not include any information that demonstrate that prospective students are provided consistent information on the range of programs offered by the institution. No supporting procedures were provided to demonstrate how the checklist should be used for prospective student communications. Additionally, the completed checklist does not demonstrate implementation of the policies outlined in the Advertising and Recruitment document, as the profile information recorded indicates that the prospective student was an electrical engineer, yet the checklist provides no assurance that either the prospective student had a background in healthcare or he was recommended the CNA program in accordance with the institution's policy document. Finally, the checklist indicates other potential issues in the enrollment process, as one of the talking points for prospective students is "*High retention, pass rates and placement,*" yet no guidance is provided as to what specific information is provided regarding retention rates, certification pass rates and placement rates to justify the claim that these rates are "high." Neither the policies and procedures nor the checklist provided in the interim report demonstrate resolution of the issue regarding the consistency, completeness, and accuracy of information provided to prospective students, or the issues regarding the systematic and effective implementation of procedures to ensure oversight of the enrollment process.

The institution did not demonstrate that it systematically and effectively implements written

policies for admissions and enrollment which are clearly stated, defined, and in compliance with statutory, regulatory, and accreditation requirements; that reliable and regular means are utilized to ensure that, prior to acceptance, all applicants are able to benefit from the education and training services, consistent with ACCET policies; and that the enrollment process is preplanned, effective, and regularly monitored by the institution to ensure its integrity. Therefore, the institution failed to meet the requirements of this standard.

9. Standard VIII-B: Attendance

The institution did not demonstrate that it has established and implemented written policies and procedures for monitoring and documenting attendance; that its attendance policy ensures that student attendance and participation are consistent with the expected performance outcomes of the course or program as well as statutory, regulatory, and accreditation requirements, including at a minimum the required student attendance rate established by the Accrediting Commission; nor that it publishes a clear description of its attendance requirements and informs students of their attendance on a regular and timely basis.

The original team report indicated that the institution's attendance policy was not being implemented, that attendance was tracked inconsistently, and that tardies and early departures were not recorded. Student interviews indicated that the inconsistent explanation and enforcement of the policy was a source of frustration. In its response, the institution indicated that it had revised its attendance log to require students to sign in, with monitoring by instructors. The response included an updated policy, but the policy did not meet ACCET requirements for make-up classes, and allowed for additional absences above the maximum. The policy provided was inconsistent with the narrative policy provided to instructors in meeting minutes, and the example attendance demonstrated a range of arrivals and departure times spanning a half hour each, but no information was provided on the actual start and end times for the class to determine if the attendance demonstrated early arrivals, tardies, early departures, or late departures.

In its interim report, the institution provided a revised make-up policy that did not meet ACCET requirements, as it did not include timeframes for how long after missed classes students could attend make-up sessions to demonstrate preservation of program sequencing and structure. The institution also provided a Leave of Absence policy, indicating that leaves of absence are not offered, but they can be allowed under certain circumstances. In addition to being unclear whether leaves of absence are or are not allowed, this policy does not meet the requirements of ACCET Document 36 – Leave of Absence Policy, as it does not include a requirement for a written request, to include a signature, date, reason for leave, and an attestation that the student understands the implications for returning or failing to return; and it does not include a maximum length for leaves of absence to align with ACCET policy.

The institution provided documentation of five attendance logs as directed. However, the Commission notes that one student, [REDACTED] is marked as entering class late based on the institution's definition of tardy as being between five and fifteen minutes late, yet is not marked by the instructor as being tardy. Finally, the institution provided documentation of a make-up

attendance roster to demonstrate that the content, time, and delivery of make-up classes was equivalent to the classes missed. However, the roster indicates that the “class” consists of a single instructor and six students all making up different content. The Commission could not determine how a single instructor could provide instructor-led education equivalent to that missed in class for six different classes at the same time, particularly since the “*Objectives met today*” indicates that PowerPoints were covered. It is not clear how one instructor could teach six different PowerPoint lectures. Additionally, the content for one student is listed as “*to make up tardies,*” which is insufficient information to determine the content of this student’s make-up class.

The institution did not demonstrate that it has systematically and effectively implemented an attendance policy and leave of absence policy that meet the requirements of ACCET Documents 35 – Attendance Policy and 36 – Leave of Absence Policy. Therefore, the institution has failed to meet the requirements of this standard.

10. Standard VIII-C: Student Progress

The institution did not demonstrate that it effectively monitors, assesses, and records the progress of students utilizing the sound and clearly defined assessment system established by the institution; that semester credits, quarter credits, clock hours, and/or continuing education units are used to denote the successful completion of the education and training services; that student progress is documented consistently in accordance with institutionally established performance outcomes and is communicated to all students; nor that students are informed of their progress on a regular and timely basis.

The original team report indicated that the policy for student progress as published in the school catalog did not include a maximum timeframe, provide increments of evaluation including at least a mid-term progress check, and does not clearly define the terms of probation and dismissal. The policy also included extraneous information on Title IV funding and credit hours, neither of which apply to the institution. The institution revised its policy on-site, but no evidence of implementation could be provided. In its response, the institution provided a revised policy and a blank form for student progress, along with a schedule for progress checkpoints, but did not provide evidence of implementation of the policy or the forms.

In its interim report, the institution provided policies for “Standards of Academic Progress.” However, these policies do not meet the requirements of ACCET Document 18 – Satisfactory Academic Progress Policy, as they do not include any qualitative measure of progress as required by the policy. The institution provided documentation of completed Satisfactory Academic Progress forms, which appears to function as student progress assessments, communication to students, and warning/probation notices. However, the Commission found that the form does not provide information on actual academic and attendance performance, as it only states if the student is meeting academic standards or not and included the grades only for modules that are below standard. It does not include complete performance information for both academics and attendance. Additionally, the form indicates, “*Student is meeting standards (all modules are 75% or above) No further action required, form may be filed in student’s academic file,*” indicating

that students who are meeting satisfactory progress requirements do not receive this form. No other documentation was provided to demonstrate communication to all students of their academic and attendance performance, as required by ACCET Document 18 – Satisfactory Academic Progress Policy and specifically requested in the December 2016 Commission Action letter.

The did not demonstrate that it has systematically and effectively implemented a student progress policy that meets ACCET requirements, and did not demonstrate that students received regular and timely communication of their progress. Therefore, the institution has failed to meet the requirements of this standard.

11. Standard IX-A: Student Satisfaction

The institution did not demonstrate that it has established and implemented written policies and procedures that provide an effective means to regularly assess, document, and validate student satisfaction relative to the quality of education, training, and student services provided, nor did it demonstrate that interim evaluations and a final evaluation upon completion of the term of enrollment are specified components of determining student satisfaction.

The original team report indicated that there was no documentation to demonstrate review and analysis of student survey results in order to improve the training, operations, and student services at the institution. In its response, the institution indicated that in 2013, it had made facility changes as a result of student feedback. The response indicated that the institution had updated its policy to include analysis of survey results “*after each level of the VN program and after the entire NA course,*” but did not provide any evidence of implementation for this revised policy. Further, the Commission noted that evaluation of survey results only at the end of the Nursing Assistant program does not comply with the standard, which requires interim and final evaluations to ensure that issues are addressed in a timely manner.

In its interim report, the institution did not provide a narrative update or a revised policy and procedure for student satisfaction that ensures that student surveys, once completed, are reviewed in a timely manner. The response provided a PowerPoint presentation demonstrating analysis of student surveys from an unspecified period of time. This presentation outlines a number of significant student issues, many of which are addressed throughout this Commission Action letter, including: continuity of instructors, lack of alignment between PowerPoints and lessons, organization of tests and syllabus, clarity of course schedule, and planned lessons. In addition, the Commission noted other serious concerns outlined in the analysis, including outdated films, instructors gossiping about students, letting students leave early from class, and not keeping student information private. The presentation also provides basic statistics indicating that for the Vocational Nursing program, “*about 50% of the students rated the course and instruction in the good to excellent range.*” This statistic, along with the range of serious issues outlined in the presentation, demonstrates significant issues affecting student satisfaction. While the presentation outlines some plans to address these issues, there was no documentation in the interim report to demonstrate implementation of these plans.

The institution did not demonstrate the systematic and effective implementation of written policies and procedures that provide an effective means to regularly assess, document, and validate student satisfaction relative to the quality of education, training, and student services provided, nor did it demonstrate that interim evaluations and a final evaluation upon completion of the term of enrollment are specified components of determining student satisfaction and are used to improve the education, training, and student services provided by the institution, as required. Therefore, the institution failed to meet the requirements of this standard.

12. Standard IX-B: Employer/Sponsor Satisfaction

The institution did not demonstrate that feedback from sponsoring organizations, agencies that fund the training of students, and employers who hire graduates is utilized to improve the education, training, and student services of the institution.

The original team report indicated that the institution had yet to implement its policies and procedures for employer feedback. In the response to the team report, the institution indicated that it had developed a new employer satisfaction survey, but had not yet implemented it. No evidence of completed surveys, analysis of results, or improvements made to the institution based on feedback were provided.

In its interim report, the institution provided completed employer surveys, but did not provide any narrative or documentation demonstrating a review and analysis of the completed employer surveys or documentation of any improvements made as a result of feedback. It is noted that two of the six surveys indicated that a graduate was not retained by the employer past the introductory period, yet the institution provided no documentation to evidence that this information was analyzed and utilized to improve the institution's programs.

The institution did not demonstrate that it has systematically and effectively implemented a written policy and procedure to incorporate feedback from employers and sponsors into improving the education, training, and student services of the institution. Therefore, the institution failed to demonstrate compliance with this standard.

13. Standard IX-D: Completion and Placement

The institution did not demonstrate that it has established and implemented 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. Additionally, it has not demonstrated that the quality of its vocational programs is validated by positive training-related outcomes consistent with the benchmarks established by the Accrediting Commission.

The original team report indicated that the January-June 2016 placement rate for the Vocational

Nurse program was 8% (12 eligible completers/1 placed) and the 2015 placement rate for the Nurse Assistant program was 48.28% (58 eligible completers/28 placed). In its response, the institution provided a rationale as to why the placement rates for these programs did not meet the ACCET benchmark of 70% job placement, but did not provide documentation to demonstrate improvements in the rates to meet the minimum benchmarks.

In its interim report, the institution provided updated completion and placement statistics for 2015 and January-October 2016 for the Nursing Assistant program, and 2016 completion and placement statistics for the Vocational Nursing program. The statistics for the Nursing Assistant program indicated job placement rates significantly below the ACCET benchmark, with a reported 50% placement (58 eligible completers/29 placed) for 2015 and 54.52% placement (31 eligible completers/20 placed) for January-October 2016. Further, the supporting documentation for the job placements was insufficient to support the statistics provided. Placement documentation provided did not consistently include program start date or graduation date, three verifications were completed at less than 30 days of employment, thirteen verifications did not have part-time employment attestations, and four verifications did not have continued employment attestations, as required.

Sixteen students listed as placements and waivers on the institution's On-Site Sampling Verification Form did not have any supporting documentation to verify 30 days of continuous training-related employment. The institution's statistics, as outlined on Document 28.1, did not align with the corresponding On-Site Sampling Verification Forms (OSVF). For example, the placement documentation and OSVF for 2016 for the Nursing Assistant program demonstrated a graduation cohort in December, but the corresponding Document 28.1 did not include a December cohort. The Document 28.1 for the Vocational Nursing program for 2016 indicates transfers in and out, but none are documented on the OSVF, and the institution appears to be counting students as both waivers and placements, which is not consistent with ACCET policy. As an example of the extent of documentation inconsistencies, the Commission noted the following for the October 2016 VN cohort:

	Net Starts	Transfers In	Transfers Out	Completers	Waivers	Placements
Document 28.1	30	2	3	29	4	17
OSVF	33	0	0	29	6	16

Of the 16 placements listed on the OSVF for the October 2016 Vocational Nursing program, some of which whom did not appear to be employed as nurses, only five 30-day verifications were provided. Of the five provided, only three fully met all documentation requirements as required in ACCET Document 28 – Completion and Job Placement Policy. Of the other two, the verification for [REDACTED] did not demonstrate 30 calendar days of employment, and the other, for [REDACTED] did not include a part-time attestation.

The institution did not demonstrate the systematic and effective implementation of policies and procedures to document its job placement rates, nor did the institution demonstrate that

its documentation supported the placement rates provided. Further, the statistics provided do not demonstrate that the institution's vocational programs meet ACCET benchmarks for job placement, as the rates for the Nursing Assistant program submitted in the interim report indicate job placement rates significantly below the ACCET benchmark for both 2015 and January-October 2016. Therefore, the institution has failed to demonstrate compliance with 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.

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.

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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/meay

CC: Mr. Herman Bounds, Chief, Accreditation Division, USDE, aslrecordsmanager@ed.gov
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