



Transmitted by electronic mail only: [REDACTED]

August 12, 2021

ID#: I-369

[REDACTED]
President
School for Allied Health Professionals
1615 W. Abrams Street, Suite 110
Arlington, TX 76013

Dear [REDACTED]:

The Commission, at its July 2021 meeting, reviewed the accreditation record¹ 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 non-compliance with the standards from the *Accreditation Manual*. This letter includes the specific reasons for the Commission's decision.

Procedural History

According to the institution's accreditation record, the institution's 2018 application has been in deferral status since the Commission's July 2019 meeting, and the institution has been on show cause for three Commission meetings. After each meeting, the institution was required to submit information and documentation addressing its compliance with a significant number of standards. In the letter dated February 12, 2021, the institution was provided a final opportunity to submit an updated Self Evaluation Report (SER), more current information to support its application for renewal of accreditation and to undergo an evaluation visit to show how it comprehensively meets ABHES standards. The visit was conducted in April 2021. The reports from the April 2021 visit indicated 49 areas of non-compliance. A number of those non-compliance areas involved standards that were also the subject of non-compliance cited during the original evaluation visit that occurred on February 25-26, 2019.

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.²

¹ The accreditation record includes the October 2018 Self-Evaluation Report, the February 2019 on-site visit reports, the institution's April 2019 response to the reports, the Commission's August 12, 2019 deferral letter, the Commission's February 12, 2020, August 12, 2020, and February 12, 2021 show cause letters, the institution's response to the letters, the April 2021 Self-Evaluation Report, the April 2021 visit reports, the institution's June 2021 response to the reports, the institution's financial history, and any other relevant correspondence and documentation.

² 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). . ."

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.).

Based on a review of the institution's audited financial statements for the fiscal year ending December 31, 2020, and its updated financial improvement plan, the Commission found that the institution has not met one or more of the financial capability criteria; i.e., a ratio of current assets to current liabilities that is at least 1:1 for the most recent operating year, a history of operating surpluses for the most recent two years, and a positive net worth for its most recent operating year. [REDACTED]

[REDACTED] Therefore, the institution has not demonstrated that it has the financial resources to ensure continuity of operation and to fulfill its obligations to students and employees.

2. The on-site administrator demonstrates effective management capability (IV.C.1.).

The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referenced in the institution's June 2021 response because it is not evident that the on-site administrator role has been clearly established by the institution. In considering the documentation provided, the Commission determined that the institution did not demonstrate the newly appointed administrator, [REDACTED], has time available or allocated to serve as the on-site administrator.

The institution provided three signed job descriptions: 1) a job description for a Program(s) Director, 2) a job description for a Medical Assistant faculty member, and 3) a job description for Medical Insurance and Coding Specialist faculty member. The schedules and job descriptions do not clearly establish how many hours [REDACTED] teaches and devotes to each role currently assigned to her. The schedule indicates that [REDACTED] is scheduled to complete her responsibilities as a faculty member for the Medical Assistant and Medical Insurance and Coding Specialist programs at the same time, with overlapping "class time" for both programs. Furthermore, the schedule does not allocate time for [REDACTED] to complete Program Director responsibilities for either program or the On-Site Administrator responsibilities that are part of her job description.

3. Personnel responsible for recruiting and admissions are trained and monitored to present accurate information in an ethical and responsible manner (IV.E.3.b.); and, all representations regarding the program are accurate, complete, and not misleading (V.H.3.).

The Commission found that the institution had not demonstrated compliance with these standards cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because the institution did not provide evidence that post-graduation credentialing requirements are disclosed to potential Nursing Assistant students prior to enrollment. In addition, the response did not provide evidence that the institution discloses its determination of whether the Nursing Assistant program fulfills the educational requirements for a specific professional license or certification required for employment in the field.

4. An institution discloses 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 they are trained (e.g., criminal record, credentialing requirements for employment) (IV.E.6.).

The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because no evidence was provided to demonstrate that potential students are provided disclosures regarding credentialing requirements prior to enrollment as the signature lines on the forms provided with the response were blank.

The Commission further determined that the documentation submitted to evidence the temporary waiver of credentialing requirements for employment of nursing aides provided by the Texas Health and Human Services Commission during the pandemic did not absolve the institution of its responsibility to accurately disclose credentialing requirements to students as these requirements will be immediately reinstated upon conclusion of the pandemic.

5. 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 Commission found that the institution had not demonstrated compliance with these standards cited during the April 2021 comprehensive review visit and referred to in its June 2021 response because student [REDACTED] did not meet the enrollment requirements and the refund calculation, after being updated by the institution, is still inaccurate, indicating that the student has a balance of \$547.50. While the institution provided a copy of the front of a \$550 check written to the student, the institution did not provide a correct refund calculation for this student, an updated student ledger card with zero balance owed by student, proof of refund being received by the student, or proof that the student's enrollment was cancelled due to not meeting the admissions requirements. Therefore, it was not evidenced through clear and accurate recordkeeping that refunds are made correctly to cancelled or withdrawn students.

6. Instructional continuity is maintained through faculty stability (V.A.4.); and, teaching loads for instructors are reasonable at all times (V.E.3.c.). (Medical Insurance and Coding Specialist program).

The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because due to discrepancies in the information regarding instructor [REDACTED] teaching hours and assigned courses, the Commission was unable to determine instructional continuity. Additional discrepancies were found in [REDACTED] resume, faculty file documentation, and the ABHES Faculty Data Sheet rendering the information unreliable as evidence of compliance with these standards. Further, the Commission found that the documentation provided by the institution regarding instructors [REDACTED] and [REDACTED], assigned to provide coverage for [REDACTED], was not fully legible and not sufficiently comprehensive to establish their credentials or the courses they were assigned to teach.

7. Program length and structure allow for attainment of required objectives (V.B.1.) (All programs); students are scheduled to ensure a sequence of instruction to achieve the curriculum's defined competencies (V.B.2.) (All programs); and, competencies required for successful completion of a program are identified in writing and made known to students (V.B.3.) (Medical Assistant and Medical Insurance and Coding Specialist programs).

The Commission found that the institution had not demonstrated compliance with these standards cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because the institution did not provide sufficiently clear information about the curricula for the Medical Assistant, Medical Insurance and Coding Specialist, or Nursing Assistant programs to demonstrate that the courses are properly sequenced or that the content is appropriate to the objectives of the programs. As examples, in the Medical Assistant program, students were checked off for skills in basic x-ray operation,

which is not approved to be part of the program or disclosed to students as part of the curriculum in the catalog or syllabi. A Chemistry course lesson plan was provided as part of the materials for the Medical Insurance and Coding Specialist program. It was unclear why this would be part of such a program and was not included as part of any of the courses for this program in the catalog.

It is noted that at the time of the February 2019 renewal visit, the institution's Nursing Assistant program did not meet standard V.B.1. The Medical Insurance and Coding Specialist program did not meet standard V.B.2.

8. A program has clinical experiences to meet its goals and objectives (V.B.4.b.). (All programs)

The standard requires there to be a monitoring plan for field-based clinical experiences to ensure that students receive orientation, observation, assist staff members with daily tasks, experience an array of different tasks, are assessed, and complete required hours. The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because the institution provided no evidence of an externship monitoring plan. The institution asserted in its response that its practice is to collect documentation such as evaluations and timesheets for externship monitoring purposes, but it did not submit a plan, completed evaluations or timesheets as evidence of this practice. The institution did submit site viability forms, but these are used to assess externship sites prior to student assignment and are not evidence of a monitoring plan for students' clinical experiences.

It is noted that at the time of the February 2019 renewal visit, the institution's Medical Assistant program did not meet standard V.B.4.b.

9. Relevant and industry-current learning resources exist to complement the program (V.C.2.b.). (All programs)

The standard requires that knowledgeable staff, possessing documented experience or related training are available to assist students in the use of technologies. The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review in its June 2021 response because [REDACTED] and [REDACTED] resumes do not evidence documented experience and/or training in the use of learning resource technologies, as required under section iii of the standard. In addition, the resource logs provided are not legible in some instances, so it is difficult to ascertain dates and times of usage of learning resources as required under section (v) of the standard.

The Commission noted this as a persistent area of non-compliance at the institution. This issue was raised in the February 12, 2021, show cause letter, but involved different assigned staff. At the time, [REDACTED] was designated as the Operations Manager. The Commission found that the institution did not meet the standard. The institution provided no evidence that [REDACTED] was qualified to assist students in the use of the learning resources and related technologies. Her resume did not indicate that she had any documented experience or related training in the use of learning resource techniques.

10. Primary and supplementary instructional materials are relevant to the educational course content and objectives of each program (V.C.2.c.). (Medical Insurance and Coding Specialist program)

The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response. The Commission found that because the institution has not established clear course competencies and because lesson plans and supporting documentation do not map to the course descriptions and objectives

outlined in the syllabi, it is not possible to determine whether instructional materials used in the courses are relevant to the course content or program objectives.

It was noted that at the time of the February 2019 renewal visit, the institution's Medical Insurance Coding Specialist program did not meet this standard.

11. An institution adheres to its admission policies and enrolls only students who can reasonably be expected to benefit from the instruction (V.D.1.). (All programs)

The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because no evidence was provided to demonstrate that the institution adheres to its admissions policies or documents student achievement of admissions requirements prior to enrollment. Specifically, no documentation was provided to demonstrate that withdrawn student, [REDACTED] and current student, [REDACTED] graduated from high school or that [REDACTED] passed the Wonderlic entrance exam.

12. Each student demonstrates the attainment of the required program competencies in order to successfully complete the program (V.D.2.a.). (All programs)

The standard requires that evaluations by instructors are provided at intervals throughout a program. These may be demonstrated by through the use of completed competency checklists, faculty assessments and written or practicum examinations. The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because the accuracy and completeness of the competency checklists and the curriculum covered in all programs could not be verified. For example, for the Medical Assistant program, the materials included competencies specific to Florida, while the school is in Texas. For the Medical Insurance Coding Specialist program, the externship site contact was unable to confirm information stated by the institution as part of its program. For the Nursing Assistant program, there were multiple different versions of competency checkoffs and the institution stated it is using Prometric but that was not provided for all students to confirm what they are learning in the program. Furthermore, the institution did not demonstrate that the proposed new Nursing Assistant competency checklist was actually in use.

It is noted that at the time of the February 2019 renewal visit, the institution's Medical Assistant and Nursing Assistant programs did not meet this standard.

13. The educational environment exposes students to relevant work experiences in theory, clinical, and laboratory courses (V.D.3.a.). (All programs)

The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because the institution's response did not document that course materials provided sufficiently demonstrate that educational experiences simulate real-world experiences and that students are exposed to relevant work experiences in theory, clinical, and laboratory courses.

It is noted that at the time of the February 2019 renewal visit, the institution did not meet this standard for any of its programs.

14. A program is managed (V.E.1.a); 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.); individual(s) responsible for program management are provided time, resources, and opportunities for professional development (V.E.1.c.); annual training for individual(s) responsible for program management is provided for the improvement of education-related management skills (V.E.1.d.); and, individual(s) responsible for program management are scheduled non-instructional time to effectively fulfill managerial functions (V.E.1.e.). (All programs)

The Commission found that the institution had not demonstrated compliance with these standards cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because it is not evident based on the narrative and documentation received that newly appointed [REDACTED] is indeed serving as the on-site Program Director for all three programs and executing the related duties in addition to related professional development in the fields and education-related management skill training. Further, it was not documented in the response that [REDACTED] has the credentialing qualifications to be the Program Director for the Medical Assistant program or the educational or experiential qualifications to be the Program Director for the Medical Insurance and Coding Specialist program. Finally, the institution's response indicated that [REDACTED] is also serving as the campus on-site administrator and teaching in the Medical Assistant and Medical Insurance and Coding Specialist programs; therefore, it is not clear that she has time scheduled to perform the managerial functions for all three programs.

It is noted that at the time of February 2019 renewal visit, the institution did not meet these standards for any of its programs with the exception of standard V.E.1.e. for the Nursing Assistant program.

15. Personnel records for all full-time and part-time (including adjunct) faculty meet the requirements of Appendix E, Section B, Records Maintenance, and are up to date and maintained in a well-organized and easily accessible manner (V.E.2.c.). (Medical Assistant program)

The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because the response did not include evidence of [REDACTED] transcript for Vocational Nurse education from Western New Mexico University.

It is noted that at the time of the February 2019 renewal visit, the institution did not meet this standard because of a similar concern regarding [REDACTED] qualifications.

16. A program demonstrates that graduates participate in credentialing examinations required for employment (V.I.1.b.); and, a program demonstrates that graduates are successful on credentialing examinations required for employment (V.I.1.c). (Nursing Assistant program)

Standard V.I.1.b. requires the institution to use ABHES required method of calculation for the examination participation rate. The participation rate information is verified using the ABHES Back Up Documentation form. The Commission found that the institution had not demonstrated compliance with these standards cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because the institution did not provide credentialing participation and pass rate information using the ABHES Back Up Documentation form which would have permitted verification that credentialing information is accurately recorded and reported to ABHES for the Nursing Assistant program and that graduates are successful on credentialing examinations.

17. A program demonstrates that graduates are successfully employed in the field for which they were trained (V.I.1.d.). (All programs)

The standard requires the institution to maintain information on the employment of graduates on the ABHES Placement Back-Up Documentation Form that permits verification of employment. The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and in the institution's June 2021 response because no placement information was provided using the ABHES Back Up Documentation form to permit verification that placement information is accurately recorded and reported to ABHES for all programs.

18. 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 had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because the following items from Appendix E, Section A were missing:

- [REDACTED] #7 (progress reports or correspondence)
- [REDACTED] #9 (documentation of placement activity)
- [REDACTED] #9 (documentation of placement activity)
- [REDACTED] #9 (documentation of placement activity)
- [REDACTED] #3 (admissions determination documentation)

19. A program maintains records of externship and clinical site evaluation of student performance during externships and external clinical experiences (V.J.2.). (Nursing Assistant program)

The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because the submitted Nursing Assistant Prometric Competency Checklist only covers the competency areas and does not cover the entire clinical experience evaluation of student performance, including hours.

20. The depth and breadth of the program's curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the Medical Assisting field (MA.A.1.)

The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and in the institution's June 2021 response because the course materials provided did not demonstrate that the program curriculum provides graduates with the knowledge and competencies to become entry-level medical assistants. It was noted that the submitted competency skills checklist contains Basic X-Ray competencies – signed off by faculty member, [REDACTED] – and these radiology competencies are not noted in the syllabi or catalog. In addition, although the institution is located in Texas, inexplicably the competency checklists mention the State of Florida Radiation Operator's license.

It is noted that at the time of the February 2019 renewal visit, the institution's Medical Assistant program did not meet this standard.

21. The program supervisor is qualified and experienced in the field (MA.B.1.).

The Commission found that the institution had not demonstrated compliance with this standard cited during the April 2021 comprehensive review visit and referred to in the institution's June 2021 response because the institution did not provide evidence that newly appointed, [REDACTED], is active as the program director for the Medical Assistant program in addition to her other assigned duties. Further, the response did not include documentation of [REDACTED] certification qualifications to serve as the Medical Assistant program director.

It is noted that at the time of the February 2019 renewal visit, the institution's Medical Assistant program did not meet this standard.

Appeal of Action & Submission Requirements

The Commission's decision to deny renewal of accreditation and withdraw the institution's accreditation is an appealable adverse action. **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 **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 **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 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 Teach-Out Approval Form (found under the Forms Tab on the ABHES website at <https://abhес.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
George Milan, Texas Workforce Commission