It is looking like another successful and exciting year for ABHES, beginning with a fabulous annual conference which brought together a record number of attendees and exhibitors. Read more about the conference, and view some photos, later in this newsletter.

Let me take this opportunity to thank my fellow commissioners, past and present, and the ABHES staff for their support and dedication during my two-year period as Chair of the Commission. As a constituent, whether an accreditor, state regulatory agency, credentialing body, or member of the general public somehow involved with ABHES, know that this is an agency that will cooperate, coordinate effort, and share information for one purpose - the benefit of Healthcare education to the success of the student. None of us is ageless and the reality is that our own future caregivers will be a product of our work today.

On behalf of ABHES, I extend a big THANK YOU to Dr. Sandra Yelverton who served on the Commission since July 2006 and now moves forward to new adventures, which I'm sure will include work (!), and more leisure time with her husband. Sandra's contributions to ABHES, including as a regular site visitor and committee member, coupled with her overall dedication to the accreditation process, is to be commended.

I look forward to continuing my service on the Commission as Past Chair and I welcome Dr. Linda Swisher as she takes on the position of Chair in July. I know she will serve ABHES well, as she has done as a commissioner over the years. Looking forward to seeing you in the “Big Easy”, our annual conference venue next February!
Certainly of primary importance to ABHES accredited institutions and programs are the new accreditation standards, effective July 1, 2010.

I hope most of you have had the opportunity to attend the Revised Accreditation Manual sessions, held throughout 2009 and continuing in 2010. These complimentary sessions provide essential information on the substantive changes to the accreditation standards, including background on the reasons for the Commission’s actions.

As a reminder, these very positive and somewhat substantive changes include:

Chapter IV, currently applicable to all accredited institutions and programs has been amended to include only “administrative-type” standards (e.g., student finance, compliance with governmental requirements) and will apply only to institutionally-accredited members. The new Chapter IV will no longer apply to programmatic-accredited institutions (medical assisting, medical laboratory technology, and surgical technology) since as a requirement for accreditation by ABHES, they must hold institutional accreditation through another recognized accrediting agency. This decision will relieve redundancy in review.

A new Chapter V has been developed to incorporate educational- and outcomes-related standards, somewhat similar to those areas now found throughout Chapter IV. The new Chapter V will apply to each individual program offered by ABHES-accredited institutions and programs; thus, applying to both institutional and programmatic accreditation.

Program-specific standards, similar in format to the current programmatic chapters, continue to be developed with the order of creation based upon regulatory matters and the number of programs ABHES accredits. These program-specific standards which on July 1 will be confined to diagnostic medical sonography, dental assisting, and pharmacy technology, will ensure consistency for institutions in the evaluation process and clarity of expectations for accreditation. Broadly, this step will nationally validate ABHES’ accreditation process – a detailed review, program by program.

I am pleased to report ABHES continues to grow, welcoming many new institutions and programs over the past several months. Two new staff positions have been added and we welcomed those ladies to ABHES. Read more about them in this newsletter. We hosted our most successful conference to date in February with the next scheduled for February 9-11, 2011. Finally, we welcome a new face to the Board of Commissioners and some changes to the Executive Committee as of July 1.

Many of us are mourning the loss of a friend and colleague, Norma Ford; gone too soon (see page 9). As a dear friend said to me several years ago, having battled his own health issues, “We have nothing if we do not have our health”. I urge each of you to take seriously what your body is telling you, seek an answer, and get a second or even third opinion if your body and mind are saying something different than your doctor is saying.

My best to each of you and I look forward to seeing you in New Orleans for the 8th Annual National Conference on Allied Health Education! 😊

It is my honor and pleasure to serve as the ABHES Commission Chair beginning in July. With great admiration, I thank my predecessor, Guy Euliano, who has done an incredible job during a time of unprecedented growth and recognition for ABHES. I am so pleased he will remain as Past Chair, and on the Executive Committee, to help me learn the ropes!

As a former public school administrator for Health Science Careers and having now served on the ABHES Commission for two terms, I am very familiar with the accreditation process. I must compliment my fellow commissioners over the years, and certainly the ABHES staff who work tirelessly and cooperatively to assist schools with the process so that they can feel comfortable and be successful. I am so impressed by the concern that each commissioner has for every school and program that is presented for review. Each applicant is carefully reviewed and discussed and commissioners diligently search for resources to offer or suggest to those falling short of expectations.

Cont’d. on pg. 8.
New ABHES Standards for Dental Assisting I and II – Let’s Explain

For the past three years, ABHES has been working diligently to create standards for dental assisting programs within ABHES-accredited institutions which incorporate both the basic and more advanced programs, thereby allowing choice. The result is a set of standards for basic entry-level dental assisting programs (designated as Dental Assisting I) and another set for advanced dental assisting programs (designated as Dental Assisting II). Both sets were recently approved by the Commission and sent to the membership (also posted at www.abhes.org, News link), and will be ready for implementation on July 1, along with the newly revised, 16th edition of the ABHES Accreditation Manual.

The new standards are to be used in conjunction with a new Chapter V of the 16th edition, which contains basic requirements specific to all programs within the accredited institution (Chapter IV contains requirements specific to administrative aspects of an institution and apply only to those holding institutional accreditation by ABHES). Development of the new dental assisting standards is part of an overall process to establish standards for individual programs within ABHES-accredited institutions. By utilizing program-specific standards, the quality of the overall evaluation of the institution is evident, given the increased documentation and consistency in evaluation. Program-specific standards should not be confused with programmatic accreditation which ABHES is recognized for by the U.S. Secretary of Education in three areas: Medical Assisting, Medical Laboratory Technology, and Surgical Technology.

ABHES recognizes that dental assisting is a thriving healthcare occupation, and that job growth is expected to increase significantly for the foreseeable future. The dental assistant is trained in dentistry techniques and also performs general office duties, including a variety of patient care, and laboratory duties. They also work chairside as dentists examine and treat patients. Because many of the institutions accredited by ABHES maintain both entry-level and advanced dental assisting programs, these sets of standards were among the first produced.

The process for program-specific standards development and approval is strenuous to ensure accuracy and quality, with input from ABHES members, advisory committees by program (comprised of the profession’s practitioners and educators), and other stakeholders for the profession.

The process for development of program-specific standards is typically as follows:

1. Research is conducted for educational documents, commonly accepted and recognized accreditation standards, credentialing requirements, and future trends for the profession.

2. An advisory committee is established.

3. Web-based surveys are constructed from research findings, and are sent to the profession’s educators, practitioners, credentialing and accreditation organizations, state associations, and other parties of interest.

4. Standards are written with input from the advisory committees, the Standards Review Committee, ABHES-accredited institutions, and other professional stakeholders.

5. After repeated surveys regarding the draft standards and additional reviews by committees, and after several drafts to ensure accuracy and quality, the Commission approves the final set of standards for implementation.

ABHES is satisfied that the new dental assisting standards are accurate and complete, and are of the highest quality. Implementation will help ABHES to better evaluate the institution as a whole, as will each new set of program-specific standards that are currently being developed.

News to Share?
As your institution or program has news it wishes to share, we want to hear about it! Submit any news-worthy information or articles to Carol Moneymaker, Executive Director, at cmoneymaker@abhes.org for possible publication in future issues of The Advantage or, if a student or graduate success story, posting on the ABHES Website. ABHES publishes its newsletter twice annually, normally during the months of May and October. We look forward to hearing from you!
**Accreditation Corner**

**IN SERVICE TRAINING AND PROFESSIONAL DEVELOPMENT: IS THERE REALLY A DIFFERENCE?**

The following two questions are asked often of ABHES staff and the related standards are often cited:

- What is the difference between In-Service Training and Professional Development?
- What types of activities are acceptable?

Likely, the easiest way to remember the difference between the two is to understand that in-service training is typically done as a group while professional development is typically done individually. The focus of professional growth should always be related to the job responsibilities and field of expertise while at least two annual in-service training sessions should relate to improvement of teaching skills.

The following standards fall under General Faculty Requirements so are applicable only to faculty, not all staff.

Requirements for administrative staff are contained in the new Chapter IV, Section C. The standards, effective July 1, 2010, state:

**Subsection 4 – In-Service Training**

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

Documentation of in-service training is required and should include topic(s) discussed, name(s) of presenter(s), synopsis of the session(s) presented, and evidence of faculty attendance. Minimally, the two required annual in-service training sessions focus on effective teaching; however, additional sessions may be held with varied focus.

**Subsection 5 – Professional Development**

**V.E.5. Faculty are provided time, resources, and opportunities for professional development.**

Faculty are required to participate in professional growth activities annually beginning with their first year of employment and annually thereafter. Documentation of professional growth activities may include, but are not limited to, programs of continuing education, either for professional development or to maintain professional certification, membership and participation in professional organizations, participation in field-related workshops or seminars, and subscription to relevant periodicals or journals. Copies of certificates of attendance, current licensure/certification(s), and any other professional growth documentation are maintained in each faculty member’s file as required by Appendix F, Section B, Records Maintenance.

Remember that documentation of bi-annual participation by each faculty member, full- and part-time, in in-serve training sessions and regular professional development activities is essential!

---

**Defaults: A Perfect Storm Takes Shape**

Recently ABHES heightened its reporting requirements regarding student loan default rates, going beyond that required by the U.S. Department of Education. To be clear – as an accrediting agency, ABHES has no direct connection to, nor does it oversee, student loans. The criteria for recognition by the U.S. Department of Education, requires agencies to consider “compliance with the institution’s program responsibilities under Title IV of the Higher Education Act, based on the most recent student loan default rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency...”

Therefore, Chapter IV, Section B, Educational Effectiveness, of the ABHES Accreditation Manual states “An institution also reviews as applicable, default rates in the student loan programs under Title IV of the Higher Education Act, based on the most recent data provided by the Secretary of Education. These findings are coupled with student retention and placement rates to determine what correlation, if any, can be determined. Any correlation identified is reviewed for correction and acted upon promptly.”

There is little doubt that loan defaults is increasing across the board and ABHES believes a proactive approach to assist its accredited institutions to better inform and support their students in this economic environment is essential. Therefore, institutions with reported FY 2007 default rates at 15% or higher have been required to submit a plan to ABHES as it attempts to help its accredited institutions prepare for what seems like a perfect storm of default risk, given the convergence of a very weak economy, the changes in loan servicing for all schools, and the new three-year CDR calculation. Reflecting on the fluid nature of these challenges... ‘stay tuned’ and get busy now, rather than later.
We are in a time of increasing state regulation of who is eligible to work in a variety of Healthcare fields that were traditionally unregulated. The growth of these laws is not being driven by patient advocacy groups or insurance companies reacting to any identified risks to patients but by organizations representing those already working in the fields. When these organizations are successful, the results are damaging to both public and private schools on the one hand and to patients on the other hand if the result is restrictions on who can work that are not based on patient safety. It is critical that every institution and program that educates Healthcare workers as well as those who employ them become active in their state legislatures to prevent improper regulation of Healthcare employment.

Proper state regulation of Healthcare employment is predicated on three principles based on constitutional guarantees of personal freedom. First, the state can limit who is eligible to be hired and to work only when it does so to advance a public purpose. In the case of Healthcare employment, a proper public purpose would be to protect patients from incompetent Healthcare workers. If there is no evidence that the public is at risk under the generations-old system in which allied Healthcare workers are supervised by licensed Healthcare professionals who are responsible for them, then there is no evidence that the public needs additional protection in the form of specific limits on who can be hired to perform in these, supervised, assisting roles.

Second, if there is evidence that the public is at risk without additional restrictions on who may be hired to work, then the restrictions that are enacted must be no broader than necessary to address that specific, proven risk. If, for example, there were evidence that the public was being harmed by the employment of Healthcare workers who have no knowledge of blood borne pathogens and accompanying skills in universal precautions, then it may be appropriate to pass a law requiring these Healthcare workers to demonstrate this specific knowledge and skills. It would not be appropriate to go beyond the identified problem and to require education and skills beyond what was necessary to address that problem. Thus, in this example, it would not be appropriate to require all workers to attain an associate degree with the additional requirements that would entail or to pass an exam that covered subjects broader than blood borne pathogens and universal precautions. To do so would limit the freedom to work and the freedom to hire without promoting a public purpose.

The third principle of proper regulation of Healthcare employment is that regulations, even when they serve a public purpose and are narrowly drawn, must be implemented by a state authority that is independent from narrow, special interests and is charged with carrying out the law in the interest of the public. Ordinarily this means that any law restricting who can work must be carried out by a state licensing or regulatory board that is composed in a way to assure that it speaks for the public and not for those who gain personally or economically by the restrictions.

Cont’d. on pg. 15.

Educators and Practitioners in Demand!!

Educators and practitioners in numerous Healthcare disciplines are in demand to serve ABHES as evaluators and committee members in a number of Healthcare disciplines, including:

- Cardiovascular Technology (CVT)
- Dental Assisting (DA)
- Diagnostic Medical Sonography (DMS)
- Medical Assisting (MA)
- Medical Laboratory Technology (MLT)
- Medical Resonance Imaging (MRI)
- Nursing
- Pharmacy Technology (PT)
- Radiologic Technology (RT)
- Surgical Technology (ST)

Practitioners are most in demand for the three fields ABHES accredits programmatically (Medical Assisting, Medical Laboratory Technology, and Surgical Technology). Part-time or evening faculty may practice during the day and program directors, faculty, and externship or placement coordinators are urged to use their contacts at externship sites and advisory committees to solicit practitioners to become involved in the accreditation process.

If you are interested in serving ABHES or know someone who is, please visit www.abhes.org; Evaluator link, to learn more about the minimum qualifications and training requirements to serve as an ABHES evaluator. Contact Kelli Blocher at kblocher@abhes.org for further information.

Thank you!
was approved on the same day as amended reconciliation bill, which forced the House to reconsider the bill by a vote of 56 to 43. This passed the amended reconciliation budgetary impact. The Senate in a reconciliation bill to have a Byrd rule requires all provisions which were struck from the bill. The minor violations of the “Byrd Rule,” Pell Grant provisions that were Senate Republicans identified two debate of the reconciliation bill, Later that week, during Senate competition and consumer choice.” government option, eliminating and schools to a one-size-fits-all 2010, subjecting students, parents and student loans. “Under this bill, all higher education institutions will be forced to switch into the Federal Direct Loan (DL) program by June 30, 2010, subjecting students, parents and schools to a one-size-fits-all government option, eliminating competition and consumer choice.”

Earlier in the day, Republicans had issued a Statement of Republican Policy that criticized the proposed government takeover of Healthcare and student loans. “Under this bill, all higher education institutions will be forced to switch into the Federal Direct Loan (DL) program by June 30, 2010, subjecting students, parents and schools to a one-size-fits-all government option, eliminating competition and consumer choice.”

Later that week, during Senate debate of the reconciliation bill, Senate Republicans identified two Pell Grant provisions that were minor violations of the “Byrd Rule,” which were struck from the bill. The Byrd rule requires all provisions in a reconciliation bill to have a budgetary impact. The Senate passed the amended reconciliation bill by a vote of 56 to 43. This forced the House to reconsider the amended reconciliation bill, which was approved on the same day as the Senate vote, March 25, 2010, by a vote of 220 to 207.

The reconciliation bill includes many of the provisions included in the Student Aid and Fiscal Responsibility Act (“SAFRA”) that had passed the House in September 2009:

- **Direct Loans:** All loans first disbursed on July 1, 2010 must be originated through the Direct Loan Program;
- **FFEL Eliminated:** No new (first disbursed) Stafford, PLUS, or consolidation loans may be disbursed through the FFEL program after June 30, 2010;
- **Pell Shortfall:** The bill appropriates $13.5 billion to fund projected short-falls in the Pell appropriation levels through FY 2012;
- **Pell Grant Increases:** The bill invests $36 billion into the Pell Grant Program over the next ten years to increase the annual Pell Grant to $5,550 in 2010-2011 to $5,975 by 2017-2018. Starting in the 2014-2015 award year, the mandatory add-on to the Pell Grant Program will increase annually based on changes to the Consumer Price Index;
- **Income-Based Repayment Plan:** Beginning July 1, 2014, new borrowers will qualify for the Income-Based Repayment Plan if the borrower’s standard repayment exceeds 10% of discretionary income (reduced from the current 15%). Discretionary income is the amount of the borrower’s AGI that exceeds 150% of the poverty line for the borrower’s family size. Loan forgiveness occurs after 20 years (currently it is 25 years);
- **In-School Consolidation:** Borrowers who have loans in the Direct Loan Program, the FFEL Program, or loans purchased by the Department of Education under the Ensuring Continued Access to Student Loans Act (“ECASLA”) may consolidate those loans into a Direct Consolidation Loan between July 1, 2010 to July 1, 2011. The borrower must have at least one loan in each of two of the three categories and have not yet entered repayment on at least one of those loans;
- **Direct Loans for Foreign Schools:** Schools outside the United States are now eligible to participate in the Direct Loan Program;
- **College Access Challenge Grant Program:** Funding for the program is increased to $150 million annually from FY 2010 to FY 2014. These formula grants allow states to help organizations provide services that will increase the number of low-income students who are prepared to enter and succeed in college and manage their student loans, such as financial literacy and debt management skills;
- **Servicing Contracts for State Non-Profits:** Non-profit state entities can be eligible for Direct Loan servicing contracts in that state;
- **TAA for Communities:** The bill appropriates $500 million a year for fiscal years 2010 to 2014 in the Community College and Career Training Grant Program for community colleges to develop and improve educational and career training programs;
- **Assistance to Institutions:** The Secretary is required to provide technical assistance to institutions of higher education participating or seeking to participate in the Direct Loan Program and is given $50 million for FY 2010 in funding to provide such assistance; and
- **HBCUs:** The bill invests $2.55 billion in Historically Black Colleges and Universities and Minority-Serving...
Institutions to provide students with the support they need to stay in school and graduate.

Certain items were excluded from the reconciliation bill that had been included in the House-passed bill on September 17, 2009, the Student Aid and Fiscal Responsibility Act, H.R. 3221:

- Because including those provisions could have posed a threat of being ruled out of order by the Senate, the Andrews/Souder 90/10 language that would have given institutions an additional fiscal year to meet the 90/10 requirement was excluded as was the language that would have given proprietary schools two years of noncompliance before becoming moved to provisional status;

- The proposal to extend the period from July 1, 2011 to July 1, 2012 whereby unsubsidized Stafford Loan borrowing authorized by ECASLA is treated as non-Title IV revenue was also excluded;

- The proposal to restructure the Perkins Loan Program was eliminated because the House Democrats needed to find more savings to offset the costs of the Healthcare provisions;

- The proposal to eliminate asset data from the need analysis formula was excluded because of a need to find savings; and

- The proposal to impose an income cap of $150,000 beginning on July 1, 2011 that would prohibit receipt of a Pell Grant or subsidized loan was also excluded from HCERA because it did not meet the requirements of the Bryd Rule.

Democratic congressmen and administration officials hailed the bill as a historic investment in education. Secretary of Education Arne Duncan said: “To have the chance to put tens of billions of dollars into education is an extraordinary opportunity.” House Education and Labor Chairman George Miller (D-CA) praised the House for passing the largest investment in college aid in United States history:

“Today Congress voted to stop wasting billions of taxpayer dollars to subsidize, big banks, and start investing that money directly in our students and families. With this one move, we will help students pay for college, prepare them for our global economy, keep jobs in America and reduce the deficit.”

On March 31, 2010, The Washington Times reported that on March 30, 2010, the very day the President signed the reconciliation bill into law, the government’s Web site for handing student loans was down most of the day. Visitors to the Web site www.studentloans.gov on March 30, 2010 saw an error message and visitors on Monday, March 29, 2010 either saw an error message or could not connect. According to a spokesman for Senator Tom Coburn (R-OK), “This is a case study in what happens when the federal government takes over a function of the private sector.”

On March 30, 2010, President Obama signed into law, H.R. 4872, the Healthcare and Education Affordability Reconciliation Act of 2010 at a signing ceremony at Northern Virginia Community College. President Obama stated that by “cutting out the middlemen” $68 billion in the coming years will be reinvested to make higher education more affordable. President Obama concluded his remarks by saying: “Today we are making the student loan system work for students and families.”


The Congressional Budget Office (CBO) recently issued a report titled “Costs and Policy Options for Federal Student Loan Programs,” that indicated that H.R. 4872, the Healthcare and Education Reconciliation Act could add $52 billion to the deficit between 2010 and 2020 when the cost of the market risks and administrative expenses of the loans are taken into consideration.

The March 2010 CBO study says that “CBO recently estimated that whereas loans issued in the direct loan program between 2010 and 2020 would reduce the deficit by a total of $68 billion under FCRA [Federal Credit Reform Act] accounting, those loans would increase the deficit by $52 billion on a fair value basis.” (See page IX of the Summary.)

CNSNews.com reported on March 31, 2010 that the CBO report further notes that it explained its calculations about the budgetary impact of the administration’s plan to change the federal student loan programs and the $52 billion addition to the deficit in a March 15, 2010 letter sent to Senator Judd Gregg (R-NH), the ranking member of the
I have watched the pride that commissioners exude as they review and report upon applicants as they recommend awarding initial or renewal accreditation. I have also watched them agonize and consider it a personal failure if multiple recommendations and opportunities fail to bring institutions and programs to required benchmarks. These people are your greatest cheerleaders, defenders and resources and I have been delighted to be a part of this organization.

Accreditation by ABHES helps make institutions and programs better; in turn, allowing students to reach their full potential. It is why I believe so enthusiastically in ABHES and why it is a win-win for everyone!

I am looking forward to my remaining year on the Commission as your Chair. I consider this one of the strongest and most talented Commissions and staff that I can recollect and am sure that this will be a year of high achievement.

Federal Potpourri, Cont’d. from pg. 7.

Senate Budget Committee. The CBO study stated that the accounting mandated through the FCRA is the standard procedure used to record the budgetary costs of the government’s direct and guaranteed loan programs. However, the CBO explained that FCRA cost estimates exclude the value of “market risks” and the loan programs’ “administrative expenses” while the CBO’s “fair value” estimates take them into account. The CBO report asserted that this discrepancy between the two estimates results in the FCRA figure being a less “comprehensive” appraisal of the true cost to the taxpayers of the direct loan program. CBO concluded that fair value estimates provide a more comprehensive measure that allows the costs of the two loan programs to be compared on a level playing field.

Department of Education Issues Letter Providing a High Level Description of Changes Made by the Healthcare and Education Reconciliation Act

On April 2, 2010, the Department of Education issued a Dear Colleague letter (GEN-10-05), which provided the higher education community with a high level description of two of the major Federal student aid provisions of the recently enacted Healthcare and Education Reconciliation Act of 2010 (“HCERA”). HCERA amends the HEA to provide for more stable and predictable funding for the Federal Pell Grant Program. It also modifies, beginning with the 2010-2011 Award Year, the calculation for determining an individual student’s Pell Grant award. On January 13, 2010, the Department issued the 2010-2011 Pell Grant Payment and Disbursement Schedules establishing the maximum Expected Family Contribution (“EFC”) as 4617. Because of the changes made by HCERA, the maximum EFC is 5273. The Department will have to issue revised 2010-2011 Pell Grant Payment and Disbursement Schedules next week. Because more students will become eligible, the Department advised that institutions wait until next week when the Schedules are released to begin packaging.

The Dear Colleague letter also advised the higher education community that after June 30, 2010, no new student loans will be made under the FFEL Program. Beginning July 1, 2010, all new subsidized and unsubsidized Stafford Loans made to students, PLUS loans made to parents and graduate/professional loans and consolidation loans made to borrowers can only be made under the Direct Loan Program. As a reminder, if the first disbursement of a FFEL was made by the lender on or before June 30, 2010, the second and any subsequent disbursements of that loan must be made by the FFEL Lender, even if the disbursement is made after June 30, 2010.

Over the next few weeks and months, the Department will provide more details on the implementation of the HCERA.

Dodd Bill Includes Private Student Loan Ombudsman

On March 22, 2010, the Senate Banking Committee approved, along party lines, financial reform legislation. Chairman Chris Dodd (D-CT) introduced the Manager's Amendment that includes a Private Loan Ombudsman within the Bureau of Consumer Financial Protection, which would be part of the Federal Reserve. Under the bill, the Ombudsman shall receive, review, and attempt to resolve informally complaints from private education loan borrowers. Private education loans are defined to be loans described in section 140 of the Truth in Lending Act (enacted as Title X of the Higher Education Opportunity Act). The private education loan Ombudsman would coordinate activities with the student loan Ombudsman within Federal Student Aid.

Sharon H. Bob, Ph.D., Higher Education Specialist on Policy and Regulation, is a member of the Education Group at the Washington, D.C. law firm of Powers Pyles Sutter & Verville, P.C.
Norma Ford passed away on April 7, 2010, after a long and valiant fight against Ovarian Cancer.

Norma managed student financial aid programs for American Career College and West Coast University in California for the past six years, and worked in the financial aid industry for 20 years, including as an employee of FAME. She was a frequent national conference attendee and presented at numerous Title IV workshops over the years. She helped thousands of students fund their education, and helped many schools navigate the complicated waters of the federal student aid programs.

David Pyle, Chairman of West Coast University and CEO of American Career College noted: “Norma affected everyone around her with her grace and her wonderful sense of humor. Throughout her struggle with cancer, Norma was a spitfire who wanted to FIGHT! She set the example for how to manage the stress of illness with style and aplomb. For those of us who worked closely with Norma, life without her is unimaginable. Each day comes with a question that she would know the answer to or a story that she would want to hear.”

Norma leaves behind her husband Doug, her son Nick, her daughter Kris and granddaughter Penny.

In her memory, the college and university will be launching a Norma Ford Memorial Scholarship to provide loan repayment for graduates who enter oncology and hospice care fields.

Thousands of students have been impacted by the knowledge and caring of Norma Ford. Her death in April, after a long struggle with cancer, should actually be a celebration of a life that was so positive. Though at first that conclusion might be difficult to accept for us that knew her well, I truly believe that her strong will, technical expertise in student financial aid, and commitment to the best will leave a legacy that will impact colleges and students positively for years to come.

I was lucky enough to work with her on a daily basis and always welcomed her warm smile, professional demeanor, and dutiful approach to life and business. Her opinions were strong and well-developed and she was willing to share them in a professional way. I appreciated that very much and benefited disproportionately from her recommendations and successes.

My heart goes out to Doug and to Kristine and Nick on the loss of his wife and their mother. Norma was such a classy lady. Her technical expertise, though tremendous by any measure, was surpassed by her caring, compassionate and spunky personality. To my dear friend and colleague, I say “thank you” for making our lives better.

-Bill Clohan
AMT Executive Director Christopher Damon sent a very strong letter to Education Secretary Duncan on behalf of career colleges expressing concern about the “Gainful Employment” proposal and its negative impact on health education schools and the nation’s healthcare workforce. A copy of the letter can be viewed on the AMT website (www.amt1.com) under the “News” section.

Through its Career Education Advisory Committee, AMT continues to develop valuable tools and resources for school program directors and/or students. A performance outcomes report is one example of a resource that AMT now offers that was a direct result of discussions with this group. Another idea voiced was the development of career-focused posters that promote the various professions. These posters are currently under development and should be available within the next month. The posters will be offered to schools at no cost. Visit www.amt1.com and click on the Schools & Students tab for ordering instructions.

AMT is an active member of Health Professions Network (HPN), which is hosting an allied health summit to address workforce issues facing educators. The summit will focus on important workforce issues and identify best practices on topics such as program funding, distance learning, identification of clinical sites and faculty recruitment. The summit will be held on September 22-23, 2010 in Chicago. For more details or to register, go to: www.healthpronet.org.

The application timeline for the Certified Medical Assistant - CMA (AAMA) Certification Examination has been considerably shortened. Applications are now due 90 days in advance of the first of the month in which the candidate’s testing period start date begins as shown on the following chart:

<table>
<thead>
<tr>
<th>Preferred testing period start date in the month of</th>
<th>Application is due on</th>
<th>Mail application by</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>June 1 of same year</td>
<td>May 20 of same year</td>
</tr>
<tr>
<td>October</td>
<td>July 1 of same year</td>
<td>June 20 of same year</td>
</tr>
<tr>
<td>November</td>
<td>August 1 of same year</td>
<td>July 20 of same year</td>
</tr>
<tr>
<td>December</td>
<td>September 1 of same year</td>
<td>August 20 of same year</td>
</tr>
<tr>
<td>January</td>
<td>October 1 of prior year</td>
<td>September 20 of prior year</td>
</tr>
<tr>
<td>February</td>
<td>November 1 of prior year</td>
<td>October 20 of prior year</td>
</tr>
<tr>
<td>March</td>
<td>December 1 of prior year</td>
<td>November 20 of prior year</td>
</tr>
<tr>
<td>April</td>
<td>January 1 of same year</td>
<td>December 20 of prior year</td>
</tr>
<tr>
<td>May</td>
<td>February 1 of same year</td>
<td>January 20 of same year</td>
</tr>
<tr>
<td>June</td>
<td>March 1 of same year</td>
<td>February 20 of same year</td>
</tr>
<tr>
<td>July</td>
<td>April 1 of same year</td>
<td>March 20 of same year</td>
</tr>
<tr>
<td>August</td>
<td>May 1 of same year</td>
<td>April 20 of same year</td>
</tr>
</tbody>
</table>

This is reduced from a previous six-month lead time. Further information about applying for the CMA (AAMA) Exam can be found on the AAMA website (www.aama-ntl.org) or questions may be directed to Director of Certification Anna Johnson at ajohnson@aama-ntl.org.
On July 1, the Program Effectiveness Plan (PEP) will replace the Institutional Effectiveness Plan (IEP) as the primary evaluation tool for internal quality assessment for ABHES-accredited institutions and programs. The PEP allows a shift from evaluation of the institution as a whole to individual programs that comprise the institution. The PEP evaluates each program within an educational institution by establishing and documenting specific goals, collecting outcomes data relevant to these goals, analyzing outcomes against both minimally acceptable benchmarks and the program’s short- and long-term objectives, and setting strategies to improve program performance. Ultimately, program effectiveness assessment is expected to result in the achievement and maintenance of outcomes.

Program success is based on student achievement in relation to its mission, including consideration of the following outcomes indicators:

- Retention rates
- Participation in and results of required licensing and certification examinations
- Graduation rates
- Job placement rates
- Survey responses from students, clinical externship sites, graduates, and employers

Developing and using the PEP should fulfill several purposes, including:

1. Assisting the program in achieving internal effectiveness through establishing goals for both short- and long-term successes. Further, criteria for measuring the accomplishment of these goals can be defined, allowing the program to focus its plans and activities on the critical processes needed for effectiveness. Once defined, these goals and criteria should then be used to unify administrative and educational activities, which can help achieve a high degree of commitment and common direction among all employees.

2. Assessing progress and the need for change and continuously reviewing the process to help the program make timely changes based upon valid information to achieve even greater effectiveness.

3. Communicating key information regarding the program’s goals, its degree of effectiveness, and how it plans to enhance overall quality to the public, which includes graduates, employers, and community leaders. Information, which depicts the most important elements of the program’s operation, communicates clearly and accurately to the public how well the program is meeting the needs of students and providing quality-learning experiences.

4. Measuring how the PEP meets the expectations and requirements of approving or accrediting organizations (including state boards and ABHES) to demonstrate regulatory compliance. A document which defines program goals and educational processes is a primary focus of most accrediting agencies as they measure overall effectiveness and the quality of programs and services provided.

All program effectiveness goals and activities the program selects should link to the mission to demonstrate mission achievement and continuous improvement, as the mission is the driving force of each program’s overall effectiveness program. The PEP requires each program within an institution to look at its past, present, and future, and to continuously ask:

Where have we been?
This data becomes the baseline for gauging and demonstrating improvements.

Where are we now?
Current data demonstrates how you will measure change from the baseline data using the comparison to identify changes needed.

Where do we want to go?
A look towards the future for goals to improve or enhance processes and/or programs.

How do we get there?
Processes used to achieve the new direction based upon the input of all relevant constituents.

Join ABHES at its PEP workshop on Tuesday, June 8, 2010 (8am -12pm), at The Palazzo Resort Hotel Casino in Las Vegas. Visit www.abhes.org, Events link, for further details.

ABHES is recognized by the United States Secretary of Education to accredit private, postsecondary institutions in the United States offering predominantly allied health education programs and the programmatic accreditation of medical assistant, medical laboratory technician, and surgical technology programs leading to a certificate, diploma, Associate of Applied Science, Associate of Occupational Science, or Academic Associate degrees, including those offered via distance education.

ABHES further accredits programs leading to a Bachelor’s Degree, although at this time the baccalaureate degree programs are not within ABHES’s scope of recognition by the Secretary.
The Importance of the Student Externship Experience – Some Tips

One of the most commonly cited violations of ABHES standards, or noted as a concern by students and graduates, is the externship experience. The externship is an essential component of most health education programs and that experience must be timely, thorough, and specifically related to the objectives of the program.

Programs often find it difficult to manage a prompt and timely assignment to students when they are ready for the externship component of the program. ABHES standards governing externships requires, in part, that a proper site be available to students when they are ready for the experience, with no significant breaks.

We offer the following thoughts on compliance, a number of them reported previously through an article written by Barb Jones, Arizona College of Allied Health, in the September 2006 issue of The Advantage.

- Do not procrastinate. Begin making contact with externship sites, and entering into externship agreements, as students begin the program aiming at one site per student.
- Start arranging externship assignments, by student, mid-way through the program.
- Reconsider your program’s enrollment plan if you find the number and/or quality of sites is lessening in availability.
- Ensure the activities the student will participate in at the externship site are related to their program objectives and are diversified.
- Recognize the importance of externship agreements to a stable and reoccurring pool of quality externship assignments.
- Maintain and update externship agreements regularly to assure continued contact with the site for updating of personnel and to assure that the agreements do not expire.
- Ensure each site is visited and reported on by a qualified staff member using an externship site visit check-off form to confirm quality and availability.
- Develop a pleasing and informative externship packet that reflects the course work of your students, externship guidelines, and job placement satisfaction (letters of reference).
- Ensure your database contains a minimum of 2 sites per externship class for each student in the class.
- When a facility calls regarding permanent job placement, introduce them to the externship program to evidence qualified and competent employees.
- Call new facilities and introduce yourself and the college. Develop a script for this contact and provide information to the site and record all pertinent follow-up information.

We hope these suggestions will enhance your externship program both quantitatively and qualitatively for your students and lay the groundwork for a productive employment program as well. We urge you to review ABHES’ enhanced externship requirements in Chapter V, Section B, of the Accreditation Manual, 16th Edition (effective July 1), posted at www.abhes.org. And, you are reminded that if specific program standards exist (see new chapters VII and VIII), there may be additional or more specific externship requirements for that program.

<table>
<thead>
<tr>
<th>Status of Credentialing Requirements for Surgical Technologists</th>
<th>Preparing Legislation or Ongoing Effort in Place</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Law</strong></td>
<td>California Nebraska New Jersey Ohio Oklahoma</td>
</tr>
<tr>
<td>Illinois Indiana South Carolina</td>
<td>ABHES is one of two accrediting agencies recognized by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) for graduates of its accredited surgical technology programs to sit for the CST examination. We will continue to review and report the status of pending state legislation.</td>
</tr>
<tr>
<td>Tennessee Texas Washington</td>
<td></td>
</tr>
<tr>
<td><strong>Active Legislation</strong></td>
<td></td>
</tr>
<tr>
<td>Kentucky Massachusetts Michigan</td>
<td></td>
</tr>
<tr>
<td>Minnesota Missouri Oregon</td>
<td></td>
</tr>
<tr>
<td>Virginia Wisconsin</td>
<td></td>
</tr>
</tbody>
</table>
The first months of 2010 for all institutions covered by the new California Private Postsecondary Education Act of 2009 (commonly referred to as CPPEA) were spent adjusting operating systems and compliance documents to the new Law. The California Association of Private Postsecondary Schools (CAPPS) started a system of CPPEA implementation webinars (5 to date) that will continue to focus on the more complex parts of the new law. CAPPS is also working individually with their membership to assist them as they go through implementation.

The Bureau for Private Postsecondary Education (BPPE), the State Regulatory agency, is working through the issues surrounding the new “Accreditation by Approval” process, that were identified by a meeting with various accrediting agencies, including ABHES and the State, on April 14.

CAPPS is working with ABHES to facilitate the discussion with the BPPE which has been limited due to a shortage of BPPE staff. There is a budget item winding its way through the State Legislature to provide more staff to BPPE but given the legislative process and the state furlough system which eliminates three workdays a month from each State worker, progress has been slower than anyone anticipated.

CAPPS will continue to work with its membership and the BPPE to ensure as smooth a transition as possible. The CAPPS 265th Annual Conference in the Palm Springs area on Oct. 13-15 this year will feature a heavy dose of California Compliance discussions.

As has become commonplace, ABHES will be conducting workshops at the Annual Conference and this year we are pleased to announce that ABHES will also have a booth in the Exhibit Hall so that its accredited institutions and programs have easier access to meet with staff.

ABHES members can register for the Annual Conference at www.cappsonline.org.

ABHES WELCOMES NEW STAFF MEMBERS

ABHES is happy to welcome Patricia (Trish) Laughlin and Jennifer Skipwith to the ABHES staff!

Both Jennifer and Trish serve in two newly added accreditation coordinator positions. We welcomed Trish to ABHES on April 5 and Jennifer began with us on May 4. As accreditation coordinators, their primary focus is planning on-site evaluation visits and coordinating these visits through travel with the teams. Other responsibilities include service as staff liaisons to committees and review of various applications.

We are pleased to have Trish and Jennifer join our continuously growing family!

Healthcare Job Projections: 2008-2018

Healthcare and social assistance. About 26 percent of all new jobs created in the U.S. economy will be in the healthcare and social assistance industry. This industry—which includes public and private hospitals, nursing and residential care facilities, and individual and family services—is expected to grow by 24 percent, or 4 million new jobs. Employment growth will be driven by an aging population and longer life expectancies.

• As one of the largest industries in 2008, healthcare provided 14.3 million jobs for wage and salary workers.

• Ten of the 20 fastest growing occupations are healthcare related.

• Healthcare will generate 3.2 million new wage and salary jobs between 2008 and 2018, more than any other industry, largely in response to rapid growth in the elderly population.

• Most workers have jobs that require less than 4 years of college education, but health diagnosing and treating practitioners are highly educated.
### Commissioners  
(effective July 1, 2010)

**Chair:**  
**Linda W. Swisher**  
(Executive Committee)  
Elected Seat 5 - Commissioner at Large

**Vice Chair:**  
**Michael Covone, RT(R), CT**  
(Executive Committee)  
Appointed Seat 2 - Educator in a Specialty Area

**Past Chair:**  
**Guy Euliano**  
(Executive Committee)  
Elected Seat 6 - Commissioner at Large

**Secretary:**  
**Michael Schafer**  
(Executive Committee)  
Elected Seat 1 - Academician in a Healthcare related area

**Treasurer:**  
**Florence Tate**  
(Executive Committee)  
Appointed Seat 5 - Public Member

**Jim Buffington**  
Elected Seat 3 - Ownership Representative

**Terry Humphrey, C.S.T.**  
Appointed Seat 1 - Practitioner in a Specialty Area

**Janet Jefford**  
Appointed Seat 3 - Commissioner at Large

**Kevin L. Kirk**  
Elected Seat 2 - Administrator in a Healthcare related area

**Randy Nikola**  
Elected Seat 4 - Ownership Representative

**John (Jack) Yena**  
Appointed Seat 4 - Public Member

---

**Jack Yena Appointed to Commission**

John (Jack) Yena was recently appointed to ABHES Commission for a 3-year term beginning July 1, 2010. Mr. Yena joined Johnson & Wales Business School in 1963 as an instructor in Economics and Accounting and over the years held a number of administrative positions including Dean, Vice President, and Executive Vice President. He was named President and Chief Executive Officer in 1989 and Chairman of the Board in 2004, a position he will retire from on June 30.

Possessing an extensive background in accreditation, including as a commissioner for the Accrediting Commission of Independent Colleges and Schools and as a member of the National Advisory Committee on Institutional Quality and Integrity for the U.S. Department of Education, Mr. Yena comes prepared for his role with ABHES.

Mr. Yena earned a Bachelor's of Science and a Master's in Business Administration from the University of Rhode Island.
National Conference on Allied Health Education - 2011 Tentative Event Schedule

Tuesday, February 8th –
Accreditation Workshops

Wednesday, February 9th –
Membership Services Workshops, Membership Meeting, General Breakout sessions & Opening reception

Thursday, February 10th –
Opening General Session, Breakout sessions (12, 50-minute slots) and buffet luncheon

Friday, February 11th –
Panel Discussions & Awards Luncheon

Information on registration, process for submitting speaker proposals, and sponsorship availabilities are coming soon at www.abhes.org.

Regulation of Healthcare, Cont’d. from pg. 5.

that violates these basic principles. Without any evidence that patients are being harmed in the absence of additional regulation, these improper laws typically declare that, “a (fill-in-the-blank) assistant must complete an education program accredited by (fill-in-the-blank private accrediting body) and pass an examination offered by a (fill-in-the-blank private testing company).” No state licensing or regulatory authority (e.g., a state board of nursing) is created to implement regulations to assure that the public interest is served. Thus, these laws allow those outside the state to dictate the education that is required to work in the state and allow private entities complete control to decide what knowledge and skills will be required, who these things are measured, and even who may sit for an exam to demonstrate this knowledge.

It is never proper for a state to allow a private group controlled by those working in a field to control who is eligible to work. Such a group is too likely to perceive the public good too narrowly and too likely to serve the interests of those already in the field by “setting the bar” to entry higher than it needs to be. The result can be smaller educational programs, more expensive educational programs, fewer graduates who are eligible to go to work, shortages in available Healthcare workers, more limited access to Healthcare, and higher Healthcare costs. None of these things benefits the public. All of these things might be unavoidable and necessary if the strictures imposed were actually necessary to protect patients from harm. But again, these laws are typically being passed without the first, basic showing that the public is at risk without further regulation.

As was stated at the outset of this article, it is critical that every institution and program that educates Healthcare workers, as well as those who employ them, become active in their state legislatures to prevent improper regulation of Healthcare employment. Every one of us has a personal stake in working to assure quality Healthcare. Those who educate Healthcare workers and those who employ them need to participate in the regulation of eligibility to work in Healthcare fields. It is simply too important to leave regulation of Healthcare employment to special interests.

Cynthia Davenport Retires

Cynthia Davenport, Executive Director of the Association of Specialized and Professional Accreditors (ASPA) has announced she will retire by January 1, 2011, following nearly 15 years of dedicated and excellent service. ABHES has been an active member in ASPA over those years and has appreciated Cynthia’s many efforts to focus attention on specialized accrediting agencies like ABHES. Cynthia expressed a deep appreciation for the confidence and support the members have shown her and thanked us all for giving her the opportunity to work on the behalf of specialized and professional accreditation for so many years.

We wish Cynthia the very best as she leaves the demands of a big city and moves closer to her family. And, we thank her for the endless hours spent over the years supporting those of us dedicated to this very special type of focused accreditation.
Healthcare Job Predictions, Cont’d. from pg. 13.

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Employment 2008</th>
<th>Employment 2018</th>
<th>Change Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health aides</td>
<td>922,000</td>
<td>1,383,000</td>
<td>50.0</td>
</tr>
<tr>
<td>Personal and home care aides</td>
<td>817,000</td>
<td>1,193,000</td>
<td>46.0</td>
</tr>
<tr>
<td>Physician assistants</td>
<td>75,000</td>
<td>104,000</td>
<td>39.0</td>
</tr>
<tr>
<td>Skin care specialists</td>
<td>39,000</td>
<td>54,000</td>
<td>37.9</td>
</tr>
<tr>
<td>Athletic trainers</td>
<td>16,000</td>
<td>22,000</td>
<td>37.0</td>
</tr>
<tr>
<td>Physical therapist aides</td>
<td>46,000</td>
<td>63,000</td>
<td>36.3</td>
</tr>
<tr>
<td>Dental hygienists</td>
<td>174,000</td>
<td>237,000</td>
<td>36.1</td>
</tr>
<tr>
<td>Veterinary technologists</td>
<td>80,000</td>
<td>108,000</td>
<td>35.8</td>
</tr>
<tr>
<td>Dental assistants</td>
<td>295,000</td>
<td>401,000</td>
<td>35.8</td>
</tr>
<tr>
<td>Medical assistants</td>
<td>484,000</td>
<td>648,000</td>
<td>33.9</td>
</tr>
<tr>
<td>Physical therapist assistants</td>
<td>64,000</td>
<td>85,000</td>
<td>33.3</td>
</tr>
<tr>
<td>Occupational therapist aides</td>
<td>8,000</td>
<td>10,000</td>
<td>30.7</td>
</tr>
<tr>
<td>Pharmacy technicians</td>
<td>326,000</td>
<td>426,000</td>
<td>30.6</td>
</tr>
<tr>
<td>Physical therapists</td>
<td>186,000</td>
<td>242,000</td>
<td>30.3</td>
</tr>
<tr>
<td>Occupational therapist assistants</td>
<td>27,000</td>
<td>35,000</td>
<td>29.8</td>
</tr>
</tbody>
</table>


And...Thanks For A Grand 2010 Conference!

Many thanks to all who made the 2010 National Conference on Allied Health Education, sponsored by ABHES, the largest and most successful conference to date! See you in New Orleans next year!

The presentations were great and the food was marvelous for a conference. The ARIA really shined for ABHES! I want to commend the staff; they were on top of everything...friendly and willing to go the extra mile for the attendee. Thank you!

I enjoyed the variety of sessions we had to choose from. Keep up the great work ABHES!

The best ABHES conference ever!

Great conference! It was my first time attending and I’m very impressed.

This year’s keynote speaker, Dr. Block, was outstanding.