



# TEACH-OUT PLAN FORM

**The form approval process may take up to eight weeks for review and approval.**

This form is to be submitted if the Commission directs an institution or program that it accredits to submit a proposed teach-out plan for review and approval in accordance with Chapter III, Section A, Subsection 7 of the *Accreditation Manual*. The submission of a Teach-Out Plan Form does not represent an executed teach-out agreement.

Please review carefully and provide all the requested information. Incomplete forms will be returned for resubmission, which will delay the review process.

## 1. GENERAL INFORMATION:

**NAME OF INSTITUTION:**

**ABHES ID#:**

**NAME OF PRIMARY**

**CONTACT:**

(SPECIFY DR., MR., MS., MRS.)  **TITLE:**

**EMAIL ADDRESS:**  **DIRECT PHONE #:**

A. Is the institution accredited by any other agency?

Yes  No  N/A

If yes, the agency is:

## 2. PROGRAM INFORMATION:

Please complete the table below for ABHES-approved program(s) that are included in this proposed teach-out plan:

Program Name	In Class Clock Hours	Recognized Outside Clock Hours	Total Clock Hours	Length In Weeks	Academic Credit Hours *	Method of Delivery	Credential Awarded
					<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
						Method of Delivery	
						Method of Delivery	
						Method of Delivery	
						Method of Delivery	

						Method of Delivery	
						Method of Delivery	
						Method of Delivery	
						Method of Delivery	

\*Based on required academic conversions outlined in IV.G.1.a. of the *Accreditation Manual*.

A. Are any program(s) listed above programmatically accredited by any other agency?

Yes  No

If yes, the agency(ies) is:/are

### 3. TEACH-OUT PLAN INFORMATION:

The teach-out plan may propose that the teach-out of students be accomplished by the institution or program that may cease operations, either entirely or at one of its locations, or by another institution(s), so long as the requirements listed in Chapter III, Section A, Subsection 7 of the *Accreditation Manual* are met. The teach-out plan must be consistent with applicable standards and regulations and provide for the equitable treatment of students.

A. Where would the proposed teach-out of students take place:

- By the institution
- By another institution

B. Please complete the table below for institutions that could potentially enter into a teach-out agreement for each program listed in Section 2, regardless of where the proposed teach-out would take place:

Name of Institution	Address	City	State	Zip	Name of Comparable Program	Total Clock Hours	Academic Credit Hours*	Method of Delivery	Credential Awarded	Distance Between Institutions (in mileage)
							<input type="checkbox"/> Quarter <input type="checkbox"/> Semester			
								Method of Delivery		
								Method of Delivery		
								Method of Delivery		
								Method of Delivery		

C. Is the proposed teach-out institution accredited by an accrediting agency recognized by the U.S. Department of Education?

Yes  No

If yes, which accrediting agency(ies):

If no, ABHES will approve the teach-out agreement only if the agreement is with an institution that is accredited by an institutional accrediting agency recognized by the U.S. Department of Education.

D. If there are no viable institutions, either on-ground or via distance education, that offer similar program(s) to those listed in Section 2, please explain.

E. Describe how the proposed teach-out institution has the capacity to carry out its mission and meets all obligations to existing students.

F. Describe how the proposed teach-out institution has the necessary experience, resources, and support services to provide educational program(s) 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 graduate's access to the same credentialing exams, as applicable.

G. Describe how the proposed institution will ensure compliance for program management, faculty qualifications, and student to teacher ratios throughout the teach-out.

H. Describe how students would be provided access to the program and services without requiring them to move or travel substantial distances or durations.

I. Describe how students would be provided information about any additional charges.

J. Describe how students would be provided with written notification regarding their rights and opportunities for teach-out, transfer, and refunds.

K. Describe the proposed record retention plan that includes the location where student records (academic and financial records) would be maintained should the institution close. The institution or program must include a contact phone number and address.

#### 4. REQUIRED EXHIBITS:



Please attach the following information to this form:

<b>Exhibit 1</b>	A listing of all current students by program to include: mailing address; telephone number(s); email address(es); program start date; estimated completion date; total clock hours and/or credits earned to date; total clock hours and/or credits outstanding; and any financial responsibilities (unearned tuition, credit balance refund due, to whom the refund is due, or additional charges pending if tuition is not paid in full).
<b>Exhibit 2</b>	Evidence demonstrating that the institution or program published appropriate notice that is readily available to enrolled and prospective students of the reason for the teach-out plan within seven business

days of the date of the Commission's notice to the institution or program. For example, evidence the notice has been added to the institution's website or an emailed notice to students with date and time included.
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## 5. CERTIFICATION:

I certify to the best of my knowledge that the information submitted within this form is current and correct. I understand that it is the school's responsibility to demonstrate compliance with the ABHES Accreditation Standards as outlined in the [Accreditation Manual](#) and that the Commission's deliberations and decisions are made on the basis of the written record.

I understand that failure to evidence the information provided herein and attached hereto this application may result in a delay and/or the Commission taking a negative action.

Authorized Signature:			
NAME:	Click or tap here to enter text.	TITLE:	Click or tap here to enter text.
SIGNATURE:	Click or tap here to enter text.	DATE:	Click or tap to enter a date.

## SUBMISSION REQUIREMENTS

The completed form must be submitted as one seamless Portable Document Format (.pdf) file to ABHES online via [DropBox Applications](#). The form may not be submitted to the Commission via e-mail. The file name must include the ABHES ID#, Teach-Out Plan Form, and date of submission (ex: I-100\_ Teach-Out Plan\_72022).