



Transmitted by electronic mail only: [REDACTED]

August 12, 2021

ID#: I-193

[REDACTED]  
Campus Director  
Institute of Health and Technology  
4200 Mamie Street, Suite 120  
Hattiesburg, MS 39402

Dear [REDACTED]:

The Commission, at its July 2021 meeting, reviewed the accreditation record<sup>1</sup> of your institution's application for a continued grant of accreditation. Based on review and discussion, the Commission acted to **deny** the institution's application for continued accreditation and to **withdraw** the current grant of accreditation based on the standards from the *Accreditation Manual* described in this letter. The Commission noted that of the thirty-eight violations cited by the visitation team at the institution's main campus, several violations remain unresolved. Additionally, the institution has not paid the late fee, which is an obligation of maintaining ABHES accreditation. The number and serious nature of the violations identified during the visit that remain unresolved, and the fact that the institution has missed deadlines for important required reports due to ABHES, raise concern that the institution does not have adequate administrative capability to operate in compliance with ABHES' accreditation Standards as described in detail in this letter.

The institution is directed to submit to ABHES an **updated** Teach-Out Plan and the corresponding *Teach-Out Approval Form* per Chapter III, Section A, Subsection 7.(i).1.i and 7.(i).1.d of the *Accreditation Manual*. Additionally, the institution must include in its submission evidence it has published notice **within seven business days** of the date of this letter that is readily available to enrolled and prospective students of the reason the Teach-Out Plan is being required.<sup>2</sup>

### **Reasons for Decision**

1. An institution demonstrates that it has the financial resources to ensure continuity of operation and to fulfill its obligations to students and employees (IV.B.1.).

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<sup>1</sup> The accreditation record includes the December 2020 Self-Evaluation Report, the March 2021 on-site visit reports, the institution's May 2021 response to the reports, the institution's financial history, and any other relevant correspondence and documentation.

<sup>2</sup> This disclosure is also required under 34 Code of Federal Regulations § 668.43(a) (19) which states: "If the institution is required to maintain a teach-out plan by its accrediting agency, notice that the institution is required to maintain such teach-out plan and the reason that the accrediting agency required such plan under § 602.24(c)(1). . ."

The Commission reviewed the institution's financial history, the institution's response to the February 12, 2021 financial reporting letter, the institution's response to the Commission's April 14, 2021 letter regarding its transfer to the Heightened Cash Monitoring 2 (HCM2), Reimbursement Method of Payment, the institution's July 12, 2021, letter explaining the reasons for its delayed audited financial statements, which were due on June 30, 2021, and information provided by the U.S. Department of Education including the March 24, 2021 Financial Protection Alternative letter and the March 28, 2021 Transfer to HCM2 Reimbursement Method of Payment letter.

The Commission found that the institution has not demonstrated compliance with the Standard because according to the financial information the Commission had available at the time of its review, [REDACTED]

[REDACTED] The fact that the institution has been placed on HCM2 by the Department of Education deepens the Commission's concern since the reimbursement method of payment could hinder the institution's ability to meet its on-going obligations to students.

2. Chapter III, Section A, subsection 10 of the *Accreditation Manual* states, in part:

“To remain in an accredited status with ABHES, institutions and programs must respond to Commission directives, including responses to visitation reports, payment of fees (see Appendix G, Fees) or visit expenses, and submission of documents, including the complete Annual Report, supporting documentation, and financial statements. Failure to respond to directives by deadline dates identified by the Commission will result in a late fee assessment and may result in a show cause directive or withdrawal of accreditation.”

Institutions accredited by ABHES must submit audited financial statements to the Commission within six months after the completion of their fiscal year or 30 days after an audit is released, whichever is earlier. The institution failed to submit its audited financial statements for the fiscal year ending December 31, 2020 by the June 30, 2021 deadline. Therefore, per the July 2, 2021 invoice, the institution was assessed a late fee. As of the date of Commission's July 2021 meeting, the institution has not remitted the following required Financial Statements Late Fee of \$1500. Accordingly, the institution has not met this requirement for maintaining its accreditation.

3. 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.).

The Commission found that the institution has not demonstrated compliance with the standard because it did not provide evidence that references to academic degrees held by faculty in the institution's revised Addendum to the Catalog dated April 28, 2021 were accurate. The institution did not provide official or unofficial transcripts to support [REDACTED] Master of Science in Occupational Therapy degree from Tennessee State University, or for [REDACTED] Associate of Applied Science (AAS) in Business Administration/Medical Assisting degree from Antonelli College.

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<sup>3</sup> The delinquent FY 2020 audit was filed by the institution on August 10, 2021 and shows that the institution is still not meeting any of the metrics of financial responsibility under Standard IV.B.1. [REDACTED]

4. Prepared meeting minutes are maintained and distributed (V.A.5.b.). (Medical Assistant program)

The Standard requires that meeting minutes contain a record of member participation (ii), areas of unfinished business with projected dates for completion (v) and the institution's response to advisory board recommendations (vii). The Commission found that the institution has not demonstrated compliance with the standard because the Medical Assistant advisory board meeting minutes for December 14, 2020, submitted with the institution's response, did not include evidence of any of these required elements.

5. External clinical experiences are available to serve the diverse needs of a program. (V.B.4.a.). (Pharmacy Technician program)

The Standard requires that prior to initial assignment of students to a clinical experience site, an individual employed by the institution who meets minimum qualifications of a program faculty member is responsible for preparing a signed documented evaluation (also known as a site viability form) ensuring that a viable environment exists for an effective learning experience that provides an opportunity for students to demonstrate required competencies. The Commission found that the institution has not demonstrated compliance with the standard because the institution's response did not include completed site viability forms for its [REDACTED] clinical sites located in Magee, Mississippi and Laurel, Mississippi, the [REDACTED] clinical site located in Laurel, Mississippi, or [REDACTED].

6. A program has clinical experiences to meet its goals and objectives. (V.B.4.b.); and, supervision and evaluation of student performance is provided during the clinical experiences. (for applicable programs) (V.B.4.c.). (Pharmacy Technician program)

Standard V.B.4.b. requires a monitoring plan exists to ensure that students move into an array of different tasks and procedures as their clinical experiences progress. The institution has developed the Training Achievement Record (TAR) to document this progression. The Commission found that the institution has not demonstrated compliance with these standards because only two completed TAR forms were submitted to evidence students are assessed during clinical experiences with evaluation tools that are maintained to ensure a variety of competencies are performed. One of the submitted TARs did not include the last page (signature page), and the form did not clearly identify the student's name or the name of the site supervisor completing the evaluation form. Additionally, with respect to Standard V.B.4.c. the institution only provided a template Faculty Site Visit Questionnaire with no completed questionnaires to evidence adequate supervision of student performance during clinical experiences by a qualified faculty member.

7. Students are satisfied with the training and educational services offered by an institution or program (V.D.3.b.). (Massage Therapy and Medical Assistant programs)

The Commission found that the institution has not demonstrated compliance with the standard because only five student surveys, completed March 23, 2021, were submitted for the Massage Therapy program, and 2 student surveys completed on February 10, 2020, and 6 completed on January 20, 2021, were submitted for the Medical Assistant program. At the time of the visit, there were 13 students enrolled in the Massage Therapy program and 22 students in the Medical Assistant program. The documentation submitted does not adequately evidence student satisfaction with the training and educational service offered by the institution.

8. A program is managed (V.E.1.a.); and, the individual(s) responsible for the organization, administration, periodic review, planning, development, evaluation and general effectiveness of the program has experience in education methodology (V.E.1.b.). (Pharmacy Technician program)

The Standard requires program directors to hold a baccalaureate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education (iii). The Commission found that the institution has not demonstrated compliance with these standards because [REDACTED] Pharmacy Technician Program Director, does not hold a baccalaureate degree. Therefore, he does not meet the requirements to independently provide management and oversight of the program.

9. Annual training for individual(s) responsible for program management is provided for the improvement of education-related management skills (V.E.1.d.). (Medical Assistant and Pharmacy Technician program)

The Commission found that the institution has not demonstrated compliance with the standard because although the institution's narrative response indicated that [REDACTED], Pharmacy Technician Program Manager/Instructor, planned to renew his membership with the Pharmacy Technician Educators Council, attend the NPTC Virtual Conference on June 26-30, 2021, and complete one continuing education module in the subject of Classroom Management, Project Management, and Leadership, no documentation to evidence he completed education-related management skills training was provided. Similarly, the institution's response indicated [REDACTED], Lead Medical Assistant Instructor, participates in annual CEU training and included a certificate of completion for a session provided by the Institute of Health and Technology on August 14, 2020, titled Student Motivation. The documentation submitted does not evidence participation in annual training focused on education-related management skills.

10. Faculty meetings are held, and the minutes are recorded (V.E.2.d.). (Massage Therapy, Medical Assistant, and Pharmacy Technician programs)

The Standard requires that minutes of faculty meetings include a record of faculty participation (iii) and the resolution of outstanding issues (ii) among other topics discussed. The Commission found that the institution has not demonstrated compliance with the standard because submitted faculty meeting minutes for the Massage Therapy, Medical Assistant, and Pharmacy Technician programs were vague and did not include resolution of outstanding issues or a record of faculty participation in the meetings.

11. A program provides a variety of student support services (V.G.1.); and, a program actively assists graduates with career placement (V.G.2.). (Massage Therapy program)

The Commission found that the institution has not demonstrated compliance with these standards because no documentation was provided to evidence [REDACTED], Massage Therapy Lead Instructor provides career placement assistance to graduates in the Massage Therapy program. [REDACTED] is identified by the institution as the individual responsible for providing this assistance as part of its student support services. Although completed examples of the institution's Life After IHT form were submitted for other programs, completed forms for the Massage Therapy program were not provided.

12. All representations regarding the program are accurate, complete, and not misleading (V.H.3.). (Massage Therapy and Pharmacy Technician programs)

The Standard requires institutions to disclose any credentialing or licensing requirements necessary for employment in the field (i) and the institution's determination if the program fulfills the educational requirements for a specific professional licensure or certification required for employment in the field (ii). The Commission found that the institution has not demonstrated compliance with the standard because it did not submit evidence that it discloses its determination of whether the Massage Therapy and Pharmacy Technician programs fulfill the educational requirements for licensure or certification required for employment in the field for each state.

13. A program demonstrates that the students complete their program (V.I.1.a.). (Massage Therapy, Medical Assistant, and Pharmacy Technician programs)

The Standard requires the institution to demonstrate students complete their programs by calculating a retention rate using the ABHES required method of calculation and providing completed ABHES Retention Back-Up Documentation Forms. The Commission found that the institution has not demonstrated compliance with the standard because the institution submitted neither the ABHES Retention Back-Up Documentation Forms or any other documentation to permit verification of retention reported for the Massage Therapy, Medical Assistant and Pharmacy Technician programs reported in the 2019-2020 Annual Report.

14. 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.); and, a program has an established documented plan for assessing its effectiveness annually as defined by specific outcomes (V.I.2.). (Massage Therapy, Medical Assistant, and Pharmacy Technician programs)

The Commission found that the institution has not demonstrated compliance with these standards because the institution did not submit evidence, such as executed clinical affiliate and employer satisfaction surveys to permit verification that the satisfaction rates identified in the 2019-2020 Program Effectiveness Plans were determined correctly.

15. A program maintains academic transcripts indefinitely, and other academic records that comply with Appendix E, Section A, (Records Maintenance) (V.J.1.).

The Commission found that the institution has not demonstrated compliance with the standard because adequate documentation was not provided to evidence that academic transcripts include all required elements set forth in subsection ii of the Standard, specifically, the date of graduation, termination, or withdrawal. Additionally, no documentation was provided to evidence the current status of student [REDACTED], whose file at the time of the visit indicated she had been on Leave of Absence (LOA) since August 31, 2020. The transcript for [REDACTED] provided in the institution's response identified her status as "Not Eligible." However, that status designation was not explained on the transcript. Further, no documentation was provided to evidence how the institution will ensure the length of an approved LOA does not exceed 180 days as published in its policy.

16. A program is served by an advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives (MA.B.2.c.). (Medical Assistant program)

The Commission found that the institution has not demonstrated compliance with the standard because documentation was not provided to evidence the Medical Assistant advisory board is comprised of representatives from all of the required communities of interest, including (iii.) a current medical assistant practitioner.

17. A program is served by an advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives (PHT.B.2.c.). (Pharmacy Technician program)

The Commission found that the institution has not demonstrated compliance with the standard because documentation was not provided to evidence the Pharmacy Technician advisory board is comprised of representatives from all of the required communities of interest, including (ii.) a program graduate.

### **Appeal of Action & Submission Requirements**

The Commission's action to deny the application for renewal and to withdraw the current grant of accreditation is subject to appeal. **Should the institution elect not to appeal, the decision to deny the application and withdraw accreditation will be effective as of August 23, 2021**, and the institution may not reapply to ABHES for accreditation within one year from that date.

The institution should review carefully all procedures governing its appeal, in accordance with the procedures found in Chapter III, Section E, Subsection 3 of the *Accreditation Manual*. Note that the appeal is based upon the information available to the Commission at the time of its action. Unless specifically provided for in Chapter III, Section E, Subsection 3, (f), the Appeals Panel has no authority to consider evidence outside of the record considered by the Commission at its July 2021 meeting. **The institution has the burden of demonstrating that the action of the Commission was not supported by the record or was otherwise erroneous.**

Should the institution elect to appeal the action of the Commission, it may do so by filing its intent to appeal the Commission action online via [DropBox Commission Responses by Monday, August 23, 2021](#). It is imperative that the file name must include ABHES ID#, RSP to Aug 2021 Denial Letter – Intent to APPEAL, and date of submission (ex: I-100\_RSP to Aug 2021 Denial APPEAL Letter\_92021).

A \$5,000, non-refundable, appeal fee plus an Appeal Hearing expense deposit of \$10,000 for a total of \$15,000 must be remitted to ABHES with the statement of intent to appeal described above for receipt by **Monday, August 23, 2021**. Payment of fees are to be remitted electronically via bank transfer, or by credit card, where a 2.9% convenience fee is to be applied. Please contact the Accounting Department at [accounting@abhes.org](mailto:accounting@abhes.org) or (571) 282-0076 to obtain an invoice. The institution will be provided a summary of expenses following the appeal hearing and will be refunded or charged the difference from the \$10,000 deposit.

### **Written Statement of Grounds for Appeal**

Should the institution elect to appeal and has filed its intent and remitted payment as described above, the institution must then submit its appeal materials, consisting of a complete written statement of the grounds for its appeal based on the Commission's findings and reasons. **The materials must be submitted online via [DropBox Commission Responses](#) in accordance with the instructions for [Preparing Your Response by September 27, 2021](#)**, which is within 45 calendar days from the date of the Commission's written decision in this letter dated August 12, 2021.

**It is imperative that the file name include the ABHES ID#, RSP to Aug 2021 Denial Letter - APPEAL, and date of submission (ex: I-100 RSP to Aug 2021 Denial Letter - APPEAL Materials 92021).**

### **Teach-out Plan**

As a means of protecting current and future students, the **institution is directed to submit to ABHES under separate cover and not as part of the materials submitted with its appeal, an updated teach-out plan**, and corresponding updated Teach-Out Approval Form (found under the Forms Tab on the ABHES website at <https://abhes.org/resources/#Forms>). The teach-out plan and Teach-Out Approval Form must be completed in accordance with applicable standards and requirements in Chapter III, Section A, Subsection 7 of the *Accreditation Manual* and submitted to ABHES no later than **August 23, 2021**.

### **Notifications**

The Commission's decision to deny the application for renewal and to withdraw the current grant of accreditation will be published on the ABHES website as provided in Chapter III, Section E, Subsection 1 of the *Accreditation Manual*. Should ABHES receive a proper statement of intent to appeal, and payment as described above, it will modify its public notification of the negative action to indicate that the Commission's final action is under appeal. As provided in Chapter III, Section E, Subsection 1 of the *Accreditation Manual* the institution remains in accredited status during any pending appeal.

The U.S. Department of Education, the appropriate State licensing or authorizing agency, the appropriate accrediting agency, and the public have been notified of this action to withdraw the institution's accreditation and that the action is subject to appeal in compliance with 34 Code of Federal Regulations § 602.26 *et seq* and Chapter III of the *Accreditation Manual*.

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

Sincerely,



India Y. Tips  
Executive Director

c: Herman Bounds, U.S. Department of Education  
Menia Dykes, Mississippi Institutions of Higher Learning