



December 12, 2018

ID#: I-352

**BY EXPRESS MAIL SIGNATURE REQUIRED
& ELECTRONIC SUBMISSION TO Jenaf@mpied.com**

Ms. Jena Fadziso
Administrator
Medical Prep Institute
2304 Busch Boulevard
Tampa, FL 33613

Dear Ms. Fadziso:

The Commission of the Accrediting Bureau of Health Education Schools (ABHES) has received the report of the Appeal Panel following the institution's November 19, 2018, appeal of the Commission's August 14, 2018, action denying the institution's continued grant of accreditation. A copy of this report is enclosed.

The Appeal Panel voted to affirm the decision of the Commission denying the institution's continued accreditation. The Appeal Panel found that the record before the Commission at the time of its decision supported the Commission's conclusion that the institution failed to demonstrate compliance with the requirements for accreditation. The Appeal Panel amended the Commission's original decision to deny continuing accreditation as follows:

- Violation #1 - The Appeal Panel affirmed the Commission's decision but did not find evidence of a lack of integrity on the part of the institution.
- Violation #2 – The Appeal Panel affirmed the Commission's decision but found evidence that resolved the financial issues concerning the four (4) named students.
- Violation #10 - The Appeal Panel affirmed the Commission's decision but found that some student surveys were provided.

Accordingly, the Commission has now acted pursuant to Chapter III.E.2.i of the *Accreditation Manual* to implement the decision of the Appeal Panel. The decision to deny continued accreditation as amended is now final and is effective **January 12, 2019**. There is no additional appeal available.

As is set forth in Chapter I.B.1 of the *Accreditation Manual*, federal and state regulators are copied on and provided this correspondence simultaneously to you. Chapter I.B.1 of the *Accreditation Manual* also provides that within 60 days of this final negative action, the Commission makes available to the Secretary of the U.S. Department of Education, appropriate state agencies, recognized accrediting agencies, and the public a brief statement summarizing the reasons for this negative action and the official comments, if any, that your institution wishes to make with regard to this decision, or in the absence of official comment from your institution, evidence that the institution was offered the opportunity to provide official comment.

Ms. Jena Fadziso
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Consequently, if you wish to make a brief official written comment on this negative action you must do so within 10 calendar days of the date of this letter. You are not required to make such a statement, and failure to do so within the time allotted will be understood as a decision not to comment.

Pursuant to Chapter III.C.7 of the *Accreditation Manual*, the institution may not apply to ABHES for accreditation for a period of one year following the date of this letter setting forth the final decision of the Commission.

Sincerely,

A handwritten signature in cursive script that reads "India Y. Tips".

India Y. Tips
Interim Executive Director

Enclosure: Appeals Panel Report

c: Herman Bounds, U.S. Department of Education
Christopher Miller, U.S. Department of Education, Area Case School Participation
Susan Crim, Director, Administrative Actions and Appeals Service Group, U.S. Department of
Education
Joey Smith, Florida Commission for Independent Education
Joe Baker, Jr., Florida Board of Nursing



August 14, 2018

ID#: I-352

**BY FEDERAL EXPRESS SIGNATURE REQUIRED
& ELECTRONIC SUBMISSION TO Jenaf@mpied.com**

Ms. Jena Fadziso
Administrator
Medical Prep Institute
2304 Busch Boulevard
Tampa, FL 33613

Dear Ms. Fadziso:

The Commission, at its July 2018 meeting, reviewed your institution's application for a continued grant of accreditation, including the Self-Evaluation Report, the on-site visit reports, the institution's response and revised response to the reports, exhibits presented at the institution's appearance, and the institution's financial history. Based on review and discussion, the Commission acted to **deny** the institution's application based on the following from the *Accreditation Manual*:

1. The Administrator demonstrates effective management capability (IV.C.1.); management demonstrates integrity in the execution of its duties (IV.C.3.); and, an institution complies with current applicable local, state, and federal laws (IV.D.1.).

In its response, to the visit reports and show cause directive, the institution submitted a professional profile and management training certificates for [REDACTED], Administrator. The institution also provided a Florida Commission of Independent Education (CIE) On-Site Visit Inspection Report Form dated January 17, 2018, which showed no findings, and documentation of NCLEX pass rates. A November 6, 2017, letter evidencing the institution's eligibility to participate in the candidacy process for Accreditation Commission for Education in Nursing (ACEN) programmatic accreditation, an application form for participation in the National Council for State Authorization Reciprocity Agreements (NC-SARA), and an Application for Registration or Re-Registration of Out of State Institutions for the Bureau for Private Postsecondary Education (BPPE) were also provided. Finally, the June 28, 2018, *Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards* was also submitted. The institution's narrative and presentation stated that any errors were unintentional rather than deliberate.

The Commission found that the institution has not demonstrated compliance with these standards due to the number and nature of unresolved violations found during the site visit, including, those related to the proper execution and documentation of students' financial transactions and the current lack of authorization to enroll and offer programs via distance education in all applicable states outside of Florida. [REDACTED]

[REDACTED].” Based on the institution’s response to the visit reports and show cause directive, the Commission could not confirm operational effectiveness, adherence to the standards of accreditation, or continued compliance with other regulatory requirements. Furthermore, effective management capability and management’s integrity in the execution of its duties have not been evidenced.

2. Representations are accurate and ethical (IV.E.1.); an institution publishes an informative and accurate catalog and addenda, as applicable, that is in compliance with the requirements of Appendix C, Catalogs (IV.E.5.a.); all charges are clearly stated in an institution’s catalog, and addendum as applicable, and enrollment agreement (IV.F.1.b.); a schedule of charges is administered uniformly (IV.F.1.c.); an institution maintains a current record of charges and payments and makes available confirmation of all applicable transactions (IV.F.1.d.); an institution has and uniformly applies a published cancellation and refund policy that complies with all applicable state, federal, and accrediting agency requirements (IV.F.3.a.); and, refunds are made within 45 days after the date of the institution’s determination that the student has withdrawn (IV.F.3.b.).

The financial charges listed on the enrollment agreement, student ledger cards, the institution’s website, and the 2017-2018 Catalog with a revision date of April 25, 2018, were not consistent as explained in more detail below.

The ledger card and enrollment agreement in the Associate of Science in Nursing (ASN) graduate file for [REDACTED] (graduated July 24, 2017) indicated that the student paid \$12,412.20 for the program and had a zero-outstanding balance to the institution. However, the enrollment agreement stated that the student’s total cost of the program was \$11,555. Therefore, it seemed that the graduate overpaid by \$857.20. The Practical Nursing (PN) graduate file for [REDACTED] (graduated August 18, 2017) including the student’s ledger card and enrollment agreement indicated the total cost of the program as \$7,245 but the student paid a total of \$8,083.52 to the institution. Therefore, it seemed the graduate overpaid by \$838.52. Additionally, the withdrawn files for [REDACTED] (PN), [REDACTED] (PN), [REDACTED] (ASN), and [REDACTED] (ASN) were reviewed and ledger cards were not available for these students or the ledger cards provided were inaccurately categorized (some student payments were categorized as charges). Therefore, whether a refund was owed to the student was unverifiable.

The file for withdrawn ASN student [REDACTED] was reviewed. [REDACTED] indicated in writing via email she wanted to withdraw on July 19, 2017. She was making payments to the institution up until July 15, 2017, and had a credit to the institution of \$3,393.65. A refund was made to the student in the amount of \$3,393.65 on April 12, 2018, more than 45 days after the date of withdrawal was determined. The student indicated she wanted to reenroll into the program in a January 2018 letter. The institute approved her re-entry request in January 2018 via a re-entry form, for an anticipated start date in April 2018. The student provided a check in the amount of \$21,000 to the institution on January 29, 2018, for the total remaining cost of the program. The student sent an email on March 2, 2018, indicating that she did not want to start in April 2018. As of April 25, 2018, a refund had not been made to the student.

The RN to BSN student files for [REDACTED] indicated that 100% of the students’ tuition was being paid by the institution and is listed as a “School Scholarship” on the ledger cards. It was unclear whether the availability of this scholarship had been made known to all current and prospective students since it was not listed in the catalog.

██████████ had \$670 in school fees waived but it was unclear if this was consistently applied to other students admitted under similar circumstances. Additionally, ██████████ was required to pay for two courses (Educational Transitions for Nursing - \$1,374 and Nursing Research and Inquiry - \$687) out of pocket because he failed the courses on the first attempt. The policy of having scholarship students pay for retaking failed courses was not clearly outlined in the catalog.

In its response to the visit reports and show cause directive, the institution submitted a schedule of tuition and fees, a financial transaction list for the period January 1, 2018 through June 5, 2018, a revised enrollment agreement, a revised catalog, and a scholarship agreement. June 4, 2018, Business Office meeting minutes were submitted and contained evidence of discussion of the new cancellation policy and refund policy, student ledgers, and the new policy for scholarships. In its narrative, the institution mentioned that it conducted an internal audit to review the ledger cards of the students as well as all withdrawn students since 2017 in order to verify and, if necessary, recalculate refunds. Statements of accounts and copies of refund checks were provided.

The Commission found that the institution has not demonstrated compliance with these standards because the institution did not provide reconciliation and refund documentation evidencing checks had been deposited and that all refunds have been received by the applicable students including but not limited to ██████████

██████████. Furthermore, the financial issues concerning the following students were not addressed in the response: ██████████. Documentation of the institution's internal file audit including recalculations and corrections to the old ledger cards were not documented. Based upon the institution's response, it continues to be unclear whether the financial charges are consistently listed on the revised student ledger cards, the institution's website, and the 2017-2018 Catalog with a revision date of April 25, 2018.

3. An institution complies with the written and published institutional Satisfactory Academic Progress Policy (IV.H.2.); students are encouraged, and offered assistance, when experiencing difficulty in progressing satisfactorily in their programs (IV.H.3.); and, a program demonstrates that students complete their program (V.I.1.a.). (All programs)

The institution did not clearly demonstrate that the Satisfactory Academic Progress (SAP) policy had been properly applied for the following graduates: ██████████ (Start Date June 26, 2015, Graduated August 18, 2017); ██████████ (Start Date June 26, 2015, Graduated November 28, 2017); ██████████ (Start Date June 26, 2015, Graduated August 18, 2017) and ██████████ (Start Date June 26, 2015, Graduated August 18, 2017) because the institution was unable to explain students' satisfactory progress statuses during the time between their start and graduation dates. It was unclear if SAP had been applied for these students who did not finish their program in a timeframe as expected. Furthermore, it was not clear that students who had been experiencing difficulty in progressing satisfactorily in their programs had been offered assistance. Finally, since it was unclear that the institution had implemented its SAP policy to properly categorize students who had exceeded 150% of normal completion time, its program retention rates were not verifiable.

In its response to the reports and show cause directive, the institution submitted Academic Intervention letters for three current students experiencing academic progress difficulty. The letters to the students encouraged them to get back to a higher level of academic progress and delineated a schedule for mandatory tutoring and advising. Additionally, the institution submitted the ABHES Retention Back Up Documentation form for each program.

The Commission found that the institution has not demonstrated compliance with these standards because the institution did not address the students' satisfactory progress statuses or provide, if applicable, evidence of assistance offered for [REDACTED]

[REDACTED] Given the outstanding issues with SAP policy application and taking into account the students' start dates, it appeared to the Commission that some students had exceeded the 150% of the normal program length and may have been incorrectly categorized when the institution calculated its program retention rates.

4. Prepared meeting minutes are maintained, distributed and used to improve program effectiveness (V.A.5.b.). (All programs)

At the time of the visit, the December 2, 2017, meeting minutes were reviewed. The minutes did not contain all of the required elements and it was not clear that a distance education specialist was present.

In its response, the institution submitted the June 2, 2018, advisory board meeting attendance sheet and the meeting minutes with the required attendees.

The Commission found that the institution has not demonstrated compliance with this standard because the advisory board meeting minutes did not include the required components: summary of significant outcomes and activities, areas of unfinished business with projection for completion, a list of recommendations made by the advisory board, and the institution's response to these recommendations. Furthermore, evidence of distribution of minutes was not provided.

5. External clinical experiences are available to serve the diverse needs of a program(s) (for applicable programs) (V.B.4.a.). (Practical Nursing and Nursing programs)

Three clinical locations were supervised by institutional faculty and ten clinical locations used preceptors (who were not employed by the institution). Additionally, documentation was not provided to evidence that viability determinations had been made for the current 13 clinical locations. At the time of the visit, students outside the state of Florida were responsible for securing their own clinical sites. The institution failed to provide evidence of external clinical experiences in the following areas: Obstetrics, Pediatrics and Surgical Nursing for students enrolled in the Practical Nursing and Nursing programs. It was noted on site that all the currently utilized clinical sites were long-term care/residential care facilities.

In its response, the institution submitted viability studies for clinical sites that were provided during the visit which are currently being utilized. The MPI Management Meeting minutes dated June 5, 2018 evidenced an update to the process of procuring clinical and preceptorship sites outlined in the clinical instructor orientation packet. The institution has also added a clinical site-specific check off list. The school also provided instructor daily reports which indicate students are being checked off for skills at the clinical sites. The school has been working to obtain Group and Preceptorship clinical affiliation contracts. Recently signed affiliation agreements were submitted which will be for current rotations and upcoming semesters.

The Commission found that the institution has not demonstrated compliance with this standard because evidence of external clinical experiences in the following areas: Obstetrics, Pediatrics and Surgical Nursing for students enrolled in the Practical Nursing and Nursing programs was not

provided. Furthermore, documentation was not provided to ensure that all students have been provided assistance in seeking placement at an externship site.

6. A program has clinical experiences to meet its goals and objectives (V.B.4.b.); supervision and evaluation of student performance is provided during the clinical experiences (V.B.4.c.); and, a program maintains records of externship and clinical site evaluation of student performance during externships and external clinical experiences (V.J.2.). (Practical Nursing and Nursing programs)

Documentation that clinicals adequately met the programs' goals and objectives for orientation to the facility, progress into independent practice, utilization of an appropriate array of procedures and tasks and maintenance of case logs or checklists supporting the activities performed at the externship sites was unverifiable at the time of the visit. For example, [REDACTED], Nursing student, (start date 10/18/2016) had no records of any external clinicals with a notation in the file that "student has not turned in timesheets thus far" but the student was listed at the clinical externship site of [REDACTED].

In its response, the institution submitted sample daily reports to show [REDACTED]' signature to prove she had regular attendance; however, no checklists or case logs were provided to document evaluation of skills. The institution also submitted a new 9-page form to be used by clinical supervisors to assess student competencies. The institution provided two student records from May 2018 of student performance during externships and external clinical experiences utilizing the new form.

The Commission found that the institution has not demonstrated compliance with these standards because the institution did not provide completed Clinical Nursing Skills Checklists for each student, as follows: the form for [REDACTED] provided only four of the nine pages and the form for [REDACTED] several skills that had not been signed off. Therefore, clinical site evaluation of student performance during externships and external clinical experiences was not verifiable.

7. Students are satisfied with the training and educational services offered by an institution or program (V.D.3.b.). (Nursing and RN to BSN programs)

At the time of the visit, 37.5% of the students surveyed on ground and online would not recommend the institution to others. Several of the written student comments also indicated dissatisfaction.

In its response, the institution submitted its Program Effectiveness Plan (PEP) including student survey data. The student satisfaction data collected by the institution is generated from the following surveys: Student Evaluation of Laboratory Activities, Student Evaluation of Clinical Site, and Student Evaluation of Clinical Instructor. These surveys do not assess overall student satisfaction.

The Commission found that the institution has not demonstrated compliance with this standard because the PEP and the provided surveys do not address the dissatisfaction concerns from the visit or specifically evidence that students are satisfied with the training and educational services offered by an institution.

8. Faculty meetings are held, and the minutes are recorded (V.E.2.d.). (All programs)

At the time of the visit, faculty meeting minutes from April 14, 2018 and February 24, 2018 were reviewed. The recorded minutes did not evidence resolution of outstanding issues or faculty participation. Additionally, there was no evidence provided of distribution of the minutes to personnel and interested parties in a timely manner.

In its response, the institution submitted faculty meeting minutes from a meeting held on June 6, 2018 and minutes from a July 12, 2018, All-Department meeting.

The Commission found that the institution has not demonstrated compliance with this standard because the minutes did not support resolution of outstanding issues and there was no evidence that the minutes were distributed to personnel and interested parties in a timely manner.

9. A program of in-service training is provided for the improvement of faculty skills in teaching methodology and is conducted at least twice annually (V.E.4.). (All programs)

During the visit, the institution did not provide documentation evidencing in-service training for the improvement of faculty skills in teaching methodology for the faculty members.

In its response, the institution submitted a narrative indicating that a faculty in-service was posted online and completed by faculty in the first week of June 2018. The institution provided evidence that a presentation was conducted by [REDACTED] addressing classroom management.

The Commission found that the institution has not demonstrated compliance with this standard because the institution did not provide evidence of faculty attendance and completion of the online in-service training. Furthermore, no documentation of the required second annual in-service for faculty members was provided.

10. A program demonstrates that its required constituencies participate in completing program surveys (V.I.1.e); and, a program demonstrates that each constituency satisfaction rate is determined based on program surveys (V.I.1.f.). (All programs)

At the time of the visit, the constituency surveys did not contain all the required elements and the participation and satisfaction rates were unverifiable.

In its response, the institution submitted a revised PEP, executed employer surveys, and a summary of graduate survey data.

The Commission found that the institution has not demonstrated compliance with these standards because the institution did not provide the executed graduate surveys to back up the data. The institution also failed to provide executed student surveys, and extern affiliate surveys for applicable programs. Therefore, the presence of the required survey elements and the validity of the rates remained unverifiable.

11. A program has an established documented plan for assessing its effectiveness annually as defined by specific outcomes (V.I.2). (All programs)

The PEP contained incomplete or unverifiable data. Surveys and collected data for students, clinical extern affiliates, graduates and employers were incomplete or missing entirely.

In its response, the institution submitted a revised PEP and June 12, 2018 All Department meeting minutes. The minutes indicate that the PEP elements and parties responsible for data collection were discussed.

The Commission found that the institution has not demonstrated compliance with this standard because although the PEP contains data, the institution is collecting clinical data from students rather than having clinical sites provide insight regarding their satisfaction relative to program training. Additionally, trends were not identified for employer satisfaction. The results provided in the PEP were not shared with the administration, faculty and advisory boards.

12. A program maintains academic transcripts indefinitely, and other academic records that comply with Appendix E, Section A, (Record Maintenance) (V.J.1.). (All programs)

The student files for [REDACTED] (Start Date: June 26, 2015, Graduation Date: August 18, 2017), [REDACTED] (Start Date: June 26, 2015, Graduation Date: November 28, 2017), [REDACTED] (Start Date: June 26, 2015, Graduation Date: August 18, 2017), and [REDACTED] (Start Date: June 26, 2015, Graduation Date: August 18, 2017) were reviewed. The student status forms within the student files reviewed were either not completed or were missing information. Therefore, the students' statuses (active/inactive) from the date of enrollment to the date of graduation could not be determined. [REDACTED], Registrar, stated if a student fails a course and is required to repeat the course, the student is moved to a new cohort and is required to wait until the course is offered again. The time period that the student has to wait until the course is offered again is different for each course. While the student is waiting to repeat the course, the student is considered active, but he/she is not attending classes. Additionally, the institution indicated that [REDACTED] started in the ASN program and failed out of the program and moved to the PN program. However, the student's file only contained one enrollment agreement for the PN program.

In its response, the institution submitted a narrative indicating that new status in the Learning Management System (LMS) "Non-Scheduled Temporarily Out" (NSTO) would be given to students who have no available course(s) to take. The maximum time that a student could be on this status is 45 days; if the next scheduled class exceeds the 45-day window, the student would be withdrawn. The catalog was revised to reflect this new policy. The institution also provided a June 5, 2018, document titled Meeting Minutes – Registrar's Office which outlines the new NSTO status.

The Commission found that the institution has not demonstrated compliance with this standard because the supporting documentation for [REDACTED] (Start Date: June 26, 2015, Graduation Date: August 18, 2017), [REDACTED] (Start Date: June 26, 2015, Graduation Date: November 28, 2017), [REDACTED] (Start Date: June 26, 2015, Graduation Date: August 18, 2017), [REDACTED] (Start Date: June 26, 2015, Graduation Date: August 18, 2017) was lacking. The new NSTO status does not resolve the concerns raised during the site visit.

13. Document timely, regular and substantive interaction between faculty and students and among students in distance education courses (IX.E.2.b.). (Nursing and RN to BSN programs)

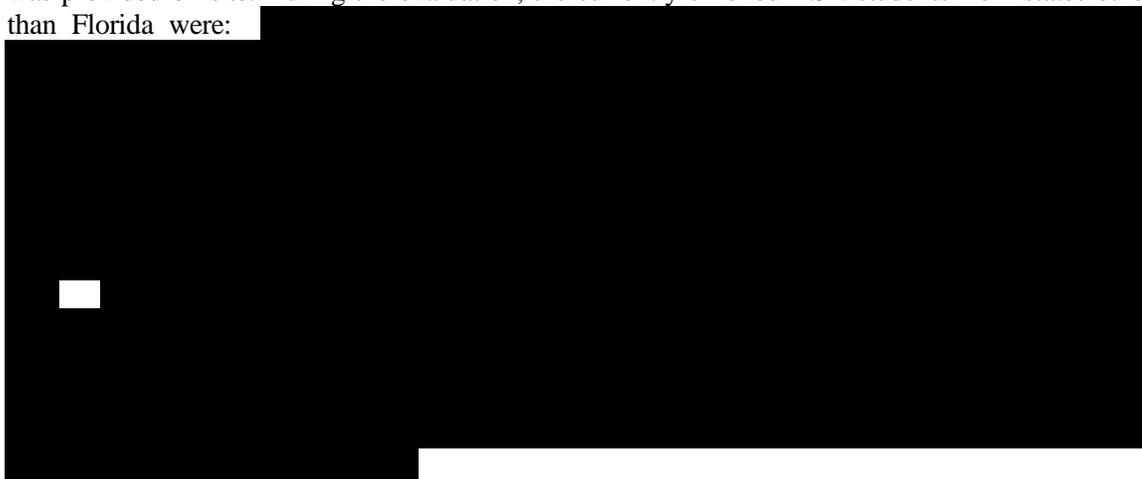
During the visit seven online courses were reviewed on the learning management system (LMS) including four active Nursing courses (NUR 210, NUR 220, NUR 240, and NUR 241) and RN to BSN courses (NRSB 502, NRSB 503, NUR 401) which had been offered prior to the visit. Substantive interaction among students and between faculty and students was found to be lacking. For example, some faculty to student comments were just one-sentence or single phrase responses such as “Good student response” or “Well done post.”

In its response, the institution submitted May 23, 2018 meeting minutes. Participants discussed the issues of timely, regular and substantive interaction between faculty and students and among students in distance education courses. The institution also provided a revised Distance Education Manual and a Distance Education Program Improvement Plan which outlines new and modified policies for distance education courses.

The Commission found that the institution has not demonstrated compliance with this standard because although the institution provided documentation of internal training and policies for monitoring and evaluating the DE instructors and staff, documentation evidencing substantive interaction between faculty and students and among students in distance education courses was not provided.

14. Maintain documentation of ABHES approvals for distance education activities and compliance with all applicable local, state and federal laws and regulations (IX.F.1.); and, disclose in writing, prior to enrollment, any material circumstance that may adversely impact an applicant’s ability to complete a program or gain employment in the field for which the applicant is trained (IX.H.5.). (Nursing and RN to BSN programs)

Students were enrolled in the ASN program from states other than the institution’s home state of Florida. The institution did not provide any evidence of notification to these states or approval from these states allowing Medical Prep Institute to enroll blended students outside of Florida. The institution indicated that it had begun the application process for membership into National Council for State Authorization Reciprocity Agreements (NC-SARA), but no documentation confirming this was provided on site. During the evaluation, the currently enrolled ASN students from states other than Florida were:



Furthermore, the institution failed to disclose material circumstance(s) that may have adversely impacted an applicant's ability to complete a program or gain employment outside of Florida in the nursing field since it was not approved to enroll in all of the states.

In its response, the institution submitted applications for approval/acknowledgement to individual states, including the California Bureau for Private Postsecondary Education (BPPE) Application for Registration or Re-Registration of Out of State Institutions, and the National Council for State Authorization Reciprocity Agreements (NC-SARA). The institution also provided a revised Student Acknowledgements form which includes a State Authorization Acknowledgement section to be initialed by the student.

The Commission found that the institution has not demonstrated compliance with these standards because the institution did not provide documentation, such as a letter of permission, acceptance or acknowledgement from the state(s) expressly permitting the institution to enroll students in distance education programs. The institution did not provide evidence that it has received authorization from the National Council for State Authorization Reciprocity Agreements (NC-SARA), for participation within member states. The institution did not provide executed Student Acknowledgements forms with the State Authorization Acknowledgement section initialed by the students to evidence that the form has been implemented.

The institution is responsible to document compliance with all applicable accreditation requirements. As the findings above indicate, the institution failed to demonstrate compliance. Therefore, accreditation will cease effective **August 14, 2018** unless the institution submits a written notice of intent to appeal the denial action within 10 days of the date of this letter.

Should the institution wish to appeal it may do so by filing in hard-copy form its intent to appeal the Commission action within 10 calendar days of the date of this action letter. A non-refundable \$5,000.00 appeal fee in the form of a cashier's check plus an Appeal Hearing expense deposit of \$10,000 in the form of a cashier's check must accompany this request. The appeal materials, consisting of a complete written statement of the grounds for its appeal based on the Commission's findings and reasons, is due within 45 calendar days of the Commission action.

The institution will be provided a summary of expenses following the hearing and will be refunded or charged the difference from the \$10,000 deposit. The institution should review carefully all procedures governing its appeal, in accordance with the procedures found in Chapter III.E.3. of the *Accreditation Manual*. The appeal is based upon the information available to the Commission at the time of its action.

Further, given the seriousness of the concerns and as a means of protecting current and future students, the **institution is directed to submit to ABHES, with the appeal, a proposed teach-out plan**, and the corresponding Teach-out Approval form found under the Forms Tab on the ABHES Website at www.abhes.org/forms. The proposed teach-out plan must be consistent with applicable standards and regulations and provide for the equitable treatment of students. Include documentation of the following provisions in the submitted teach-out plan and agreement:

- a. The teach-out institution is accredited by an institutional accrediting agency recognized by the U.S. Department of Education.
- b. The teach-out institution is stable, carries out its mission and meets all obligations to existing

- students.
- c. The teach-out institution has the necessary experience, resources and support services to provide educational programs that are of acceptable quality and reasonably similar in content, structure and scheduling to those provided by the institution or program that may cease operations either entirely or at one of its locations. This includes graduates' access to the same credentialing exams, as applicable.
 - d. Students are provided access to the program and services without requiring them to move or travel substantial distances.
 - e. Students will be treated equitably with regard to any charges or refunds; and, if tuition has been paid in full, that students receive the instruction promised at no additional charge.
 - f. Students will be provided with written notification regarding their rights and opportunities for teach-out, transfer and refunds.

The plan may propose that the teach-out be accomplished by the institution that may cease operations, either entirely or at one of its locations, or by another institution so long as the requirements listed above are met.

Should the institution not appeal, the decision to deny is effective immediately. The institution may not reapply for accreditation by ABHES until a one-year period of time has passed from the date of this action.

Chapter I.B.1 of the *Accreditation Manual* provides that within 60 days of this final negative action, the Commission makes available upon request to the Secretary of the U.S. Department of Education, appropriate state agencies, recognized accrediting agencies, and the public a brief statement summarizing the reasons for this negative action and the official comments, if any, that your institution wishes to make with regard to this decision, or in the absence of official comment from your institution evidence that the institution or program was offered the opportunity to provide official comment. Consequently, if you wish to make a brief official written comment on this negative action you must do so within 10 calendar days of the date of this letter. You are not required to make such statement, and failure to do so within the time allotted will be understood as a decision not to comment.

Response Requirements

Should the institution wish to appeal, the appeal document must be submitted on a USB (stick) drive **within 45 calendar days of the Commission action**. The response to this letter, including the cover letter, narrative, exhibits, and the completed "Notice for Commissioner Recusal" form included with this letter must be submitted on a USB drive in accordance with the instructions "How to Format Your Response" found under the Forms Tab on the ABHES Website at www.abhes.org/forms. Please be advised, electronic bookmarks must be used to identify supporting exhibits in the response. **A response that does not include electronically bookmarked exhibits will not be accepted. In the absence of the institution/program perfecting an appeal in compliance with the requirements set forth in the Accreditation Manual, the action becomes effective beginning on the eleventh calendar day from the date of this letter.**

It is imperative that the USB drive is properly labeled with the (1) institution's name, (2) city/state, (3) ABHES ID #, (4) Response to August 2018 Denial Letter, and (5) date of submission.

Ms. Jena Fadziso
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August 14, 2018

The U.S. Department of Education and the appropriate state-licensing agency have been notified of this action.

If you have any questions concerning this correspondence, please contact me at (703) 917-9503.

Sincerely,

A handwritten signature in black ink that reads "India Y. Tips". The signature is written in a cursive style with a large initial "I" and a long, sweeping underline.

India Y. Tips
Interim Executive Director