



April 27, 2017

VIA EMAIL & FEDERAL EXPRESS
(asnahnursing@gmail.com)

Mr. Prince Gyenin, Administrator
America School of Nursing and Allied Health
14910 Jefferson Davis Hwy
Woodbridge, VA 22191

***Re: Initial Accreditation Denied
ACCET ID #1490***

Dear Mr. Gyenin,

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 America School of Nursing and Allied Health, located in Woodbridge, Virginia.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted February 13 - 14, 2017), and the institution's response to that report, dated March 30, 2017. It is noted that only a few of the weaknesses cited in the team report were fully addressed in the institution's response. Therefore, the Commission determined that the institution has not adequately demonstrated compliance with ACCET standards, policies, and procedures, relative to the following standards:

1. Standard I-B Goals

The institution did not demonstrate that it has established broad goals that support its mission and guide the operation of the institution, including admissions, finances, education and training, management, and student services.

At the time of the visit, the team found that goals were not comprehensive in scope, failing to address financial, admissions, and management issues, as required by this standard. Of the eight goals listed in the Student Handbook and Policy Manual, management and faculty were conversant only with the goal to provide quality instruction for students. The institution did not provide any documentation which evidenced that the goals guided the operation of the institution.

In its response, the institution stated that [Organizational goals/objectives] *have been revised to include financial, admissions, or management issues* and that an *orientation and education session [sic] has been held to increase faculty and staff awareness of organizational goals and*

plans. These will guide the operations of the institution. The response also provided a list of 11 organizational goals/objectives as an exhibit.

However, the institution did not provide a narrative or exhibits to demonstrate how its revised goals support its mission, are consistent with the Principles of Ethics for ACCET Institutions, or how they guide the operation of the institution, nor was documentation provided to evidence that the orientation session was held or how the new/revised goals would be implemented over time. Therefore, the institution failed to demonstrate compliance with this standard.

2. Standard II-A Governance

The institution did not demonstrate that its management structure ensures the integrity and capability of the institution and its compliance with statutory, regulatory, and accreditation requirements.

At the time of the visit, the team found that the institution's Home Health Aid program (HHA), lacked approval from the State Council of Higher Education of Virginia (SCHEV). Further, the team was encumbered in its review due the institution's failure to have prepared a number of essential documents listed in the *Preparation Checklist for ACCET On-Site Evaluation Visit*, including, but not limited to: a completed program chart; a completed Document 50FR – On-Site Financial Review Checklist; a completed ACCET Document 29 – Catalog Guidelines and Checklist; a completed ACCET Document 29.1 – Enrollment Agreement and Checklist; a completed ACCET Document 12 – Annual Report and Enrollment Statistics; and verifiable ACCET Document 28.1s – Completion and Placement Statistics. In addition, On-Site Sampling Verification Forms requested in advance of the visit were not completed.

In its response, the institution stated that the HHA program documents have been submitted to SCHEV, but no explanation for this oversight or documentation of submission were provided. Further, the institution's response did not address its significant lack of preparation for the team visit, which contributed to weaknesses under Standards II-B Institutional Management, II-C Human Resource Management, III-B Financial Procedures, VII-A Recruitment, VII-B Admissions/Enrollment, and IX-D Completion and Placement. Therefore, the institution failed to demonstrate that it has a governance structure in place which is capable of taking responsibility for the overall direction and effectiveness of the institution.

3. Standard II-B Institutional Management

The institution did not demonstrate that its written policies and procedures guide the day-to-day operations of the institution.

At the time of the visit, the team found that a large number of the institution's policies and procedures were incomplete, non-compliant with ACCET standards of accreditation, or missing from the institution's policy documents. In addition, a large number of policy areas identified in the Student Handbook index were not found on the pages indicated.

Examples of missing policies included: a) establishing, implementing, and regularly updating business plans, b) ensuring that all records are maintained in an accurate, orderly, and up-to-date manner, c) advertising and recruitment to ensure compliance with ACCET Document 30 – Policies for Recruitment, Advertisement, and Promotional Practices, and d) a policy for the collection and tabulation of completion and placement data in accordance with ACCET Document 28 - Completion and Placement Policy.

Examples of inadequate and incomplete policies included: a) attendance (which must require a cumulative attendance rate of 80 percent for graduation), b) a “Work Opportunities” policy published in the Student Handbook which stated that *[t]he school will not provide job placement...* which contradicted its Policy Manual that stated: *ASNAH will provide job placement assistance to all eligible graduates*, c) a cancellation and refund policy which met the requirements of ACCET Document 31 – Cancellation and Refund Policy, (which requires comparison of the state and ACCET policy and follow the policy that is more beneficial towards the student), and which lacked provisions for recording of all required information for cancelled and withdrawn students, and d) calculation of refunds which are available for third-party review.

In its response, the institution indicated that it had revised its policies and procedures to be complete and compliant with ACCET policies, including a reliable table of contents, a policy for completion and placement, a revised refund policy reflecting both the ACCET policy and SCHEV policy and which refunds the amount most lenient towards the student, an updated refund calculation form, and a policy on record management. However, the response lacked a narrative or any exhibits to document the effective date of the new policies, evidence of staff training, or supporting evidence of any kind to demonstrate that the new and revised policies have been implemented, either initially or on an ongoing and effective basis.

Therefore, the institution failed to demonstrate that it has effectively implemented policies and procedures that are clearly defined, understood, or effective, or that the new and revised policies are effectively guiding the day-to-day operations of the institution, as required by the standard.

4. Standard II-C Human Resource Management

The institution did not demonstrate that it consistently implements its human resource policies and procedures.

At the time of the visit, the team found that only two of 13 employee files reviewed contained USCIS Form I-9, Employment Eligibility Verification, and both of these files were missing the employer attestation and were unsigned. Only two of the 13 files contained federal tax documentation (IRS W-4 forms). Four employee files lacked the criminal background checks required per institutional policy. The nine remaining files contained background checks that were conducted while the team was on-site (February 13 -14, 2017).

In its response, the institution stated that all employee files have been updated with USCIS Form I-9, IRS W-4 forms, and criminal backgrounds [checks], and that *institutional goals have been*

updated to include - employee and student files will be efficiently maintained and updated [sic].” However, no supporting documents were provided to evidence that the policy, or the incomplete personnel records, had been properly updated. Further, the institution provided no explanation as to why it failed to conduct criminal background checks as required under its own policy, until the time of the ACCET visit.

Therefore, the institution failed to demonstrate that its personnel policies and procedures meet legal and regulatory requirements, or its own policies, as required by this standard.

5. Standard II-D Records

The institution did not demonstrate that it has an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner, that this record-keeping system facilitates access and review by appropriate parties, or that records are maintained for a period of time consistent with sound business and educational practices.

At the time of the visit, the team found that the institution did not: a) maintain appropriate student completion and graduate placement records to verify and corroborate the institution’s completion and placement statistics, b) ensure that all required student financial information, including charges to the student and total amount paid, were fully and consistently documented, c) fully and consistently document student program and withdrawal information, including start date, last date of attendance, date of determination, weeks earned and resulting percentage of program completed, and calculation or refund, in a manner available and understandable for third party review, d) evidence of effective tracking of cumulative tuition payments such that consistency in tuition charges could be readily verified for those students paying in installments or by module, and e) properly maintain student and employee files in a manner which could be readily reviewed by a third-party to demonstrate compliance with federal, state, and accreditation requirements. Employee and student files lacked even basic checklists to insure accuracy and consistency.

In its response, the institution provided a blank employee hire checklist and stated, in its narrative, that it: a) keeps complete records of completion and graduate placements in the Orbund system for easy access, b) that it has invested in computer software [quick book] to maintain proper student financial records, including effective tracking and documentation, and c) that *all employee files have been updated with listed records as indicated Standard II.A – Governance*. However, no supporting documents or narrative was provided to demonstrate that record keeping policies and procedures in any of these multiple areas of weakness had been revised or effectively implemented.

Therefore, the institution failed to demonstrate that its record-keeping system is accurate, organized, up-to-date, and compliant with state, federal, or accreditation requirements, as required by the standard.

6. Standard III-B Financial Procedures

The institution did not demonstrate that tuition payments and other monies are properly recorded and tracked, or that cancellation and refund policies are consistently administered and comply with statutory, regulatory, and accreditation requirements.

At the time of the visit, the team found that the institution's policies and procedures for documenting student accounts were minimal, lacking even a financial ledger with cumulative charges and total amount paid. Further, the lack of essential student information, including start date, projected end date, weeks earned, and percentage of program completed, made it impossible to validate the accuracy of the institution's refund calculations.

The institution's refund policy did not provide students with both the state and ACCET policy as required by ACCET Document 31 – Cancellation and Refund Policy, nor did it require that refunds be calculated under both policies and the most favorable refund made to the withdrawn student. The institution's policy for dropped students, other than those who provided written notice of withdrawal, permitted the calculation of refunds from the end of a 14-day period after which they were considered withdrawn rather than from the last date of attendance. The institution's sliding scale of refunds due upon the completion of up to 25%, 50%, and 75%, and over 75% of the institution's programs, did not calculate refunds based on the student's last date of attendance. The policy lacked a process for making refunds to no-shows, as required by ACCET Document 31, and required written notification of withdrawal, which is prohibited by Document 31.

Further, the institution was not following its own refund policy. For example, in its review of refund calculations for three students (R. Huserik, J. Kim, and E. Ohene) the team could not verify the accuracy of these refunds since it appeared that students were withdrawing from individual courses within the LPN program and that refunds were calculated on the basis of varying amounts the students had paid towards these courses. The documentation for these students did not indicate total amounts paid or projected end dates, so the institution could not demonstrate that its calculations for the percentage of program completed were accurate.

In its response, the institution provided a short narrative, stating that: a) its cancellation and refund policy and refund forms were updated, b) that its student financial management and records policy have been updated, c) that account ledgers will include cumulative tuition payments, total amount paid, start dates, projected end dates, weeks earned, and percentage of program completed, and d) that the *Student tuition schedule is adjusted to be consistent and policy updated* [sic].

The institution also provided a blank refund processing form, a revised Policy 4.4: *Financial Management and Documentation*, and a revised refund policy which included both the ACCET and SCHEV refund requirements. However, the response provided no evidence that: a) its new financial procedures have been implemented, b) student ledgers now include accurate and complete information, and c) the incorrect refunds for the three student withdrawn files cited

in the team report have been rectified. The response did not provide documentation of completed enrollment agreements to demonstrate that the revised refund policy has been adopted for all students.

Therefore, the institution failed to demonstrate that tuition charges are applied fairly and consistently, that receipt of tuition payments and other monies are properly recorded and tracked, or that cancellation and refund policies are fair, and equitable, consistently administered, and comply with statutory, regulatory, and accreditation requirements, as required by the standard.

7. Standard VII-A Recruitment

The institution did not demonstrate that all communications with prospective students are consistent with ACCET policies.

At the time of the visit, the team found that the institution's catalog did not include a number of elements required by ACCET Document 29 – Catalog Checklist, including the following: a) the catalog was not posted on the institution's website, b) the catalog lacked a transfer of credit policy, c) the make-up work policy did not define specific time frames relative to the make-up period, and the attendance policy did not state a minimum, cumulative attendance rate of 80 percent or above, as required by ACCET Document 35 - Policy on Attendance Requirements, d) the description of placement assistance stated that the institution *will not provide job placement or does not guarantee employment, but will refer students to health agencies and offer references to health agencies upon request*, which did not meet the requirements of ACCET Document 28 – Completion and Placement Policy, (e) the catalog did not provide a description of how or when all program costs are charged to the student, including a schedule of payments or the impact of these payment periods or periods of obligation on the institution's cancellation and refund policy, and f) the published refund policy was not compliant with ACCET Document 31 – Cancellation and Refund Policy (as detailed in Standard III-B).

In its response, the institution attached the following six exhibits: a) blank enrollment agreement, b) placement policy, c) make-up work policy, d) policy on student progression, e) policy on student records, and f) transfer policy. The response did not include an explanatory narrative, a revised catalog, nor evidence to demonstrate systematic and effective implementation of revised policies and forms, nor evidence to demonstrate communication of these policies to faculty, staff, or students.

Therefore, the institution failed to demonstrate that its catalog meets the requirements of ACCET Document 29 – Catalog Checklist, or that communications with prospective students are consistent with ACCET policies as required by this standard.

8. Standard VII-B Admissions/Enrollment

The institution did not demonstrate that its written policies for admissions are clearly stated,

defined, and in compliance with 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, or that the enrollment agreement clearly identifies the rights, obligations, and responsibilities of all parties, including a refund policy compliant with ACCET Document 31 – Cancellation and Refund Policy.

At the time of the visit, the team reviewed files for LPN students and found that a large number of students had test scores on the Kaplan Nursing School Entrance Exam that were below the passing rates on various educational components of the tests, conflicting with the Student Handbook policy which stated that a *passing grade is determined by the testing company's benchmark*. Further, the institution did not provide any justification for this policy, nor did it assess these failing test results. As a result, students were able to enroll in the program regardless of their entrance test scores.

The team also found that the institution's enrollment agreement lacked a number of elements required by ACCET Document 29.1 – Enrollment Agreement Checklist, including the following: a) the enrollment agreement did not contain itemized costs for books and supplies, b) the impact of payment periods and the undefined period of financial obligation on the institution's cancellation and refund policy was not described, c) the refund policy was not compliant with ACCET Document 31 – Cancellation and Refund Policy, c) a statement verifying that the student had received and read the current school catalog, and d) pagination was missing on pages five through nine of the agreement.

In its response, the institution indicated that: a) all test results are compiled in the Kaplan database and are easily accessible to the school, b) it has updated its procedure to print all results and file them in student records for third party review, and c) it has reviewed the entrance exam benchmark policy, and *each student will be required to achieve 60% pass in all areas of the test (math, English) prior to admission*. Policy 4.8: *Enrollment and Admission of Students* was attached as an exhibit. However, the Kaplan Nursing School Admissions Test is comprised of five sections, including Reading Comprehension, Writing, Math, Science, and Critical Thinking. The institution's revised policy includes a conflicting statement, that a 60% pass is required in "all" areas, then qualified as "math, English," and it provided no basis or rationale for selectively choosing which sections of the test it will consider in admissions decisions, when this is a nationally normed exam.

The institution attached an enrollment agreement without any explanatory narrative. The following items remain out of compliance with ACCET Document 31 – Cancellation and Refund Policy:

1. In the Cancellation more than Three Days provision, the agreement states that *an application requesting verbal or written cancellation more than three days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid within 45 calendar days, less a maximum tuition fee of 15% of the stated cost of the course or \$100, whichever is*

- less*. However, ACCET Document 31 prohibits institutions from charging any tuition to students who cancel or no-show.
2. In the Student Termination provision, the agreement states that *the refund will be calculated based on the last day of attendance (LDA) and due refund will be given to the student **within calendar days** [emphasis added] from the documented date of (LDA)*. However, no specific timeframe is given. Further ACCET Document 31 requires that the refund be issued within 45 days of the date of determination.
 3. The enrollment agreement has two “Procedures” sections. In the first section, the agreement states: *If a student requests a refund for paid monies, the student is asked to review the refund policy and complete a refund request form for documentation purposes*. In the second procedures section, the agreement states: *A student choosing to withdraw from the school after the start of classes is to provide a written notice to the Program director*. ACCET Document 31 prohibits both the requirement for a written notice of withdrawal and the imposition of additional requirements for refund processing.
 4. In the first procedure section, the enrollment agreement describes the date of determination and states that ... *The date of determination is ... The date the institution administratively withdraws the student (absent for a maximum of 30 consecutive calendar days)*. In the second procedure section, the agreement states that: *A student will be determined to be withdrawn from the institution if the student misses 30 consecutive instructional days and all of the days are unexcused*. The institution’s ASER (Standard VIII-B Attendance), states: *If a student misses 7 days of class without notice or explanation, the student will be asked to withdraw from the program*.
 5. The revised enrollment agreement did not address the finding of the impact, if any, of payment periods and the undefined period of financial obligation on the institution’s cancellation and refund policy.
 6. The pagination of the revised enrollment agreement still lacks the format required by ACCET Document 29.1 – Enrollment Agreement Checklist, which states: *be numbered: “page 1 of,” “page 2 of,” etc.*

Therefore, the institution failed to demonstrate that its entrance requirements provide a reliable and regular means to ensure that, prior to acceptance, all applicants are able to benefit from the education and training services or that its enrollment agreement is compliant with ACCET Document 29.1 – Enrollment Agreement Checklist, as required.

9. Standard VII-C Transfer of Credit

The institution did not demonstrate that it has written policies and procedures that ensure the fair and equitable treatment of students relative to the transfer of credit to and from the institution or that it has clear and complete information regarding its transfer policies and practices.

At the time of the visit, the team found that the institution had not established or implemented a transfer of credit policy as required by ACCET Document 16 – Transfer of Credit Policy. The Student Handbook stated that: *America School of Nursing & Allied Health will not accept credits*

from another program. Students will enroll from the beginning of a course or program.”

In its response, the institution provided a Transfer of Credit policy, broken into two sections, with the first set of items numbering #1 - #5, and the second set of items, under the subheading “Practical Nursing Program” with items numbering #6 - #11. The Commission could not determine if the first section applied to all four of the institution’s vocational programs, with the exception of the Practical Nursing Program (which was included in the institution’s application for accreditation as “LPN”) or if it simply neglected reference to its CNA, Pharmacy Technician, and Phlebotomy programs. The policy is also missing the following required components of ACCET Document 16:

1. Procedures to be followed when appealing transfer of credit decisions
2. Methods by which tuition and fees are adjusted
3. Description of any fees assessed for testing, evaluation, or granting transfer of credit
4. Policies and procedures to assist students when requesting transfer to other institutions

Finally, no documentation was provided to demonstrate that the policy was published in the institution’s catalog and that admissions and academic staff received training on how to implement the new policy.

Therefore, the institution failed to demonstrate that it has established or implemented a transfer of credit policy which is compliant with ACCET Document 16 – Transfer of Credit Policy, as required by this standard.

10. Standard IX-C Certification and Licensing

The institution did not demonstrate that its curriculum includes appropriate content, hours, preparation, and materials to meet the state required pass rate on the NCLEX for its Licensed Practical Nursing graduates, or 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.

At the time of the visit, the team found that while the institution’s 2015 first time NCLEX pass rate for the LPN program was 100%, the 2016 first time pass rate was only 68.42%, which was below the state required benchmark of 80%. On February 6, 2017, the Virginia Board of Nursing required the school to submit an “NCLEX plan of correction” to the Senior Nursing Education Consultant of the Nursing Board by March 13, 2017. Should the program fall below 80% for two consecutive years, the Board will place the program on conditional approval and conduct a site visit. The report also indicated that the institution had no written policy for tracking the success rate of program graduates on certification exams.

In its response, the institution indicated that: a) the Board of Nursing had given the institution one year to improve the NCLEX results, b) the corrective action plan had been sent to the Board in accordance with regulations, and c) the 2017 pass rate year-to-date was 100%. While the response

included a copy of the plan to improve NCLEX scores to an 80% pass rate by January 2018, it did not include a copy of the narrative or any details of the plan, nor did it provide any backup documentation data for the 2017 year-to-date pass rates. Finally, the response did not provide a written policy for tracking the success rate of program graduates on the exams, or how it uses the results to measure and improve the quality of the educational programs offered.

Therefore, the institution failed to demonstrate that its LPN curriculum is adequately preparing students to pass the NCLEX at the minimum pass rate required by the Board of Nursing, or that it uses the results to measure and improve the quality of the educational programs offered, as required by this standard.

11. Standard IX-D Completion and Placement

The institution did not demonstrate that written policies and procedures are followed 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.

At the time of the visit, the team found that the institution: a) did not have written policies to track, document, and validate completion rates, b) could not account for enrollee transfers or waivers on completed Documents 28.1 – Completion and Placement Statistics, and c) could not demonstrate that graduates had met the required GPA or attendance requirements for graduation.

For example, the institution had not collected the minimum information required to verify employment (including employment start date, job title, name of employer, employer contact, and method of verification), had not documented attestations for temporary, part-time, or continuing employment or waivers, and did not account for or calculate enrollee transfers, as required by ACCET Document 28 – Completion and Placement Policy.

While the team was able to verify employment for a number of LPN and CNA graduates by calling employers directly, the team could not verify that these students had met the institution's GPA or minimum attendance requirements, or that reported completion and placement rates were properly calculated, as the institution did not provide transcripts or written placement verification forms as required by ACCET policy.

In its response, the institution stated that it *has written a policy to reflect ACCET standards on tracking, documenting, and validating job placement rates* and that *Form A will be used to collect data*. As an exhibit, the institution provided *POLICY 6.0: Employment & Placement Statistics*. However, this policy was skeletal in content, lacking procedures and accountability for a) tracking, documenting, and verifying completion and placement, b) tracking and documenting transfers in/out, c) waivers, and d) completing ACCET Document 28.1.

Additionally, the institution provided a copy of the ACCET best practice *Employment Verification Forms* from the ACCET website. However, no additional narrative was provided to explain how

the forms would be implemented. Further, the institution did not provide completed forms to demonstrate verification of placement rates.

The institution also indicated that *the Orbund system is used to track collection of appropriate documentation, including the student's attendance or enrollee transfers. This is [sic] systems information is printed and organized for third party verification in the future.* However, no documentation was provided to evidence that students had met the institution's minimum attendance or GPA requirements for graduation, or how its new procedure would provide such information in the future for third party review.

Therefore, the institution failed to demonstrate that it has effectively implemented any policies and procedures for the tracking, documentation, and verification of completion and placement outcomes for its graduates, as required by 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.

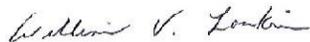
The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

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.

Should you have any questions or need further assistance regarding this letter, please contact the ACCET office at your earliest opportunity.

Sincerely,



William V. Larkin, Ed.D.
Executive Director

WVL/jss

CC: Mr. Herman Bounds, Chief, Accreditation Division, US ED (aslrecordsmanager@ed.gov)
Ms. Sylvia Rosa Casanova, Director for Private and Out-of-State Postsecondary Educ., VA
State Council of Higher Education for Virginia, (sylviarosacasanova@schev.edu)