



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING  
1722 N. Street, N.W., Washington, D.C. 20036  
Telephone : 202-955-1113 Fax: 202-955-1118  
<http://www.accet.org>

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VIA EMAIL & FEDERAL EXPRESS  
([john.carreon@ecacolleges.com](mailto:john.carreon@ecacolleges.com))  
([roger.swartzwelder@ecacolleges.com](mailto:roger.swartzwelder@ecacolleges.com))

Mr. John Carreon  
SVP, Regulatory Affairs and Associate General Counsel  
Virginia College, LLC  
(dba Virginia College, Golf Academy of America, Ecotech Institute)  
488 Palisades Blvd.  
Birmingham, AL 35209

***Re: Initial Accreditation Denied  
(Appealable – Not a Final Action)  
Interim Report Reviewed  
ACCET ID #1539***

Dear Mr. Carreon,

At its April 2018 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Virginia College, LLC (dba Virginia College, Golf Academy of America, Ecotech Institute) with a main campus located in Birmingham, Alabama.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER) and Branch Analytic Self-Evaluation Reports (BASERs), the 34 on-site visit team reports and the institution's responses to those reports, as identified below:

<u>Campus Location</u>	<u>Visit Dates</u>	<u>Response Received</u>
Corporate Office	9/7/2017	10/20/2017
Birmingham, AL	10/12 – 10/13/2017	11/28/2017
Aurora, CO	10/16 – 10/17/ 2017	11/27/2017
Myrtle Beach, SC	10/16 – 10/17/ 2017	11/27/2017
Augusta, GA	1/08 – 1/09/2018	3/26/2018
San Diego, CA (Carlsbad)	1/09 – 1/10/2018	3/14/2018
Jackson, MS	1/10 – 1/11/2018	3/16/2018
Orlando, FL (Apopka)	1/16 – 1/17/2018	3/19/2018
Charleston, SC	1/23 – 1/24/2018	3/27/2018
Phoenix, AZ (Chandler)	1/25 – 1/26/2018	3/27/2018
Florence, SC	1/29 – 1/30/2018	3/27/2018
Lubbock, TX	1/29 – 1/30/2018	3/28/2018
Pensacola, FL	1/29 – 1/30/2018	3/29/2018

Austin, TX	1/30 – 1/31/2018	3/28/2018
Columbia, SC	1/31 – 2/01/2018	3/28/2018
Biloxi, MS	2/01 – 2/02/2018	3/29/2018
Huntsville, AL	2/05 – 2/06/2018	3/28/2018
Mobile, AL	2/07 – 2/09/2018	3/27/2018
Montgomery, AL	2/08 – 2/09/2018	3/29/2018
Chattanooga, TN	2/12 – 2/13/2018	3/29/2018
Macon, GA	2/12 – 2/13/2018	3/29/2018
Knoxville, TN	2/14 – 2/15/2018	3/29/2018
Columbus, GA	2/19 – 2/20/2018	3/27/2018
Spartanburg, SC	2/19 – 2/20/2018	3/29/2018
Ft. Pierce, FL	2/21 – 2/22/2018	3/29/2018
Greensboro, NC	2/21 – 2/22/2018	3/27/2018
Greenville, SC	2/21 – 2/22/2018	3/28/2018
Jacksonville, FL	2/21 – 2/22/2018	3/28/2018
Tulsa, OK	2/21 – 2/22/2018	3/28/2018
Baton Rouge, LA	2/22 – 2/23/2018	3/27/2018
Savannah, GA	2/22 – 2/23/2018	3/27/2018
Richmond, VA	2/26 – 2/27/2018	3/28/2018
Shreveport, LA	2/26 – 2/27/2018	3/28/2018
Dallas, TX (Farmers Branch)	2/27 – 2/28/2018	3/28/2018

It is noted for the record that the Commission originally considered the institution’s application for initial accreditation at its December 2017 meeting. At that time, the Commission voted to defer consideration for one cycle, to allow for a review of the remaining 30 branch campuses, and directed the institution to submit an interim report to include additional information pertaining to the three related site visits relative to the following 12 Standards for accreditation: Standard II:A – Governance, II:B – Institutional Management, III:C – Financial Assistance/Scholarships, IV:A – Educational Goals and Objectives, V:B – Learning Resources and Management, VII:A – Recruitment, VIII:B – Attendance, VIII:C – Student Progress, IX:A – Student Satisfaction, IX:B – Employer Satisfaction, IX:C – Certification and Licensure, and IX:D – Completion and Job Placement.

It is further noted that some of the weaknesses cited in the team reports were adequately addressed in the institution’s team report responses and interim report, received March 2, 2018. However, upon review of the record, the Commission determined that of the 232 weaknesses identified across the institution’s 33 campuses and the corporate office, approximately 20% were satisfactorily addressed, leaving 80% of the weaknesses originally cited substantially unresolved, spanning 23 of the 33 Standards for Accreditation. Further, 31 of 33 campuses failed to meet the required completion and job placement benchmarks as detailed in Standard IX: D – Completion and Job Placement. The Commission determined that the institution did not adequately demonstrated compliance with respect to all ACCET standards plus applicable policies, and procedures. The following findings do not encompass all areas for which the institution was non-compliant, but rather represent the standards and issues most pertinent to the denial of accreditation.

1. Standard I:A – Mission (Greensboro, Lubbock)

The institution failed to demonstrate that the rationale for offering its training programs is documented by a successful market experience. The institution did not demonstrate that it meets its mission to provide quality programs “empowering students to achieve their lifelong personal and professional goals.”

As noted in the team report for the Greensboro and Lubbock campuses and utilized here as an example applicable to other locations, the institution utilized completion and placement statistics to measure and validate its success in meeting its mission, however, the majority of its programs did not demonstrate compliance with ACCET completion and placement benchmarks, as further detailed in Standard IX.D – Completion and Job Placement. Correspondingly, the team report noted that the institution failed to meet its mission based on specific criteria established by the institution to measure whether it is achieving its mission in accordance with the ACCET Standard.

*In its response to the Greensboro campus team report, the institution indicated that it had “developed and implemented various initiatives for all programs below benchmark” which were designed to improve completion and placement outcomes “for the new programs beginning on September 13, 2017” including providing additional resources to students in need of assistance to stay in school, improved communications between education and admissions departments to address student absences, closer monitoring of academic progress, and improved student services, as well as specific initiatives pertaining to specific program offerings. However, the institution did not demonstrate any substantive progress towards meeting the ACCET benchmarks of 67% completion or 70% job placement.*

*In its response to the Lubbock branch campus team report, the institution indicated that completion and placement statistics “play a vital role in the determination of whether or not a program is a viable career option for graduates and the community” and that “[c]ontinued year over year of lower percentages of placement rates typically show that particular programs might not be feasible options for graduates to seek and gain employment, and this warrants re-evaluation of said program(s) ... All programs, except Cosmetology, have changed their curriculum to include shorter, modular programs which will aid in quicker training to employment opportunities. The campus is confident these changes will support much improved completion and placement statistics.” However, the institution did not demonstrate any substantive progress towards meeting ACCET benchmarks in either completion or placement. It is further noted that no outcomes were available for the shorter program versions recently introduced.*

*Upon its review of the totality of the record, the consistency of the institution’s mission across all campuses and the institution’s failure across the majority of its campuses to meet minimum standards for completion and job placement, the Commission further determined that the institution’s failure to meaningfully measure and/or meet its mission is systemic.*

Therefore, the institution did not demonstrate compliance with this standard.

2. Standard II:A – Governance (Austin, Birmingham, Baton Rouge, GAA Dallas, GAA Myrtle Beach, GAA Phoenix, GAA San Diego, Greenville, Knoxville)

The institution did not demonstrate that its management structure ensures the integrity and capability of the institution and that it is compliant at all campuses with statutory, regulatory, and accreditation requirements.

The institution was directed to submit an interim report to include all correspondence between the U.S. Department of Education and the Alabama Community College System regarding complaints filed against the main campus received since the main campus visit of October 12-13, 2017. In addition, the Commission requested, under separate cover, a detailed summary and current status update of all active lawsuits, and any other administrative action and/or government agency or accreditation agency actions over the last 12 months.

The institution was further directed to submit an auxiliary classroom application for all golf courses used at its GAA Myrtle Beach campus for instructional program hours of the institution's Golf Complex Operations and Management program. The team reports for the GAA Dallas, GAA Phoenix, and GAA San Diego campuses indicated that the institution continued to deliver instruction at a range of golf courses contracted for these locations which were not included as auxiliary classrooms in the institution's application for accreditation.

The team report for the GAA San Diego campus indicated that the institution's application included a Golf Facility Operations Diploma program, which was approved by BPPE (the California Bureau of Post-Secondary Education), but which was not being offered or advertised during the course of the on-site visit. The team report further identified a 180 clock hour discrepancy between the program hours indicated in the ACCET application (900 clock hours) and the BPPE program approval (720 clock hours).

The team reports for the Birmingham and Austin campuses indicated that Virginia College was offering a Respiratory Care Program that was not included in its application for accreditation. In its response to the team report in the December 2017 cycle at the main campus, the institution indicated that the institution "had decided to teach out the program," that nine students were affected, and that each had been issued a full refund of all tuition. The team report for the Austin campus indicated that the program was ongoing and that the expected graduation date for the final cohort extended into 2019.

The team reports for the Baton Rouge and Shreveport branch campuses indicated a number of discrepancies in program hours, program duration, and approvals between those submitted to ACCET as part of the institution's application for accreditation and those reported to state regulators and/or the U.S Department of Education. The Baton Rouge team report indicated that the number of weeks for four programs listed on the institution's Eligibility and Certification Approval Report (ECAR) did not match those in the application for accreditation

or those listed in the institution's catalog: the Network and System Administration (Associates) program was listed as 96 weeks in duration, the Medical Office Specialist (Diploma) as 54 weeks in length, the Medical Billing and Coding Specialist (Diploma) as 54, and the Medical Assistant (Associates) program as 88 in the institution's ECAR, while the catalog and application indicated 84, 36, 36, and 77 weeks, respectively. The Shreveport team report indicated identical program discrepancies to those noted in the Baton Rouge team report.

The team report for the Greenville and Spartanburg campuses indicated that the institution had not sought or received approval from the American Society of Health Systems Pharmacists (ASHP), the institution's programmatic accreditor for substantive modifications to its Pharmacy Technology program, which in October 2017, changed from a residential program to a blended delivery program. At that time, the program also transitioned from a longer term-based program (790 clock hours/60 quarter credit hours offered over 44 weeks) to a modular-based program (780 clock hours/59 quarter hour program offered over 36 weeks).

The team report for the Montgomery campus indicated that the Alabama Board of Nursing had provided only provisional approval for the institution's Associate Degree in Nursing program owing to continued low NCLEX-RN pass rates.

*In its Interim Report response to the Commission's directive that the institution provide all correspondence between the Alabama Community College System regarding complaints, as well as a detailed summary and current status update on all active lawsuits, administrative actions, and government or accreditation agency actions, the institution provided: a summary of 13 civil actions in 13 jurisdictions, 10 of which remain open; and 25 federal or state actions, including 16 Equal Opportunity Employment Commission actions, five Office of Civil Rights actions, one Federal Student Aid/Clery action, one Attorney General of Virginia Division of Human Rights action, one Tennessee Human Rights Commission action, and one U.S. Department of Education action. Of these actions, 17 are closed (with one Office of Civil Rights (OCR) complaint regarding a full refund to a student, and one closed further to a Resolution Agreement with OCR). Eight are pending further action, including one OCR action (Pensacola campus), one FSA Clery Compliance action (Fresno), one Virginia DHR action (Richmond), one U.S. Department of Education action (Charleston), three EEOC actions (Birmingham, Arlington, and Charleston), and one Tennessee Human Rights Commission action.*

*In its Interim Report regarding the use of golf courses as auxiliary classrooms for the Myrtle Beach campus, and in its responses to the team reports for the Dallas, Phoenix, and San Diego locations at which this same issue was found, the institution stated that these locations should not be treated as auxiliary classrooms but should, in the alternative, be considered as "externship sites that ACCET allows for numerous other approved programs." The institution further noted that the states in which the GAA campuses are located do not require state approval of the golf courses and that, when the institution was approved to enroll international students, these locations were not required to be reported to the Student Exchange Visitor*

*Program (SEVP). The institution contended that “these golf courses and ranges should be treated no different than doctors’ offices, hospitals, long term care facilities, health insurers or restaurants, which are used by many different programs already accredited by ACCET as externship/clinical locations.” In its response to the Phoenix team report, the institution submitted 11 Documents 26.2 – Application for Auxiliary Classroom Approval. However, these documents contained no supporting documentation, including, among other required supporting materials, ACCET Documents 6 for employees who will be working at these sites, narrative reports indicating why the locations are needed and the distance from the campuses to which they are affiliated, programs or modules that will be offered at these locations, and fees for the applications in accordance with ACCET Document 10 – Fee Schedule. No applications were submitted for any of the other locations identified in the Commission Action Letter and team reports. Of further note, the Commission rejected the institution’s argument that these locations be considered similar to “externship sites” at its December 2017 meeting, and directed the institution to submit auxiliary classroom applications.*

*In its response to the team report for the GAA San Diego campus regarding the Golf Facility Operations program, the institution indicated that it had withdrawn this program from consideration by ACCET. However, no formal withdrawal of this program from the institution’s application was submitted to support this statement in its response to the team report. In addition, in its response to the GAA Dallas team report regarding the absence of policies and procedures specific to IDL program delivery, the institution stated that, “[u]pon approval and launch of the new GAA Golf Facility Operations and Golf Complex Operations and Management associate programs, interactive distance learning will no longer be a modality for course delivery.” However, the status of this program offering and the modality of the curriculum delivery remains unclear, particularly for students enrolled in IDL courses. Further, the institution did not address the clock hour discrepancies in the institution’s application for accreditation and those approved by the BPPE.*

*In its responses to the Birmingham and Austin team reports regarding the institution’s offering of a Respiratory Care Program that was not included in its application for accreditation, the institution initially indicated, in its response to the December 2017 cycle Birmingham report, that “the institution has decided to teach out the program” by March 31, 2018 and that it had provided a full refund to all students who would not be able to graduate by that date. However, in its response to the April 2018 Austin team report, the institution indicated that the program would continue to be offered at the Austin location through its final cohort graduation in 2019. The institution indicated that it had met with ACCET staff to discuss affected students “and how to manage their status,” and that it was in the “best interest of all parties that we do not kick these students out,” but provided no supporting documentation to indicate that the program would, in fact, be taught out, whether the institution intended to submit a future program application, confirmation of when the program would be fully taught-out, or other information to evidence a definitive action taken to resolve this issue. This program was not reviewed by the team and was being offered despite repeated ACCET guidance that teach-out*

*programs could not be offered beyond the date when the Commission would consider the institution's application for accreditation.*

*In its response to the Baton Rouge and Shreveport team reports, the institution acknowledged the cited discrepancies between the institution's application for accreditation, its catalog, and its ECAR, but indicated that the institution was unable to take any action to address the cited discrepancies in program hours since the ECAR is currently under review by the U.S. Department of Education as a result of the institution's submission of its application for recertification in December 2017.*

*In its response to the Greenville and Spartanburg team reports regarding the lack of ASHP approval for the institution's new Pharmacy Technology program, the institution indicated that it had notified ASHP of the Pharmacy Technology curriculum changes for the Greenville and Spartanburg campuses as well as 13 other campuses at which the program is offered in its revised format. The institution noted that ASHP requires only notification rather than prior submission and approval of program revisions. However, the institution indicates that ASHP regulations require notification within 30 days of the change. The institution's notification was submitted on March 19, 2017, almost six months after the substantive revisions of its program and one month after the failure to notify ASHP was cited at the Greenville and Spartanburg campuses. e*

*In its response to the Montgomery campus team report identifying Alabama Board of Nursing provisional approval for the institution's Associates Degree in Nursing program owing to low NCLEX-RN pass rates, the institution indicated that it had received a notice of "continued deficiency" from the Alabama Board of Nursing in November 2017 upon its failure to meet the required three-year average of 80% on the exam. The institution cited several factors which contributed to its negative NCLEX pass rates, including its efforts to assist displaced students following the closure of ITT Technical Institute, and further stated that, were those students excluded from the calculation for NCLEX-RN test-takers, the first-time test-takers from Virginia College students "would have been 81.25%." The institution provided a table identifying graduates who had passed or failed, which identified which students were Virginia College students and which were former ITT students, but provided no supporting documentation to evidence this alleged distinction nor a rationale to support its acceptance of ITT students whom it could not adequately train to pass the NCLEX exam.*

Therefore, the institution failed to demonstrate that it ensures the integrity and capability of the institution and its compliance with statutory, regulatory, and accreditation requirements, as required by the standard.

3. Standard II:B – Institutional Management (Aurora, GAA Dallas, Greenville, Knoxville)

The institution did not demonstrate that it had developed and effectively implemented policies within an organizational framework that is clearly defined, understood, and effective at all

campuses, and that written policies and procedures guide the day-to-day operations of the institution at all locations.

The institution was directed to provide, in its interim report, an update on the progress made to adequately staff the Career Services department at the Aurora (Ecotech) campus to include a copy of the new hire's start date, resume and job description, as well as ACCET Document 6 – Faculty/Administration Personnel Form.

The team report for GAA Dallas indicated that the institution did not have policies and procedures specific to IDL. (Note that the team report cited this weakness under Standard II:A – Governance. The Commission considered the institution's policy and procedural compliance in addressing this weakness under Standard II:B – Institutional Management.)

The team report for the Greenville campus indicated that the roll-out of the Hawthorn project programs was not effectively communicated or implemented and that the team found the campus "in considerable turmoil." This is further discussed in Standard II.E – Communications. The institution provided no evidence that campus and corporate leadership had identified the sources of dissatisfaction or that they had taken any concrete steps to address it, including meeting with students directly.

The team report for the Knoxville campus indicated that policies and procedures were not well-understood by campus staff and were inconsistently implemented. Staff were not versed in compliant policies in the areas of student progress, completion and placement policy, including the use of waivers, and make-up policies, among other areas. The team attributed this to inadequate corporate oversight of the campus, as well as insufficient training in, and communication of, necessary processes for operations.

*In its Interim Report, the institution indicated that it had hired a new Office Administrator at the Aurora campus on February 27, 2018, and noted that "[t]he office administrator will devote a quarter of her time to helping Career Development with various administrative tasks each week" and that this "will free up our Director of Career Development to spend more time placing students and expanding our network of hiring partners." The institution submitted the resume of the new hire as well as a revised job description. The latter included the general responsibility for "providing administrative support," with specific duties to include serving as an administrative contact and liaison with other offices, institutions, and agencies, greeting and directing visitors, sorting incoming and outgoing mail, and so on. Minimum qualifications for this position are a high school diploma or GED 'with 0-2 years' experience directly related to the duties and responsibilities specified. The job description did not include specific job responsibilities relative to career development, nor did the institution provide evidence of training that the new hire was oriented and trained regarding completion and job placement policies. The Commission determined that the institution's response did not adequately address its concern, as stated in the initial team report for the Aurora campus, "that the institution's current staffing resources (one staff member) devoted to career services is*



*insufficient for the work required to adequately impact the institution’s current below-benchmark placement rates.”*

*In its response to the GAA Dallas team report indicating the lack of policies and procedures specific to IDL, the institution indicated that, “[u]pon approval of the new GAA Golf Facility Operations diploma and Golf Complex Operations Management associates programs, interactive distance learning will no longer be a modality for course delivery.” However, the institution further noted that there are, potentially, additional online courses that will be “transferred in from the New England College of Business.” The institution indicated that it had developed and submitted for, Commission review, an IDL Policies and Procedures Manual. However, only a table of contents was submitted.*

*In its response to the Greenville campus report indicating that campus and corporate leadership provided no evidence that they had taken steps to address student concerns regarding the roll-out of the Hawthorn programs, the institution stated that it had met individually with students and provided a series of “student transition worksheets,” a Project Hawthorn Training PowerPoint, and an Academic Standardization Schedule, as well as a one-page “Blended Learning Training Plan” which included three, minimal areas identified for training including, by way of example, the following focus on student success:*

<i>Focus Area</i>	<i>Content</i>	<i>Action Steps</i>	<i>Due Date</i>	<i>Person Responsible</i>
<i>Student Success in Blended Learning</i>	<i>Regional calls with follow-up e-mails PPT Formal acknowledgment</i>	<i>██████ create content RVPs help set up region calls</i>	<i>Ongoing</i>	<i>██████ and ██████</i>

*The Commission further observed that the “student transition worksheets” were all signed in 2017, prior to the team’s visit, and, therefore, preceded the concerns noted by the team in February 2018 and, further, did not address concerns regarding corporate and campus leadership in managing, within a clearly-defined and effective organizational framework, the transition from residential to blended programs. The Commission also observed that the individual responsible for implementation of the above plan was no longer employed at the campus at the time of the team visit.*

*In its response to the Knoxville campus report, the institution stated that “[g]eneral knowledge of policy, procedure, standards and goals is being addressed in a multitude of ways,” and submitted minutes from one meeting of a new “Lunch and Learn” meeting which the institution has scheduled on a weekly basis as well as minutes from a departmental meeting “addressing need for improved oversight, communication and training.” The former documents included discussion of ACCET standards and its commitment to “train, train, train on the standards,” and the latter contained Admissions Meeting Minutes covering general admissions policies at*

*the institution (e.g., “100 or more phone calls are to be made per day in order to be successful,” and “students will go from Application to Future Start right away. Reps must assure they are on top of the required documents”) rather than evidence of actual training, communication, or effective oversight of ACCET-compliant policies and procedures.*

Therefore, the institution failed to demonstrate that written policies and procedures are developed and effectively implemented to guide the day-to-day operations of the institution.

4. Standard II:C – Human Resource Management (Biloxi, Chattanooga, Knoxville)

The institution did not demonstrate that management developed and implemented, across all campuses, policies and procedures to ensure that qualified and capable personnel, at appropriate staffing levels, are effectively utilized, evaluated, retained, and provided effective supervision, training, and professional development. It is further noted that a high level of turnover was identified in a majority of team reports, although not specifically cited as a weakness under Standard II-C.

For example, the team report for the Biloxi campus indicated that faculty files did not evidence professional development training for Cosmetology instructors (██████████, or ██████████), as well as professional development training for a Business Administration instructor (██████████). Other Business Administration instructors (██████████, and ██████████) had documentation evidencing only partial participation in quarterly-scheduled training.

The team report for the Chattanooga campus indicated that the personnel turnover rate at the institution for staff and faculty was 51.2%, and included turnover in the positions of Campus President, Dean of Admissions, and Academics. During the transition period, members of the corporate team filled key positions, including that of Campus President and Director. The team report indicated that this resulted in communication issues with campus personnel that adversely affected operations in the areas of 90-day employee reviews and weekly admissions team meetings, for which there was no evidence subsequent to November 2, 2017.

The team report for the Knoxville campus indicated a turnover rate of 75.5%, which included an 84.31% turnover rate for faculty and a 57.14% turnover rate for administrative staff. During 2017, the institution replaced the Campus President, the Academic Dean, and multiple Program Directors. The team report indicated that high turnover had led to a lack of leadership and direction, as evidenced by the 2017 Noel Levitz survey, which included consistent negative feedback regarding faculty and administration, as well as student interviews which described a history of confusing information and turnover.

*In its response to the Biloxi campus team report, the institution indicated that, going forward, the Academic Dean “will utilize [a] digital process for monitoring completion by faculty of scheduled professional development and will meet with each program director to ensure that quarterly requirements are met and documented for all active faculty.” The institution provided “corrected” professional development files for Cosmetology and Business Administration faculty as well as a faculty observation/professional development schedule for*

*2018. The latter was a blank spreadsheet, listing the institution's instructors vertically and the months of 2018 horizontally, with no entries to date. In addition, the institution provided no supporting documentation evidencing the systematic and effective implementation of the evaluation, training, or professional development of its faculty.*

*In its response to the Chattanooga team report, the institution indicated that key positions, including the Director of Education and Campus president, were filled as of March 19, 2018, and that all 2017 reviews of faculty were complete. The institution also provided a 90-day evaluation of the Admissions Representative [REDACTED]. However, the documentation indicated that the due date for completion was December 31, 2017, while the narrative indicated that the evaluation was completed on February 21, 2018. The document itself did not indicate when it was completed. The institution also provided December 14, 2017 e-mail correspondence to campus Presidents indicating that the 90-day employee reviews were no longer required, and that the "annual review process appropriately satisfies our accreditation requirements for capturing performance data at this time." This correspondence was sent to the Chattanooga President on March 19, 2018. The Commission questions the removal of a 90 evaluation given the high turn-over issues noted for this campus. In addition, the institution also submitted "Policy and Procedure Attestation" documents, to evidence employee awareness of access to the institution's policies and procedures. All of these were signed and dated in March 2018.*

*In its response to the Knoxville campus team report, the institution acknowledged substantial staff turnover in 2017 but stated that "staffing is now stable with all key positions filled," with only two admission representative positions unfilled at the time of its response. The institution addressed student survey issues under its response to standard IX.A – Student Satisfaction, wherein it acknowledged that "[t]he comments are concerning and stem primarily from the previously noted personnel changes as well as the shift to a new curriculum," stated a daily activity of meeting student concerns in these areas, and "instituted a feedback/escalation process in all voicemail and emails for staff and faculty," as well as a customer service initiative to respond to student needs. However, the institution did not address the lack of leadership and direction at this campus or demonstrate that it had established a stable culture of compliance via these new appointments and hires, nor evidence that student survey results or feedback had improved since the on-site visit.*

Therefore, the institution failed to demonstrate that management ensures that capable personnel, at appropriate staffing levels, are utilized effectively and that policies and procedures are implemented to address orientation, supervision, evaluation, and training of all personnel.

5. Standard II:E – Communications (Augusta, Biloxi, Greenville)

The institution did not demonstrate that corporate and/or campus management effectively communicate between each other or with students on pertinent aspects of its operations, including the delivery of quality education, training services, and student services.

The team reports for the Augusta and Biloxi campuses indicated that communications regarding the roll-out of the Hawthorn, blended programs was inconsistent and unclear for both faculty and students. Instructors and students expressed frustration and concern at the ineffective communication of schedules and program changes. At the Biloxi campus students were told to come to school to start classes, but when they arrived, they were told that their classes were not starting until the following week.

The team report for the Greenville campus also indicated serious concerns regarding the roll-out of the Hawthorn blended programs which it attributed, in part, to corporate and campus leadership as cited under Standard II:B – Institutional Management. The team report further indicated widespread dissatisfaction among students, principally in the Medical Billing and Coding, Medical Assisting, and Pharmacy Technology programs, with the conversion from residential to blended instruction. This weakness was cited under Standard IX:A – Student Satisfaction and largely concerned poor communication channels between the students and campus management: “Many students expressed that they were not heard. They relayed stories of sending e-mails and asking to speak to the Campus President or the Dean and that meetings were never scheduled.”

*In its response to the Augusta campus team report, the institution indicated that resources were provided to campus staff to prepare for the upcoming curriculum standardization and submitted a standardization schedule and Project Hawthorn Training PowerPoint. The institution further indicates that “students met face-to-face with their program director, admissions and financial aid representatives to individually understand how this would affect their schooling outcomes and ask any questions that they might have.” These communications preceded the on-site visit and, hence, did not address current concerns. The institution also submitted student attendance meeting minutes from the Medical Assisting program from March 15, 2018 from a town hall meeting to assess “modular concerns.” In response to the survey question, “What is a barrier to completing school?,” the number one answer was “no computer access at home.” A further comment and concern was “the need for more computer space.” The institution did not demonstrate that it had appropriate levels of communication with students to preempt these predictable issues prior to switching to a blended learning program, nor that any action had been taken to address these serious concerns since.*

*In its response to the Biloxi team report, the institution submitted two documents to demonstrate communication to faculty and students, respectively, regarding the transition from residential to blended learning. However, the document submitted to demonstrate communications to students was not, in fact, addressed to students, but to staff on how to answer student questions in response to an “All for One” poster about curricular changes: “Please use the following Q&A to answer questions that may arise from students in regards to the poster. You must not talk to prospects about the new programs.” The document contains student signatures from a town hall meeting in August 2017, a date which preceded the on-site visit by five months and, hence, did not address concerns found by the team. In addition, the*

*document was lacking in any specificity regarding the pending changes, as evident in the following excerpts:*

**Which programs will be affected?**

Several programs will have some enhancements and scheduling changes, some more than others. However, we have to wait until our applications are approved before we can be more specific with you.

**What are the changes?**

The changes are not yet finalized. We have applied for changes to the way classes are scheduled and, for some programs, we have applied for approval of new curricula. However, until we have the final approvals from the U.S. Department of Education, we can't talk about the specifics.

**When will these changes occur?**

The exact timing of the rollout is contingent on receiving the program approvals so we can only estimate the date. We are expecting to get program approvals in late summer or early fall. Once we have the approvals we will be able to announce and implement the changes.

*In its response to the Greenville campus report indicating that campus and corporate leadership provided no evidence that they had taken steps to address student concerns regarding the roll-out of the Hawthorn programs, the institution stated that it had met individually with students and provided a series of "student transition worksheets," a Project Hawthorn Training PowerPoint, and an Academic Standardization Schedule, as well as a one-page "Blended Learning Training Plan" which included three, minimal areas identified for training. The "student transition worksheets" were all signed in 2017, prior to the team's visit, and, therefore, preceded the concerns noted by the team in February 2018. These worksheets itemized transition start dates, new graduation dates, new program estimated tuition and fees, and class schedules, but contained no information about revised curricula or course delivery.*

It is further noted that the transition of the program modules to the Hawthorn method resulted in a number of concerns identified in other standards throughout this letter.

Therefore, the institution failed to demonstrate that management ensures regular and effective communication among appropriate members of the institution on pertinent aspects of its operations, including the delivery of education and training services.

6. Standard III-B: Financial Procedures (Chattanooga, Greenville, Spartanburg, Austin, GAA Dallas)

The institution did not demonstrate that it is compliant with ACCET standards relative to financial procedures or ACCET Document 31 – Cancellation and Refund Policy. Specifically, the institution did not demonstrate that it fairly and consistently applies tuition charges to all students or that it utilizes an ACCET-compliant cancellation and refund policy.

Team reports for the Chattanooga, Greenville, Spartanburg, Austin, and GAA Dallas branch campuses indicated issues regarding tracking student financial obligations, timely issuing of refunds to students, written requirements for student payment timeliness, consequences for late and/or unmade payments, and refund policies and procedures pertinent to interactive distance learning students. Specifically: (a) the institution did not provide clearly-written, updated contracts or funding plans detailing how costs would be adjusted upon completing an internal transfer from an old associates degree program to a new diploma program (Chattanooga); (b) the institution did not demonstrate that it has a written policy describing when a student who has not paid outstanding balances to the school is prohibited from going to class (Spartanburg and Greenville); (c) the institution did not issue a timely refund to a student (Austin); and (d) the institution lacked specific policies for interactive distance learning students relative to last day of attendance, drops, timely refunds and exit counseling (GAA Dallas).

*In its response to the Chattanooga branch campus report, the institution provided a description of the student's (██████████) record, copies of email correspondence between the branch campus and ECA regarding this particular student's tuition request, and copies of the student's financial records including the diploma, ledger card, program financial estimate and tuition waiver request form. The response indicated that, based on the information included on the transition form, the student was not due a credit for her program. The response further noted that the transition worksheet provided the cost of the current program and the anticipated costs for the new program, which were also noted on the student's enrollment agreement. The response further indicated that the institution does not record transfer credits on a student's funding plan, and that only credits the student will complete while in attendance during the academic year are recorded on this plan. Attached with the response were copies of email correspondence between ██████████ from the Chattanooga branch campus, and ██████████ and ██████████ from the ECA offices, which outlined a funding plan for the student, but did not account for transfer credits or the institution's charges listed by the school in the financial forecast paperwork. The financial forecast paperwork for the associate's degree program provided in the response for this student was different from the paperwork attached with the team report, as the response indicated that the student owed \$9,647 for the diploma and \$8,800 for the associate's program, for a total of \$18,447, and had 44 credits remaining. The documentation provided in the team report and signed by the student indicated \$8,039 for the diploma and \$7,200 for the associates, for a total of \$15,239, and with only 36 credits remaining. There was no explanation provided for these differences. Neither of these documents provided clear information to the student on program costs, as both documents show that the above estimates for program completion plus the amount charged to the student to date (\$21,156) results in a total of \$34,176, but in both cases, adding the elements together exceeds the printed result total. While the funding plan indicates that students will be provided a tuition discount if the overall program costs are higher, there is no additional information on how these charges will be modified nor how the breakdown of costs between the two programs was determined. The Commission notes that for both financial forecasts, the remaining diploma costs are higher, yet the student only requires twenty credits to complete the diploma and 36 (or 44) to complete the associate's program. Further, email correspondence included with the response indicates that the institution does not have a policy*

*in place for charges to students who were transitioned from the institution's former associate degree programs into the new diploma programs. One email chain references suggestions for a policy for "students who were made to transition," with the last email on March 28, 2018 indicating, "This is the email where I request the policy." The other indicates that a tuition reduction document was sent to the corporate office on March 26, 2018, but states, "we haven't received the official policy." The Commission determined that the response incompletely addressed the issue of determining charges for transferring students who transitioned from the old to new programs, particularly in the absence of a written policy and procedure and subsequent implementation.*

*The response to the Greenville and Spartanburg branch campuses, regarding a timeline for prohibiting students from attending classes when they have outstanding balances with the school, indicated that the institution does not prohibit students from attending class due to late payments, that it works with students to remind them of the importance of meeting their financial obligations, and that it may prohibit students from registering for a subsequent term if financial obligations are not met. The response, however, did not demonstrate the consistency of this process to ensure that it is fair and equitable for all students. It did not clearly identify information such as the number of delinquent days that would result in punitive action by the institution or remedies to address outstanding financial obligations, nor did it outline a process for students who seek to obtain reinstatement should delinquency result in a withdrawal. Additionally, the response did not address how the institution consistently informs students of its policy and procedure relative to late payment.*

*In its response to the GAA Dallas team report, the institution indicated that attendance in any online course will be determined by participation in an academically-related event such as a discussion or the completion of an in-class assignment. The institution further indicated that, if students withdraw from a class, the last day for an online student to record attendance is the Sunday following the drop or add, and that students who do not attend class for 14 consecutive days will be administratively withdrawn. Attached with the response was a copy of an updated tardiness policy document. The response, however, did not address refund calculation or exit counseling for these students, and the policy document attached did not include specific procedures that relate to interactive distance learning students in the areas of drops, refund processing, and exit counseling. Therefore, the institution remains non-compliant with ACCET Specific Field Criteria relative to interactive distance learning students.*

*The institution failed to demonstrate that it is compliant with ACCET standards for financial procedures and ACCET Document 31 – Cancellation and Refund Policy. Specifically, the institution did not demonstrate that it upholds codified institutional policies and procedures applied across all campuses relative to internally transferring students from associate degree programs to diploma programs that track and record student payment, transfer of credits, and tuition and/or refund adjustments; that it has structures in place to ensure timely payment from students and clearly-stated consequences for payment delinquency. Further the institution did not demonstrate that it has systematically and effectively implemented written policies and procedures relative identifying drops, making timely refunds, and providing requisite financial counseling for interactive distance learning students at the Golf Academic of America.*

Therefore, the institution failed to demonstrate that it fairly and consistently applies tuition charges to all students or that it utilizes the ACCET cancellation and refund policy compliant with this standard.

7. Standard III-C: Financial Assistance/Scholarships (Birmingham, Greensboro, Knoxville, Orlando, San Diego, Spartanburg)

The institution did not demonstrate compliance with ACCET standards relative to fair and equitable application of financial assistance and scholarships; nor that, at the campus-specific level, financial assistance staff were knowledgeable and equipped to make accurate financial aid disbursements for students or provide financial aid counseling to students; nor that students had on-campus resources available to provide financial aid counseling and guidance for students, in real time.

The institution was directed to provide an interim report to include a list of all scholarships provided at Virginia College campuses, along with corresponding policy documents which govern the scholarship process, for each scholarship offered. Included in the response was information regarding the College Career Training Scholarship for Working Students, and the Institutional Grant Match, the latter of which did not meet ACCET standards for fair and equitable tuition charges and financial assistance, as detailed below.

Team reports for the Greensboro and Knoxville branch campuses noted concerns regarding the application of scholarships and institutional financial assistance programs. Specifically, the institution ran a promotion that offered military personnel a discount of up to 5% if the student's military benefits did not cover the full cost of tuition, in addition to offering a "50/50" grant-matching program in which the institution matched student payments up to \$2,000, while the student was attending – neither of which could be applied uniformly to all applicants. The Knoxville team report further indicated that this Grant Match program was not being implemented consistently, as one file for a student participating in the program (██████████) indicated that the student had made two payments, one of which was matched 48 days afterward, and one had not been matched at the time of the on-site visit, 92 days after the payment had been made.

The team reports for the Knoxville, GAA Orlando, Spartanburg, and GAA San Diego branch campuses indicated concerns with the level of financial aid counseling available for students, specifically; a) inaccurate disbursement of Title IV funds and inaccurate student ledger cards, untimely application of grant distribution to a qualifying student, and a lack of professional development training resources regularly available for the Student Finance Supervisor (Knoxville); and (b) a lack of appropriate financial aid advising resources available to students on-campus (GAA Orlando, GAA San Diego, and Spartanburg); and (c) the absence of an on-site Financial Aid Officer (GAA San Diego).

The weaknesses for the GAA Orlando and Spartanburg branch campuses similarly reported a lack of appropriate financial aid advising personnel available to support students on campus. At the GAA Orlando and GAA San Diego campuses, the team reports indicated that there was



no knowledgeable resource staff for students to consult with on-site relative to financial aid package issues. At the Spartanburg branch campus, the team report indicated that the Student Finance Supervisor did not demonstrate a sound understanding of the reasons for implementing financial aid procedures, and that most questions are referred to corporate, thus resulting in the team's concern of this individual's ability to provide accurate and timely support for students.

*In its response to the GAA Orlando team report, the institution indicated that it ended the centralized student finance pilot and has staffed all campuses with a full-time Student Finance Specialist. As a result, the institution hired two financial aid professionals, a Student Finance Specialist based at the GAA Orlando branch campus, and a Finance Supervisor, the latter whom oversees five Golf Academy of America locations and is based at the GAA San Diego, California campus. The institution provided a copy of the newly hired employees' training schedule. However, specific details pertaining to the systematic roll-out and implementation of the new Student Finances Specialist or the Golf Academy of America Financial Supervisor was not provided, nor did the institution provide a description of the qualifications and or copies of the job descriptions for the two Student Finances Specialist or the Finance Supervisor. In addition, no documentation, including policies and procedures for the new Student Finance Specialist and Financial Supervisor, were provided in the response. The institution provided a "New Hire Schedule" for a four-day FSA training module; however, no documentation was provided pertaining to the successful implementation of this training, nor did the institution provide evidence that the two newly hired individuals had completed campus orientation or financial aid training.*

*The response to the GAA San Diego branch campus indicated that this location was also impacted by the end of the centralized student finance pilot. At the GAA San Diego location campus the institution indicated that it hired an on-campus Student Finance Supervisor, who, at the time of the response, had completed the corporate financial aid training. The institution also indicated that it hired one Student Finance Specialist to assist the Student Finance Supervisor, and that the financial services staff will have corporate oversight from the Regional Director of Operations. Accompanying the response was a copy of the newly hired professional's training schedule. The response, however, did not include copies of job descriptions for either the Student Finance Specialist or the Student Finance Supervisor, the latter whom supervises five Golf Academy of America locations, nor did it discuss the qualifications required for the positions, or demonstrated by the newly-hired staff. In its response to the Knoxville team report, the institution did not address the posting of grant match funds to the student ledger.*

*The team report response for the Knoxville campus indicated that the Finance Supervisor has been a registered member of NASFA throughout her time in that role and was promoted to her position from within the organization. The institution further indicated that, since the time of the visit, the Knoxville branch campus' financial aid team has registered with TASFA and has signed up to complete a NASFA training. The institution's response, however, did not discuss structures it has put in place to provide regular, on-going access to professional development*

*and training resources for financial aid staff. In its response to the Knoxville team report, the institution did not address the posting of grant match funds to the student ledger.*

*In its response to the Spartanburg team report, the institution indicated that the Campus President partnered with the Student Finance Trainer and Regional Director of Student Finance to provide two weeks of training to ensure that knowledge of the role, its responsibilities, and related policies and procedures were understood. A copy of the training outline was attached. The response, however, failed to provide documentation demonstrating that the Financial Aid Officer training was completed. The institution also failed to demonstrate how access to financial aid training is being provided to the Financial Aid Officer going forward to ensure his/her financial aid knowledge remains current.*

*In its response to the Greensboro team report, the institution concurred that the military grant was not uniformly applied to its military students, and/or their dependents. As a result, the institution provided an updated version of the catalog, with the revised military grant detailed therein. The institution indicated that it had updated its procedure so that the five percent grant was now automatically applied to all identified veteran students, regardless of the veteran eligibility, and attached a copy of the catalog with the updated policy. The catalog, however, described the Patriot's Grant, (page 27) as follows: "Veteran students who use the Patriot's Grant will not be eligible for any other institutional grant or institutional loan programs." The Patriots Grant, however, was not included on the institution's list of grants offered in the interim report response for the main campus. The Patriot's Grant states that active duty service members "who receive tuition assistance may receive an institutional tuition grant." It appears from this description that active duty service members without tuition assistance would not qualify for this grant, and it was not clear whether the 5% grant applies to these grant recipients. Regarding the "50/50" program, the institution provided a copy of the Institutional Grant Match policy, dated May 25, 2017, prior to the on-site visits, and indicates that ECA will match eligible student's cash payments made (following exhaustion of Title IV funding) at 100%, not to exceed \$2,000. This updated policy document allows different financial benefits to individual students applying for the same grant or scholarship because of differentials in the student's gap financing. ACCET Document 31 prohibits students from being treated differently with regard to charges based on the source of funding.*

As a result, the institution did not demonstrate compliance with ACCET standards relative to financial assistance and scholarships, fair and equitable application thereof. Nor did the institution demonstrate that its financial aid staff at the campus-level possess the appropriate knowledge and skillset required to appropriately advise and counsel students regarding financial aid and other financial matters.

Therefore, the institution failed to demonstrate compliance with this standard.

8. Standard IV: A – Educational Goals and Objectives (Birmingham, Chattanooga, GAA Dallas, GAA Orlando, GAA Phoenix, GAA San Diego, Greensboro, Greenville, Jackson, Knoxville, Lubbock, Macon, Mobile, Pensacola, Tulsa)

The institution did not demonstrate that its programs have appropriate goals and objectives; that curriculum content and learning experiences are preplanned and present a sound,

systematic, and sequential educational methodology; that sufficient and appropriate knowledge and skill elements are included to meet the specific and measurable performance outcomes expected for courses and programs across all campuses.

The previous interim report required the institution to submit an updated ECAR or evidence of progress made to update the ECAR to include the appropriate clock and credit hours for the Diagnostic Medical Sonography and Surgery Technology programs; an explanation as to the versions of the Diagnostic Medical Sonography (DMS) program offered at all Virginia College campuses to include the number of clock/credit hours for each, as well as a narrative update on the institution's plan and timeframe to align all DMS programs to the same curriculum and length; and a complete set of all program materials, including syllabi and lesson plans for the Medical Office Specialist program offered at the Birmingham campus.

The team reports for the GAA Dallas, GAA Orlando, GAA Phoenix, and GAA San Diego branch campus indicated that the institution only had ten semester credit hours of general education courses in its Occupational Associate degree in Golf Complex Operations and Management, five less than the 15 semester credit hours in general education required by ACCET.

The team report for the Chattanooga branch campus indicated that students are not provided with the total number of contact hours described in the institution's Catalog, ECAR, and ACCET application for the Medical Assistant, Medical Office Specialist, or Medical Billing and Coding Specialist programs. The team report further indicated that, in each of these programs, instructors were devoting on-campus class time to homework and online discussions. Students and instructors in the MAY 155, HU 245, and MAB 155 courses indicated that residential class time was regularly devoted to online assignments or homework. Ten students from classes in these programs indicated that, since they did not have internet access at home and did not want to spend additional non-class time in school, "they were pleased that some lectures had been replaced with completing the discussion sections and typing or completing homework." However, the team report noted that the institution counted online contact hours and homework as separate hours from on-campus instructional hours for financial aid purposes and that the institution does not clearly demonstrate that homework assignments are separate and distinct from the work assigned during the scheduled hours of the course, in accordance with ACCET policy.

The team report for the Greensboro branch campus indicated that, while the institution states in its catalog that it has a maximum instructor-to-student ratio of 40:1 and 20:1 for its lectures and labs, respectively, lab classes in the Medical Billing and Coding and Medical Assistant programs exceeded this ratio. The team report further indicated that the institution's curricula transitions from lecture to lab within the same class periods and that class sizes appropriate for a lecture environment become inappropriate and educationally unsound when transferred to the lab environment.

The team report for the Greenville branch campus indicated that program hours reported for

the Surgical Technology program were represented as 1260 clock hours on the institution's ECAR but 1280 hours in the institution's application for accreditation with ACCET. In addition, the team report indicated that digital and classroom content in the blended learning courses for all programs were not aligned, that students in these courses did not feel prepared for quizzes and final exams and did not feel that there was any coherence between online and in-class content, and that this evidenced a lack of curricular content to ensure a sound, systematic, and sequential educational methodology.

The team report for the Jackson branch campus indicated that the institution published a student-to-instructor ratio of 40:1 and 20:1 for its lecture and lab classes, respectively, while the Commission on Proprietary Schools for the State of Mississippi requires a maximum of 30:1 and 15:1, respectively, for lecture and lab. The team report further indicated that the institution stated in its BASER that when additional resources are required to demonstrate compliance with state regulations, an additional Teaching Assistant is added to the respective lecture or lab to adjust student-to-teacher ratios. However, no policy and procedures were available to demonstrate the consistency of this practice or to identify minimum qualifications for the Teaching Assistant. In addition, the team report indicated that the institution's syllabi contained a non-specific statement related to work outside of class which does not assign projected time frames to complete assignments making the determination of whether or not the amount of work outside of class met, did not meet, or exceeded the hours indicated on ACCET Document 25.9 – Application for Review of Clock Hour-to-Credit Hour Conversion Based on Work Outside of Class.

The team report for the Knoxville branch campus indicated that, while the institution states that it ensures that clock hours are met for IDL content by listing hours and content separately for on-ground and online courses, students were permitted to complete online work and homework during in-class hours. The team report further indicated that, in the Pharmacy Technician program, students were completing discussion sections during in-class hours. In addition, the fact that students were permitted to work on online assignments and homework during class was confirmed by the instructor and students. The instructor's rationale was that this was due to lack of computer or internet access outside of school. The team report further noted that program hours reported for the Surgical Technology program were represented as 1260 clock hours on the institution's ECAR but 1280 hours in the institution's application for accreditation with ACCET.

The team report for the Lubbock branch campus indicated that the Business Administration diploma and degree programs did not have specific, clearly-stated, or measurable performance objectives. The BASER identified program objectives as employment in the field or continued higher education. Further, the objective that students "understand" specific program objectives is not measurable. In addition, the team report indicated that there was no adequate distinction between the performance objectives of the diploma and degree programs.

The team report for the Macon branch campus indicated a discrepancy between the duration in weeks for the Medical Billing and Coding program as reported on its ECAR and the

institution's practice: the ECAR indicated 54 weeks, while the program, in fact, runs for 36 weeks. The team report also observed that the Business Administration certificate and associates programs did not demonstrate curricular content that presented a sound, systematic, and sequential educational methodology, noting as examples that: under the institution's "wheel" system, a student could take College Mathematics after Financial Analysis and Principles of Accounting; and a student could be scheduled for an Introduction to Computers course after he or she has taken five other courses, including Business Communications.

The team report for the Mobile branch campus indicated that there were inconsistencies in credit hours between those listed on the institution's catalog and ACCET Document 25.9 - Application for Review of Clock to Hour-to-Credit Hour Conversion Based on Work Outside of Class and those indicated in the institution's ECAR. While the former lists 59 credit hours, the latter indicates 37.2 quarter credit hours. In addition, the team report indicated four different combinations of quarter credit hours, total clock hours, and duration in weeks for its Pharmacy Technician program.

The team report for the Pensacola branch campus indicated discrepancies between the number of weeks required to complete the Medical Billing and Coding and Medical Assistant diploma program as published in the institution's catalog and as listed in its ECAR. While the institution's catalog indicates that the Medical Billing and Coding program can be completed in 77 weeks, the ECAR indicates a duration of 88 weeks, and, while the catalog indicates that the Medical Assisting diploma program can be completed in 36 weeks, the ECAR indicates a 51-week duration.

The team report for the Tulsa branch campus indicated that the grading scale for all programs included graded assignments comprised of both in-class and out-of-class assignments and that homework was not distinctly evaluated from other classwork. The institution did not demonstrate, therefore, that homework was appropriately documented in accordance with the hours assigned in ACCET Document 25.9 - Application for Review of Clock Hour-to-Credit Hour Conversion Based on Work Outside of Class. The team report also indicated a lack of clarity from the institution on how it calculates lab hours, since a portion of these were completed in a digital setting, and that the institution did not demonstrate hands-on lab training to ensure the development of clinical skills.

*In its interim report response for the Birmingham main campus, the institution indicated that the Diagnostic Medical Sonography program currently being taught at the institution is a 1352 clock hour/96 quarter-credit hour program and that "[t]he college requested that the 1352 hour program that was inadvertently replaced by a new program to the Department of Education be added back to the College's ECAR, which now corresponds with the catalog and program in which the students are enrolled." However, the institution's Diagnostic Medical Sonography programs as submitted to ACCET in the institution's application for initial accreditation are reported as being 1670 clock hours/100 credit hours in length and 1750 clock hours /108 credit hours in length. The institution further indicated that it had "made updates" to reflect the 1280 clock hours for the Surgery Technology program as indicated in*

*its catalog.*

*In its response to the GAA Dallas, GAA Orlando, GAA Phoenix, and GAA San Diego branch campus team reports, the institution indicated that it is “currently in the process of changing the curriculum to comply with ACCET General Education requirements.” The institution further indicated that it plans to introduce a 12-month diploma program, Golf Facility Operations, which would “ladder up” to the Golf Complex Operations and Management degree program. Proposed curricula changes to meet the required 15 general education credits include three-credit courses in Business Writing and Communications, Ethical Decision-making, Sport Psychology, Anatomy and Bio-Mechanics, and Business Math. However, the institution did not demonstrate that its “proposed,” future curricula changes contained sufficient and appropriate knowledge and skill elements for Occupational Associate Degrees, as required by the ACCET standard. Further, no evidence of implementation, nor timeline of expected revisions was provided.*

*In its response to the Chattanooga branch campus team report, the institution indicated that its “entire leadership team is collectively ensuring that all students are completing online homework assignments outside of the scheduled classroom contact hours,” that “several unannounced ‘pop-in’ observations” have been conducted, and that this “pop-in” observation procedure has been added to the institution’s standard practices. The institution further indicated that its Allied Health Program Director has conducted faculty meetings “reiterating the importance of maintaining classroom hours for lecture, activities, competencies, and discussions.” However, the institution failed to demonstrate that homework assignments are separate and distinct from the work assigned during the scheduled hours of the course, in accordance with ACCET policy.*

*In its response to the Greensboro branch campus team report, the institution indicated that, per institutional policy, lab student-to-teacher ratio is limited to 20:1 but that, if student participation in lab classes exceeds 20 students, a teaching assistant is added for the Medical Assistant, Medical Billing and Coding Specialist, Medical Office Specialist, Network Support Technician, and Pharmacy Technician programs. However, the institution did not provide supporting documentation to demonstrate the systematic and effective implementation of this policy, nor did it indicate the qualifications of teaching assistants, or provide an indication of how often this is required to accommodate its student population.*

*In its response to the Greenville branch campus team report, the institution indicated that it changed its reported clock hours for the Surgical Technology program to 1280 hours and submitted the same to the Department of Education. However, the institution indicated that, owing to the Department’s recertification timelines, its application to update program hours for this program was still pending at the time of its response to the on-site visit team report. The institution further indicated that “[C]orporate Academics has developed a retraining process for the faculty and staff in the VC brand which focuses on the connection between the didactic and digital components to better prepare faculty and students for the blended component of the new modular programs and to ensure they understand the connection*

*between in class and online components.” However, the institution did not demonstrate that it had aligned curriculum content for both in-class and online components for its programs to ensure that they present a sound, systematic, and sequential educational methodology.*

*In its response to the team report for the Jackson branch campus, the institution indicated that its catalog had been amended “to reflect the ratios as set forth by the State of Mississippi.” The institution further indicated that, going forward, “[we] are in the process of implementing a new syllabus template, the key differences of which include updated graded homework requirements and assessments for classroom activities and homework. However, the institution did not clearly demonstrate that homework assignments are separate and distinct from the work assigned during the scheduled hours of the course, in accordance with ACCET policy. Additionally, evidence of implementation of the new syllabus template was not provided.*

*In its response to the Knoxville branch campus team report, the institution acknowledged that “instructors, in some cases, were allowing students to complete homework assignments during class time for work that should have been reserved for digital session” and indicated that this issue was raised in a staff meeting conducted in February 2018. However, the institution failed to demonstrate that homework assignments are separate and distinct from the work assigned during the scheduled hours of the course, in accordance with ACCET policy.*

*In its response to the team report for the Lubbock branch campus, the institution indicated that “the decision to enter into employment or a higher education program is entirely at the discretion of the student,” but failed to provide clear and specific performance program objectives related to the outcome of the program. The institution further indicated that its diploma program is designed to assist graduates in obtaining employment as office assistants, customer service representatives, administrative assistants, management trainees, or office support specialists.” However, the institution did not indicate any difference in course outcomes between the diploma and degree programs for its Business programs nor a rationale as to why the degree program may more valuable to students than the diploma program.*

*In its response to the Macon branch campus report, the institution acknowledged that its ECAR contained inaccurate data, but also stated that it was unable to update this data owing to its recent application to the U.S. Department of education. Regarding the sequencing of coursework, the institution indicated that “[a] primary design goal is that no class depends upon content from any classes in the same wheel,” and that the courses cited as non-sequential were not designed as pre-requisites for subsequent courses (for example, “[i]ntroduction to computers is not specifically intended to delivery skills at the level required to access a web page and upload content but, rather, is designed around a more focused and specialist set of skills relevant to Business Administration” and “[c]ollege math is intended to teach skills not specifically required for classes like Finance and Accounting, but, rather focuses on more specialized math skills not necessarily required to succeed in either Finance or Accounting”). However, the institution did not demonstrate that its programs have appropriate goals and objectives or that curriculum content and learning experiences present a sound, systematic, and sequential educational methodology.*

*In its response to the Mobile branch campus team report, the institution indicated that the ECAR lists programs offered by the institution as a whole, and not only those programs offered at Mobile. The institution further noted that the 37 credit hour/930 clock hour/36 week Pharmacy Technician program is the program iteration offered at Mobile. However, the institution provided no rationale for offering such differing versions of its Pharmacy Technician program, which varies from 37 quarter credit hours (930 clock hours/36 weeks) to 96 quarter credit hours (1260- clock hours/88 weeks) with the same educational goals and objectives.*

*In its response to the Pensacola branch campus team report, the institution acknowledged the inaccuracy of the number of weeks required to complete its Medical Billing and Coding and Medical Assistant programs, but noted that no change can be made at this time owing to the submission of the institution's application with the Department of Education for recertification.*

*In its response to the team report for the Tulsa branch campus, the institution indicated that, "[c]urrently, for each course, we have a course map that defines the hours required for homework" and that its "GID tab on the spreadsheet lists this information and differentiates from other graded coursework on the OCW column." The institution also indicated that, "[g]oing forward, we are in the process of implementing a new syllabus" which will include updated assessment requirements to include graded homework as a separate item in final grades awarded and an "[u]pdated addendum showing separate columns for Classroom Activities and Homework." The institution further indicated that "[t]o implement this change will require updating all syllabi, addendum, gradebooks and course shells in our system. This exceeds 700 individual sets of documentation." While a timeline was provided for revising the curricula, the institution did not clearly demonstrate that homework assignments are currently assessed as separate and distinct from the work assigned during the scheduled hours of the course, in accordance with ACCET policy.*

Therefore, the institution failed to demonstrate that its programs have appropriate goals and objectives; that curriculum content and learning experiences are preplanned and present a sound, systematic, and sequential educational methodology; that sufficient and appropriate knowledge and skill elements are included to meet the specific and measurable performance outcomes expected for courses and programs across all campuses, in accordance with ACCET standard and policies.

9. Standard IV: B – Program/Instructional Materials (Columbia, Greenville, Jacksonville, Richmond)

The institution did not demonstrate that instructional materials supported the goals and objectives of each program; or that all materials were up-to-date, readily available, and facilitated positive learning outcomes.



The team report for the Columbia branch campus indicated that Phase II Cosmetology students received their “student kits” midway through the module, which negatively impacted student learning.

The team report for the Greenville branch campus indicated that students in the Culinary Arts program expressed dissatisfaction with the program’s e-books owing to their lack of off-campus internet access. In addition, the team report indicated that two different versions of the textbook for the Medical Assistant program were in use in the same class, which the team found to be a source of confusion for both faculty and students, owing to differences in pagination and chapter headings. The team report further indicated that the texts used for composition classes in the Business Administration program were outdated, and, in addition, that the reading level of these books were beyond typical reading abilities of students requiring only a minimum score of 10 on the Wonderlic entrance test used by the institution.

The team report for the Jacksonville campus indicated that books, assigned at the beginning of each module, had not yet arrived for students enrolled in the Medical Billing and Coding program by day four of the module. The team report further indicated that culinary students expressed concern that e-books were not accessible after graduation, unless downloaded to a personal computer. Discontent with e-books was also evident in student surveys, and many students indicated that they had purchased additional hard copies at their own expense.

The team report for the Richmond campus indicated that U-Certify, the online instructional material used in the Network Support Technician and Network and System Administration programs, graded student assessments incorrectly and that students are unable to complete simulation labs. The team also found that the fourth-edition Introduction to Occupational Therapy textbook was outdated and contained information that is no longer pertinent to the field of Occupational Therapy Assistant training. Additionally, the Pedrotti Occupational Therapy Practice Skills for Physical Dysfunction text was a master’s degree-level text and not appropriate for the OTA program.

*In its response to the Columbia branch campus team report, the institution indicated its confusion at this finding and stated that it was not aware of any delay in providing kits to students. However, the institution did not provide any documentation to support its confidence that students had “all necessary tools to start their Phase II training.”*

*In its response to the Greenville branch campus report, the institution indicated that “[h]ard copies of the Culinary e-books are available for loan at no cost to students to use if they do not have access to the internet off-campus or if students prefer a hard copy.” However, the institution did not demonstrate that this information was available and communicated to students, nor that students were made aware, prior to enrollment, that e-books were utilized and that, correspondingly, computer access was required. The institution further indicated that, when both an older and updated version of the Medical Assisting textbooks are used in the same class, “syllabi are updated to reflect either edition can be used and the lesson plans are updated to reflect any necessary changes,” but did not submit any documentation to evidence the resolution of the confusion observed by the team regarding pagination or chapter headings. In addition, in its response to concerns observed regarding the discrepancy between*

*the reading level required for the institution's Business Administration texts and the reading level typically reflected in a Wonderlic score of 10, the institution referenced a study (further discussed in Standard VII.B – Admissions/Enrollment) which estimated a minimal impact of SLE scores on retention and graduation rates but did not address the correlation of reading level abilities and the reading levels of the texts utilized in this program.*

*In its response to the Jacksonville team report, the institution indicated that it agreed with the finding that books arrived late for the MBC program, indicating that books had been delivered to the wrong location. The institution further indicated that it had implemented a revised process on March 1, 2018, to ensure the timely delivery of texts and materials for each class. A training PowerPoint on shipping issues was also presented. In addition, the institution indicated its agreement with the finding that culinary students have expressed concerns about the replacement of hardcopy texts with e-books. The institution indicated that e-books were only launched in early 2018, that students have access to their books through the institution's Vital Source bookshelf system, that students without internet access can download a copy of the book for use offline, and that the e-books are available to students for two years. The institution advised students that internet access is required to sign up to the Vital Source bookshelf, that "[l]earning new technology may be difficult for people who are not tech savvy," and "you need [a] computer and other device to read the e-books." However, the institution did not demonstrate that materials remain available to students after graduation or that it had effectively assessed the availability to students of internet access or computers prior to changing from hardcopy texts to e-books.*

*In its response to the Richmond campus team report, the institution indicated that "[a]ll campuses have access to virtualized labs in the cloud" and that "[a]ll necessary labs can be completed there. The physical lab is a supplemental resource but is not necessary for successful completion of the course." The institution further indicated that "excess computer inventory" can be requested by the campus as necessary and that a "shipment of some networking equipment from another campus is currently being arranged." The institution did not demonstrate, however, that its assessment of a physical lab environment as merely a "supplemental resource" and not an essential component of hands-on training for Network Support Technician and Network and System Administration students is educationally sound. In addition, the institution noted that "[s]ome campuses had experienced difficulties with the U-Certify platform on its initial deployment" owing to challenges arising from improper configuration. The institution indicated that ECA responds to "tickets" identifying issues "usually" within 48 hours, and that no current outstanding issues with configuration are outstanding. However, the institution did not demonstrate that the errors regarding student grading noted in the team report had been corrected. The institution further indicated that some of the errors noted in the team report "stemmed from students either not successfully completing the required steps, or not recording their results in order to move on" and that these issues are discussed in weekly conference calls with Program Directors and "passed on to the campuses." The institution did not demonstrate that there had been any training for affected students to ensure that this teaching tool supports the goals and objectives of the institution's programs and facilitates positive learning outcomes. In its response, the institution indicated that the Introduction to Occupational Therapy 4th edition text book was*

*last used in April 2017, the 5th edition being published in February 2017. Future classes will use the 5th edition. However, the institution did not demonstrate that it had developed any supplemental materials or revised its curriculum to address the removal of information identified in the team report as no longer pertinent to the field of Occupational Therapy Assistant training.*

Therefore, the institution failed to demonstrate compliance with this standard including the requirements that instructional materials support the goals and objectives of the program and all materials are readily available, facilitate positive learning outcomes, and demonstrate the appropriate scope and depth of each program offered.

10. Standard IV: C – Externship/Internships (Biloxi, Ft. Pierce, Jackson, Montgomery)

The institution did not demonstrate that written policies and procedures effectively govern the supervision and evaluation of externships across all campuses to ensure consistency and effectiveness in externship operations and/or student evaluations.

The team report for the Ft. Pierce campus indicated that the institution was unable to provide documentation to evidence that it had conducted regular externship evaluations in accordance with institutional and ACCET policy. In addition, the institution lacked clearly-defined, specific or measurable externship site-selection criteria for the Medical Assisting, Medical Billing and Coding, Pharmacy Technician, Culinary Arts, or Pastry Arts programs. Further, the Culinary and Pastry Arts Program Director stated that the requirements for site selection included the requirement that 85 percent of menu items be made from scratch, while a review of student files of current externs included locations where food is primarily pre-made and frozen and then simply heated for service. The team report also indicated that no documentation was available to indicate the qualifications of the site supervisor at any of the Culinary or Pastry Arts externship sites or to specify the percentage of “from-scratch cooking” conducted at these locations.

The team report for the Jackson branch campus indicated that externship files for the Surgical Technology program included a duplicated case for student (████████) which had been counted twice in tallying the 120 cases required for successful completion of the externship.

The team report for the Montgomery branch campus indicated that a generic clinical evaluation tool is used for each clinical course in its Associates Degree in Nursing program and that this tool was not consistent across the curriculum. In addition, upon a review of past student clinical evaluations, it was observed that students had been evaluated using a different scale across the curriculum. The Director of Nursing was unable to provide clarification regarding inconsistencies in grading from course to course or how grading calculations were derived. The institution was further unable to provide policies and procedures pertaining to student evaluations or observations.

The team report for the Biloxi branch campus indicated that the Externship Coordinator for the Medical Billing and Coding program was not qualified to evaluate the institution's externship sites, since she had no medical billing and coding work experience.

*In its response to the Ft. Pierce campus team report, the institution indicated that institutional policy requires that externship sites must be visited, evaluated, and approved for suitability by the Program Director/Externship Coordinator or Externship Instructor using the institution's Externship Evaluation Form. The institution indicated that, since the on-site visit, multiple externship site visits have been conducted. However, the institution did not indicate that it had visited all externship sites used for its programs. The institution submitted examples of recently-completed Externship Evaluation Forms for its Culinary and Allied Health programs. However, the institution did not address the concerns noted in the team report regarding the percentage of "from-scratch cooking" for Culinary and Pastry Arts students, nor those concerning the qualifications of the site supervisor for these programs.*

*In its response to the Jackson branch campus team report, the institution indicated that, during a review of the selected case files, "it was noted that the method for tracking cases could be confusing or ambiguous" and that "more than one case was achieved by the student during a single scrub in." The institution further indicated that it has adopted a new case-tracking tool and provided documentation to demonstrate that one student [REDACTED] had successfully completed 120 cases per Accreditation Review Council on Education in Surgical Technology an Surgical Assisting (ARC/STSA) standards. While the institution stated that "[t]he new case tracking tool will be utilized going forward to avoid any potential confusion in the future," it did not demonstrate the systematic and effective implementation of this tool for a representative sample of students to ensure that duplications or other errors are avoided for other current Surgical Technology students or for future students.*

*In its response to the Montgomery branch campus team report, the institution indicated that its Nursing program clinicals are graded on a pass/fail basis, and that a mid-term and final clinical grade is assigned to each student based on daily clinical observations. The institution further indicated that nursing faculty had completed training on a revised Clinical Performance Evaluation Record which "will be used" to evaluate nursing students in all courses with clinical components. The institution submitted a copy of a sign-in sheet from a faculty training session regarding clinical performance evaluation records as well as a blank copy of a Clinical Performance Evaluation Record form. However, the institution did not demonstrate the systematic and effective implementation of a revised clinical evaluation tool to eliminate inconsistencies in grading from course to course, nor did it provide revised policies and procedures pertaining to student evaluations or observations in the clinical environment.*

*In its response to the Biloxi campus team report, the institution indicated that it had appointed a program-specific subject matter expert to "conduct all future site evaluations." However, the institution did not demonstrate that it had undertaken any review of the past evaluations conducted by the previous Externship Coordinator identified in the team report, nor did the*

*institution indicate that it has taken any corrective actions necessary for affected students or to demonstrate a reevaluation of externship sites, nor did it indicate the systematic and effective implementation of an effective policy or procedures to evaluate these locations or student completion of externships.*

Therefore, the institution failed to demonstrate systematic and effective implementation of consistent and effective externship operations and oversight as required by this standard.

11. Standard IV: D – Curriculum Review/Revision (Augusta, Ft. Pierce, GAA San Diego, Jackson, Mobile, Spartanburg)

The institution did not demonstrate that it systematically and effectively implements written policies to monitor and improve its curricula, including by means of soliciting and utilizing feedback from relevant constituencies.

The Ft. Pierce branch campus team report indicated that the institution did not provide evidence that the Advisory Boards, charged with overseeing curricular review and revision, incorporated student, faculty, Program Director, or Academic Director feedback into the curricular review process in accordance with institutional policy and the ACCET standard.

The team report for the GAA San Diego branch campus indicated that the institution's program was tentatively scheduled for review in the third quarter of 2018; however, no comprehensive review of the institution's program, as a whole, had been conducted since 2009. The team report further indicated that the institution was also unable to demonstrate that it solicited and utilized feedback from relevant constituencies in its curriculum review process.

The team report for the Jackson branch campus indicated that the institution did not have Program Advisory Committee (PAC) meetings in 2017 for its Allied Health or Surgery Technology programs, contrary to institutional policy that requires that these meetings be held twice a year.

The team report for the Mobile branch campus indicated that the institution did not provide documentation to evidence the systematic and effective implementation of Program Advisory Committee oversight of its curricular review and revision policy. While the institution provided evidence that feedback from employers and clinical sites was solicited and collected, it did not demonstrate that this was reviewed or used to review and improve the institution's curricula.

*In its response to the Ft. Pierce branch campus team report, the institution submitted its curriculum and review and revision policy, documentation to evidence meetings held by its Business, Allied Health, and Culinary Advisory Boards, and communications between the Advisory Boards, the Academic Dean, and Program Directors. However, the latter indicated communications to, rather than from, Program Directors and faculty, and provided no indication that student feedback was utilized in the curricular review process. The meeting*

*minutes provided demonstrated that the institution discussed its curriculum review and revision policy, but did not demonstrate that this policy systematically and effectively solicited and utilized feedback from relevant constituencies, as required.*

*In its response to the GAA San Diego team report, the institution indicated that it uses both Local and National Advisory Board input from annual meetings which solicit opinions regarding changes to best effect future potential employment of the institution's graduates. The institution submitted meeting minutes from a 2017 National Board meeting which suggested that the institution should develop "specific courses in sales and leadership." However, the GAA San Diego campus did not provide any documentation or curricular revisions to evidence program revisions regarding "specific courses in sales and leadership" nor any indication that feedback from other relevant constituencies, including faculty, students, and graduates, are consulted in its curriculum review and revision process.*

*In its response to the Jackson branch campus team report, the institution indicated that it had conducted its first Program Advisory Committee meeting in 2018 for all Allied Health as well as Surgical Technology programs, and attached sign-in sheets, agenda, and minutes for these meetings. The agenda indicated that topics included retention and placement targets, goals for student certification rates, objectives regarding externships, surveys, and career services, and a short discussion on post-facto curricular changes for all programs changing to the blended-learning format. While the latter notes that the "[r]esponse to the changes in the curriculum seem to be overall positive [sic]," that "[f]eedback from instructors is that students have found a way around the digital process," and that a further meeting will be held in November 2018, the institution did not explain why no PAC meetings were held in 2017. The document provided no evidence to demonstrate that PAC meetings are consistently held to assist in the implementation of the institution's written policy to monitor and improve its curricula by means of soliciting and utilizing feedback from relevant constituencies, nor did the institution provide evidence that regular oversight of the curriculum revision process is in place.*

*In its response to the Mobile branch campus team report, the institution indicated that it provided evidence, at the time of the on-site visit, of Program Advisory Committee meetings. The institution further noted that, "[i]n the interest of continuous improvement to our advisory committee procedures, the campus will capture more detailed evidence of improvement to curriculum, facilities, equipment, supplies or student services, the program leaders will solicit feedback specifically oriented towards enforcing these areas on a move forward basis." The institution also submitted an agenda from a Medical Billing and Coding Specialist Advisory Board Meeting, which contained a general description of the institution's MBC program modules as well as an overview of recent changes, an agenda from a Culinary Advisory Board meeting, which also contained a general description of the institution's program and recent changes, an agenda from a Business Administration Advisory Committee meeting, and the institution's Advisory Board Meeting policy. The institution also submitted an agenda from a Business Administration Advisory Board meeting. However, this agenda discussed program growth, best practices for retention, software skills, and placement, and had only minimal*

*comments on curricular review (“[o]ur curriculum offers the major aspects of business”) and a section on textbook review with three entirely non-analytical comments (e.g., Business Essentials – “consists of Managing the Business, People in the Organization, Principles of Marketing and the financial system and issues in Financial Management”). The institution did not provide evidence that it had systematically and effectively implemented institutional policy on Program Advisory Committee oversight of curricular review and revision policy or, as required by ACCET policy, that it used feedback from employers and other constituents to monitor and improve the institution’s curricula.*

Therefore, the institution failed to demonstrate that is that it systematically and effectively implements written policies to monitor and improve its curricula, including by means of soliciting and utilizing feedback from relevant constituencies as required by the standard.

12. Standard V:A - Instructional Methods (Biloxi, Charleston, Greenville, Richmond, Spartanburg)

The institution did not demonstrate that written policies are systematically and effectively implemented to ensure that curricula are followed, that there is consistency of application by all instructional staff, that its instructional methodology is consistent with contemporary training standards, or that instructional methods provide appropriate encouragement, challenges, and learning opportunities for all enrolled students.

The team report for the Biloxi branch campus indicated that the Medical Assistant students received no hands-on clinical lab skills training. Further, the team report indicated that observation of a clinical lab, with an instructor (██████████), found that students were reviewing terminology rather than utilizing lab equipment to practice skills.

The team report for the Greenville branch campus indicated that, in both the morning and evening MAB AHP 155 classes, the instructor “was not organized and provided unclear instructions, leaving students puzzled” about course content. The team report further indicated that the instructor was teaching the class for the first time and did not demonstrate a command of course content. In addition, the team report indicated that there was minimal instructor interaction for most blended classroom programs observed at this location.

The team report for the Lubbock branch campus indicated that the instructor in the Business Administration program provided “no content-related instruction or guidance to students.” The team also found that faculty had not received adequate training on the institution’s professed “flipped classroom methodology.”

The team report for the Richmond branch campus indicated a lack of engagement and interaction between the instructors and students, and no student-to-student interaction, in the Electrical Technician programs. Rather, the team report indicated that instructors were reading from PowerPoint slides or textbooks.

The team report for the Spartanburg campus indicated that, in its observation of the IT260 Introduction to Switching and Routing courses, the instructor relied exclusively on lecture and

slides, and that there was no instructor-to-student interaction. In addition, the team report indicated that there was no instructor-to-student or student-to-student interaction during the delivery of the online portion of blended instruction in most of the classes observed.

*In its response to the Biloxi branch campus team report, the institution indicated that the Medical Assistant program had recently gone through a program review process, and that the Medical Assistant Program Review Committee had recommended an increase in the number and type of clinical lab skills to be taught in the program. The institution further noted that “the medical assisting lab serves a dual role of didactic delivery in addition to lab instruction,” and that the instructor cited in the team report was following a lesson plan to review key terminology that day. However, the institution additionally indicated that “[t]he current timeline for implementation of the recommended changes” to be made to the number and type of clinical lab skills will happen no earlier than January 2019.*

*In its response to the team report for the Greenville branch campus, the institution indicated that the Program Director had met with the instructor of the MAB AHP 155 classes “to address facilitating online discussion during class times as well [as] techniques for being more engaging in the blended classroom,” attached meeting minutes to evidence this interaction, and noted that “[t]he Program Director will continue coaching.” The institution did not provide any documentation to evidence a coaching schedule. The institution further indicated that the second instructor for the MAB AHP 155 classes was, indeed, teaching the course for the first time, that it had not scheduled the instructor for this course for the current term, and that it will not do so until the instructor had gone through “additional training;” however, the institution did not provide any documentation to evidence that it had developed or scheduled any additional training. Further, the institution did not demonstrate that written policies are in place to ensure that curricula are followed, that there is consistency of application by all instructional staff, that the instructional methodology is consistent with contemporary training industry standards, or that instructional methods provide appropriate encouragement, challenges, and learning opportunities for all enrolled students.*

*In its response to the Lubbock branch campus team report, the institution indicated that a lesson plan is constructed for all courses to guide faculty through all activities and instruction that should occur during each classroom session and that “[t]he institutional approach to blended learning is a flipped classroom model” which utilizes “residential, face-to-face, classroom time ... predominantly for hands-on, applied learning activities.” The institution further indicated that the online portion of courses, including those in the Business Administration program, are “primarily for information delivery with basic engagement activities such as knowledge checks and discussions to ensure that key concepts are known prior to applying those concepts back in the residential classroom.” However, the institution did not demonstrate that instructors had received relevant training in the institution’s “flipped classroom” methodology or that its online course offerings include appropriate interaction, synchronous or asynchronous, between instructors and students and among students, as required by ACCET policy.*

*In its response to the Richmond branch campus team report, the institution indicated that it had “instituted improvements in instructor development for Electrical Technician Instructors*



*to include the Program Director to “co-teach” and to increase observations and coaching as needed. The institution also submitted an “Electrical Technician Instructors Faculty Development Plan.” However, the latter was a generic, one-page, future professional development plan, which included broad descriptions of methods to provide encouragement to students (“Incorporate more real-world activity: For example, helping around the campus with electrical problems ...”) and restatements of institutional policy (“Follow the prescribed curriculum”) and did not demonstrate the systematic and effective implementation of effective written policies and procedures to ensure that curricula are followed consistently by all instructional staff or that the instructional methodology is consistent with contemporary training standards and serves individual learning needs with appropriate encouragement, challenges, or learning opportunities for all enrolled students.*

*In its response to the Spartanburg branch campus team report, the institution indicated that the instructor cited in the team report “would need some improvement with facilitating student discussions” and that “[t]he Program Director will continue to work to ensure his rating overall improves.” However, the institution did not demonstrate that it had made any progress on this objective or that it systematically and effectively implements written policies and procedures to ensure that curricula are followed consistently by all instructional staff or that the instructional methodology is consistent with contemporary training standards and serves individual learning needs with appropriate encouragement, challenges, or learning opportunities for all enrolled students. The institution did not provide evidence of improved ratings, or additional evaluations.*

Therefore, the institution failed to demonstrate compliance with this standard.

13. Standard V:B – Learning Resources, Equipment and Supplies (Austin, Biloxi, Birmingham, Greenville, Jacksonville, Lubbock, Montgomery, Richmond, Spartanburg)

The institution did not demonstrate that learning resources supported the goals and objectives of all programs offered, that adequate, appropriate, up-to-date, and functional equipment, learning resources, supplies, and furnishings are readily available for instructor and student use and for the effective delivery of the institution’s education and training.

The interim report for the main campus directed the institution to submit: (a) a listing of the equipment for all students enrolled in the Networking Programs, to include computer and internet requirements to access virtual labs; (b) a narrative update on the implementation of the computer break down and repair elements into the institution’s curriculum and lab space, including sample course objectives; and (c) documentation to evidence the electrical repair of the main campus Surgical Technology lab space.

The team report for the Austin branch campus noted that many students in the Medical Assistant program had not received required scrubs and were attending class in regular clothes contrary to the institution’s dress code policy.

The team report for the Biloxi branch campus indicated that lab equipment and lab facilities were not sufficient to facilitate adequate instruction in the Network Support Technician program, and that this assessment was supported by student, faculty, and management

feedback on site. For example, some graduates had already attempted “A+” exam with no opportunity provided by the institution to disassemble a real computer. At this campus, instructors indicated that appropriate equipment was not available to complete assignments indicated in lesson plans. Instructors at this campus further indicated that requests for equipment by the Program Director were still pending.

The team report for the Greenville branch campus team report indicated that the institution’s networking equipment for the Networking Technician program was outdated. Of note, the institution’s Windows servers were outdated and had a limiting effect on the utility of lab courses.

The team report for the Jacksonville branch campus indicated students and faculty members expressed concerns that the software used to grade work (U-Certify) inconsistently graded student responses to questions.

The team report for the Lubbock branch campus indicated that lab equipment for the Networking programs was outdated and insufficient in quantity and quality to support student learning. For example, equipment for lab work (PC fixing and building and network configuration or troubleshooting) were outdated and could not accommodate individual or grouped-student work. Consequently, the team report indicated that some students observed were watching rather than performing lab activities.

The team report for the Montgomery branch campus indicated that many students do not own a computer or do not have access to the Internet, which has resulted in many difficulties for students attempting to complete and submit assignments for the new blended programs. The team further observed, in a faculty focus group, that some instructors have to scan handwritten assignments from students so that students can receive credit.

The team report for the Richmond campus indicated that equipment for the Network Support Technician and Network and System Administration programs were insufficient to support program objectives. For example, the team report indicated that students are loaned the instructors laptop to complete assignments.

The team report for the Spartanburg campus indicated that equipment for the institution’s Networking programs was outdated.

*In its interim report, the institution did not provide a listing of the equipment for all students enrolled in the Networking Programs at the main campus, to include computer and internet requirements to access virtual labs, as directed by the Commission, nor did it demonstrate, as also directed, the purchase of the Miller SafeEscape equipment.*

*In response to the Austin team report, the institution indicated that it had communicated the need for timely ordering of scrubs. However, the institution did not provide an updated policy or procedure to ensure that all equipment and supplies will be available to all students as needed, nor did the institution provide any evidence of systematic and effective implementation of its policy, as required by ACCET, to ensure that its learning resources support the goals and objectives of all programs offered at this campus.*

*In its response to the Biloxi branch campus team report, the institution indicated that “all campuses have access to virtualized labs in the cloud,” that physical labs are supplemental resources but not essential to successful course completion. The institution further indicated that “[a]ll labs are scheduled to be refreshed by end of May 2018.” However, the institution did not demonstrate that its offering of “access to virtualized labs” affords current or future students appropriate equipment to complete assignments, that it has sufficient equipment and supplies that are readily available for instruction and student use, and which ensure the effective delivery of the institution’s education and training.*

*In its response to the Greenville branch campus team report, the institution indicated that “[a]ll campuses have access to virtualized labs in the cloud,” but did not demonstrate that this was commensurate with hands-on training expected in a lab environment. In addition, the institution indicated that new lab equipment has been ordered for its Networking lab, including 30 computers, 10 Cisco routers, and 10 Cisco switches. However, the institution further indicated that this equipment has a scheduled delivery date in May 2018, and provided no evidence that current students have access to adequate, appropriate, up-to-date, or functional learning resources, equipment, or supplies required for their training.*

*In its response to the Jacksonville branch campus team report, the institution acknowledged that the campus experienced difficulties with the U-Certify platform on its initial deployment. The institution further indicated that “[t]he physical lab is a supplemental resource but is not necessary for successful completion of the course.” The institution did not demonstrate that its assessment of a physical lab environment as merely a “supplemental resource” and not an essential component for hands-on training is educationally sound. In addition, the institution indicated that “[a]ll labs are scheduled to be refreshed in June 2018” but provided no documentation to support this assertion or evidence that current students have adequate access to appropriate, up-to-date, or functional learning resources, equipment, or supplies required for their training. The institution indicated that ECA responds to “tickets” identifying issues with U-Certify configuration “usually” within 48 hours, and that no current outstanding issues with configuration are outstanding. However, the institution did not demonstrate that the errors regarding student grading noted in the team report had been corrected. The institution further indicated that some of the errors noted in the team report “stemmed from students either not successfully completing the required steps, or not recording their results in order to move on” and that these issues are discussed in weekly conference calls with Program Directors and “passed on to the campuses.” The institution did not demonstrate that there had been any training for instructors or affected students to ensure that U-Certify is appropriate, up-to-date, and functional for student training nor did it demonstrate that written policy and procedures ensure technical support for students such that interruptions in training do not occur.*

*In its response to the Lubbock campus team report, the institution indicated that “[a]ll campuses have access to virtualized labs in the cloud” but did not demonstrate that access to a virtual lab is commensurate with hands-on training for its Networking programs. The institution further indicated that its labs “are scheduled to be refreshed by the end of May*

*2018” but gave no indication that appropriate, up-to-date, and functional equipment is available for current students.*

*In its response to the Montgomery branch campus team report, the institution indicated that students have a number of options to complete out-of-class assignments for blended programs, including computer labs which can be used outside of class hours and “public libraries” which offer both computer and internet access. However, the institution further indicated that, “[a]s we transitioned our students into the modular programs, we noted that some students struggled to complete their outside-of-class assignments due to computer access away from campus and, therefore, accepted handwritten assignments “during the first couple of modules.” However, the institution did not demonstrate that it had provided students appropriate options to complete their programs using the delivery method agreed upon at the time of the initial enrollment or that it had ensured that adequate, appropriate, and functional computer equipment was available to its students prior to rolling out its blended programs. The institution also did not demonstrate that it provides adequate equipment to meet current student needs.*

*In its response to the Lubbock campus team report, the institution indicated that “[a]ll campuses have access to virtualized labs in the cloud” but did not demonstrate that access to a virtual lab is commensurate with hands-on training for its Networking programs. The institution further indicated that its labs “are scheduled to be refreshed by the end of May 2018” but gave no indication that appropriate, up-to-date, and functional equipment is available for current students.*

*In its response to the Spartanburg team report, the institution indicated that “[t]he campus is adding new lab equipment to build out the Networking lab for our new IT programs, which is expected [to] arrive in 2018.” However, the institution did not demonstrate that learning resources support the goals and objectives of students currently enrolled in these programs nor that adequate, appropriate, up-to-date, and functional equipment is readily available for instructor and student use.*

Therefore, the institution failed to demonstrate compliance with this standard.

14. Standard VI:B – Supervision of Instruction (Biloxi, Charleston, Ft. Pierce, Greensboro, Knoxville)

The institution did not demonstrate that individuals with relevant education and experience in instructional delivery and management systematically and effectively supervised instructional personnel across all campuses.

The team report for the Biloxi branch campus indicated that the institution’s Program Managers were not qualified in accordance with the institution’s policy. Specifically, the team report indicated that: the Program Director for the Business Administration Program did not have a bachelor’s degree in Business; the Program Director for Networking did not possess any educational qualifications in this field; and the Program Director for Medical Billing and Coding has no experience in the billing, coding, or medical record field, nor any national

certifications. The team report additionally indicated that there was no evidence that two annual observations of instructors had been conducted as required by institutional policy.

The team report for the Charleston branch campus identified four faculty members for whom the institution had not followed its policy of conducting faculty evaluations twice per year.

The team report for the Ft. Pierce branch campus indicated that the institution did not demonstrate that it had conducted twice-yearly classroom observations for all instructors in all programs, as required by institutional policy.

The team report for the Greensboro branch campus indicated that evidence of classroom observations was not available for three instructors.

The team report for the Knoxville branch campus indicated that faculty files did not include evaluations and identified ten instructors for whom evaluations could not be produced by the end of the on-site visit. Additionally, two annual evaluations provided to the team were incomplete, as they did not include documentation that the evaluation had been discussed with the instructor.

*In its response to the Biloxi branch campus team report, the institution indicated that “[t]he Networking, Medical Billing and Coding, and Business Administration programs do not support the employment of a dedicated Program Director.” The institution further noted that it has appointed “Subject Matter Experts” to oversee the academics in these programs. However, the institution provided no evidence that the instructional personnel had been observed in practice by these individuals. The institution also indicated that it had developed a “faculty observation/professional development calendar” which “will be monitored by the Campus President and Dean on a monthly basis to ensure all standards are being maintained and recorded.” However, the institution provided no evidence of the systematic and effective implementation of the development calendar in practice.*

*In its response to the Charleston branch campus team report, the institution indicated that faculty observations were not conducted because of staff turnover. The institution further indicated that it had hired a new dean who will “ensure faculty observations are completed in 2018.” However, the institution provided no evidence of completed faculty observations.*

*In its response to the Ft. Pierce branch campus team report, the institution indicated that, going forward, all full-time, part-time, and adjunct faculty “must have a minimum of four formal observations per year and be observed more often if necessary.” The institution presented a schedule for observations to be conducted in the first quarter of 2018. However, the institution provided no evidence of observations completed.*

*In its response to the Greensboro branch campus team report, the institution indicated that “[t]he instructors that were not correctly observed had either taken FMLA or previously separated from the College and returned.” The institution further indicated that, effective March 2018, all instructors will be observed quarterly. However, the institution provided no evidence of the systematic and effective implementation of quarterly observations.*

*In its response to the Knoxville branch campus team report, the institution indicated that “2017 reviews [were] still actively in process for full completion in April 2018.” The institution indicated that it “did not do an adequate job in presenting this information to the visiting team” and provided a “summary spreadsheet” to demonstrate that reviews had been completed. However, the institution provided no evidence of observations completed to demonstrate the systematic and effective supervision of instruction over time.*

Therefore, the institution failed to demonstrate compliance with this standard.

15. Standard VI:C – Instructor Orientation and Training (Greenville, Spartanburg)

The institution did not demonstrate that it implements written policies for the effective orientation and training of instructional personnel to ensure a consistent, high level of instruction across all campuses.

The team reports for the Greenville and Spartanburg branch campuses indicated that instructors in the blended learning programs did not demonstrate an understanding of the pedagogy of blended learning or the integration of digital and classroom content.

*In its responses to the Greenville and Spartanburg branch campus team reports, the institution indicated that “Corporate Academics has developed a retraining process for the faculty and staff in the VC brand which focuses on the connection between the didactic and digital components of the blended curriculum.” Additional training was provided to faculty and staff in February and March, 2018 and the institution plans to provide “additional time during faculty development trainings on an ongoing basis.” While the institution provided a copy of meeting minutes and the training plan, no evidence was provided to demonstrate that faculty have implemented the new methodology into their classrooms, as no instructor observations were provided. The institution did not demonstrate the systematic and effective implementation over time of its written policy on instruction orientation and training to ensure a consistent, high level of instruction at this campus.*

Therefore, the institution failed to demonstrate compliance with this standard.

16. Standard VII:B – Admissions/Enrollment (Columbus, Savannah, Baton Rouge, Shreveport, Phoenix)

The institution did not demonstrate that reliable and regular means are utilized to ensure that, prior to acceptance, all applicants are able to benefit from the institution’s education and training services, consistent with ACCET policy.

The team report for the Columbus and Savannah branch campus indicated that the institution did not employ reliable and regular means to ensure that, prior to acceptance, applicants are able to benefit from the institution’s programs, as evidenced by below-benchmark completion rates across all programs as detailed under Standard IX:D – Completion and Job Placement. The team report additionally indicated that the institution used the Wonderlic test as an entrance exam but required a Wonderlic test score of only 10 for all programs, except for Surgery Technology, and found that this cut-off was exceptionally low, well below norms for

the training programs offered, and further undermined the institution's ability to ensure that applicants are able to benefit from its programs in a manner consistent with ACCET standards and the institution's mission.

The team report for the Baton Rouge and Shreveport campuses also indicated that the low Wonderlic score of 10 for admission to programs other than Surgery Technology may not be representative of sound educational practices which are predictive of successful program completion, certification/licensing, if available, and placement in a training-related position. At both locations, all programs were below benchmark for completion in both 2016 and 2017.

*In its response to the Columbus, Savannah, Baton Rouge, and Shreveport team reports, the institution referenced a study commissioned by Kaplan Higher Education and conducted by Ingersoll and Palmer that concluded that the relationship between Scholastic Level Exam (SLE) scores and retention/graduation rates is relatively weak and does not warrant excluding viable students for the purposes of setting a higher cut-off score. The institution provided an analysis of retention/graduation rates by reporting the percentage of active or graduate students based on a combination of data for both Brightwood (a separate entity owned by ECA) and Virginia College applicants for the period February 1, 2017 through March 19, 2018 and September 1, 2017 through March 19, 2018, respectively.*

*However, the institution did not address the relationship between SLE scores of students in programs for which outcomes data is available and actual completion rates for those programs which, as identified in all team reports above, were uniformly below benchmark and predominantly in probationary range.*

*Upon its review of the totality of the record, the consistency of the institution's admissions policy across all campuses and the institution's failure across the majority of its campuses to meet minimum standards for completion, the Commission further determined that the institution's failure to ensure that all applicants have the ability to benefit from the education and training at the institution is systemic.*

Therefore, the institution did not demonstrate that reliable and regular means are utilized to ensure that, prior to acceptance, all applicants are able to benefit from the education and training services, consistent with ACCET polices.

17. Standard VII:D – Student Services (Macon)

The institution did not demonstrate the systematic and effective delivery of career skills training, consistent with its mission and ACCET standards.

The team report for the Macon campus indicated that the institution did not demonstrate that its career services department provides training in career skills to students who are not enrolled in its allied health programs.

*In its response to the Macon team report, the institution described its Career Compass Certified Professional Program (C3P) and indicated that the Director of Career Development and the Academic Dean have created a schedule of career skills training for students in its Business and Cosmetology programs. However, the institution indicated that the training is scheduled to begin on April 17, 2018, and therefore could not demonstrate implementation of the program. The institution did not provide evidence that career services are currently provided to students, as required by the standard.*

Therefore, the institution failed to demonstrate that student services, specifically job placement assistance, is provided consistently for all students as required by the standard.

18. Standard VIII-B: Attendance (Ecotech, GAA Myrtle Beach, GAA Phoenix, Birmingham, Augusta, Charleston, Jacksonville, Montgomery)

The institution did not demonstrate that it establishes and systematically and effectively implements written policies and procedures for monitoring and documenting attendance.

The institution was directed to provide, in its interim report, a narrative update and additional documentation relative to the institution's implementation of its attendance policy which was initially put into effect in June 2017, and applied only to students who started on or after that date. The institution was directed to demonstrate the implementation of attendance warning and probation notices to students, including formal checkpoints for attendance assessment, accurate tracking and recording of students who arrive late and leave early, evidence of a makeup policy consistent with ACCET Document 35 - Policy on Attendance Requirements, and evidence of faculty and staff training relative to tracking and recording of attendance, late arrivals and early departures, and make-up policies.

The team reports for the GAA Phoenix, Augusta, Charleston, Jacksonville, and Montgomery branches, conducted during January and February 2018, found continuing issues with accurate attendance tracking, including: a) two active students at the Augusta branch who had been absent for more than 14 consecutive days, b) failure of faculty to accurately record late arrivals and early departures (Charleston and Montgomery), and c) inconsistencies between actual attendance as recorded on classroom attendance rosters and that reflected in CampusVue (Jacksonville). Additionally, the Augusta team report indicated that it could not verify that attendance warnings, dismissals, and probation were given to students who fell below 80% attendance, as no attendance records were given to the on-site team, and the Phoenix team report indicated that the institution's make-up policy was not consistent with ACCET Document 35 Policy on Attendance Requirements.

*In its response to the Birmingham main campus interim report (Ecotech, GAA Myrtle Beach, Birmingham), the institution provided an updated Attendance/Tardiness Policy with the effective date of March 1, 2018 and Excel workbooks with listings of students on attendance probation and corresponding attendance spreadsheets. However, while the attendance spreadsheets reconciled to the list of students on attendance probation, they presented only 33*



*columns of raw data with no indication of the actual attendance percentage for each student.*

*The revised attendance policy states that instructors are to record attendance at the beginning of each session, after each 10-minute break, and at the end of each class session. However, the sample rosters from each of the campuses were in different formats, none of which provided any indication of attendance being taken after breaks, and the Eco-tech and Myrtle Beach rosters demonstrated only that students sign-in for class with no indication of the sign-out times.*

*The institution's interim report narrative indicated that it was still working on crafting a comprehensive make-up time policy and because there is currently no make-up time policy, no training has been conducted on that subject. However, two iterations of the Attendance/Tardiness Policy (dated March 1, 2018 and dated March 27, 2018 ), indicate that students "may" be allowed to make-up work for certain types of absences at the discretion of the instructor and references make-up work again under the section entitled "The specific requirements for attendance are as follows" where the policy states that "no excuses or documentation will be accepted to remove absent time from a student's record," but then states that "Make-up work may be permitted." Item number eight under this same section states that "Students may be readmitted after attendance dismissal provided they re-enter with a make-up attendance plan..." which is not defined elsewhere in the policy document. Under the section entitled "Make-up Standards," the policy states that make-up work of on-ground classes or digital session hours does not excuse or remove absences but "...is permitted for the purpose of receiving veterans educational training benefits."*

*Under this same section, which appears to apply to all students, the policy states that make-up work hours for on-ground classes and digital sessions shall be supervised by the instructor approved for the class being made up, be completed within two weeks of the end of the grading period during which the absence occurred, and "be completed before the 20% absence limit is exceeded," which appears to indicate that time can be made up. Further, make-up work and time are left to the discretion of the instructors without any guidance provided to students as to what work can be made up and under what conditions. Further, the Commission found the policy to be internally inconsistent and contradictory.*

*Finally, the institution's response did not address the Commission's directive to provide formal checkpoints for assessment of attendance, while stating only that campus staff will conduct individual academic advising sessions with students whose attendance is less than 85% of the program.*

*The institution's response to the Augusta team report did not address the cited issue of the two students who exceeded the 14 consecutive day absence maximum.*

*In its response to the Montgomery team report, the institution indicated that the student who had been marked as present for the full five hours of class, but who actually arrived two and half hours late, was the result of an instructor error which was corrected in CampusVue. The response also included documentation of faculty training on the institution's attendance policy.*

*In its response to the Jacksonville team report, the institution indicated that only one of the 12 Pharmacy Tech CS102 students sampled and cited by the team as having incorrect attendance in CampusVue was actually incorrectly entered and maintained that the others were either entered correctly, were not in the portal at the time the team reviewed the CampusVue records, or resulted from an error made by the Registrar at the time the course was set up in CampusVue and which has since been corrected (and a new Academic Operations Consultant put in place as of February 27, 2018 to oversee course creation in CampusVue). The response states that “Digital attendance is recorded on the same dates as were pulled for the on-site team. Digital attendance occurs when students upload work or respond to discussion board posts in the digital environment for blended delivery classes.”*

*However, the response did not explain how the recording of digital attendance is related to the recording of in-class attendance nor why the attendance records were discrepant at the time of the team visit. Neither did the response indicate what steps the institution took to investigate the extent to which courses hours were incorrectly set up by the registrar for the current or prior terms and if such inaccuracies were corrected, as the replacement of the individual responsible for course creation in CampusVue indicates a far-reaching problem. The Commission is concerned that the institution’s attendance and tardiness policy, first promulgated in June 2017, remains incomplete, error ridden, and inconsistently implemented across at least eight branches, indicating a lack of oversight, training, and ongoing monitoring of faculty and academic staff by campus and/or corporate management.*

Therefore, the institution failed to demonstrate that it has effectively implemented its written policies and procedures for monitoring and documenting attendance at all Virginia College campuses and that its attendance/tardiness policy ensures that student attendance is consistent with the requirements of ACCET Document 35 - Policy on Attendance Requirements.

19. Standard VIII-C: Student Progress (GAA Myrtle Beach, Baton Rouge, Columbia, Jacksonville, Knoxville, Mobile, Shreveport, Tulsa)

The institution did not demonstrate that it effectively monitors, assesses, and records the progress of students utilizing sound and clearly defined assessment system established by the institution.

The institution was directed to provide, in its interim report, a narrative update regarding its satisfactory academic progress policy to include a clear definition of the timeframes used to formally assess student progress, at no later than 25% increments of the academic year, and to provide sample student progress reports to demonstrate formal assessment no later than the required 25% of the academic year.

The team report for the Columbia branch campus indicated that the institution was not tracking SAP consistently and in a timely manner. For example, ██████ should have been dismissed for not meeting SAP requirements but remained an active student, and ██████ violated SAP for two consecutive modules and also remained an active student at the time of the visit.

In addition, five other students were identified with failing classes and their files indicated they had not been advised and/or put on SAP warning:

- a. ██████ – 10 credits earned/26 credits attempted (38.46%) 0.54 GPA
- b. ██████ – Went three terms until being advised of SAP issues, during which the student had:
  - 0 credits earned/12 attempted (GPA = 0)
  - 14 credits earned/26 attempted (53.85%) (GPA = 1.46)
  - 22 credits earned/38 attempted (57.89%) (GPA = 2.08 – three classes failed and retaken, and two passed, one course (EDU-1010) was failed twice)
- c. ██████ – 18 credits earned/32 attempted (56.25) (GPA = .94)
- d. ██████ - Went three terms until being advised of SAP issues, during which the student had:
  - 8 credits earned/12 attempted (66.67%) (GPA = 1.0)
  - 22 credits earned/26 attempted (84.62%) (GPA = 1.62)
  - 28 credits earned/40 attempted (70%) (GPA = 1.67%)
- e. ██████ – 7 credits earned/21 attempted (33.33%) (GPA = .33)
- f. ██████ – 4 credits earned/15 attempted (26.67%) (GPA = .27)
- g. ██████ – 8 credits earned/26 attempted (30.77%) (GPA = .95)

The Knoxville team report (visit dates February 14 – 15, 2018) indicated that the institution did not demonstrate that they had been systematically implementing their student progress policy since April 2017 and that the Academic Dean did not demonstrate understanding of the student progress policy, particularly as it applied to students in the new modular program (which began in September 2017). The Academic Dean was not able to access SAP information for the team. For example, the SAP binder provided to the team did not include any counseling or warning documentation beyond April 2017. As detailed under Standard II-C: Human Resource Management, the team report indicated that the branch had a turnover rate of 75.5% (84.31% for faculty and 57.14% for staff) over the prior twelve months. Since the beginning of 2017, the institution had replaced the Campus President, the Academic Dean, and multiple Program Directors.

*In its interim report response, the institution indicated that, per its revised Satisfactory Academic Progress policy, dated February 22, 2018, the campus would advise all students at the midpoint of each semester and at the end of each semester, beginning with first semester students on Monday, March 5, 2018 and that all students would get their mid-term counseling during the period of March 5, 2018 – March 8, 2018. However, no sample student progress reports were provided, with no evidence of policy implementation, for over three months following the original team report (sent November 11, 2017). The Commission remains concerned that the GAA Myrtle Beach campus took three months to implement a compliant SAP policy and could not provide documentation of implementation.*

*In its response to the Columbia team report, the institution indicated that several leadership*

*changes occurred during 2017, including the Campus President, Academic Dean, and several program directors, during which time the Academic Manager who calculates SAP fell behind on calculations. The response also indicated that the new President started in July 2017, that the academic team was complete as of October 2017, and that the required SAP advisements have now been completed. The response also provided updates on students [REDACTED] and [REDACTED], and CampusVue reporting showing advisements for the other students completed during early 2018.*

*In its response to the team report for the Knoxville campus, the institution indicated that the Dean has been working with a mentor, (an experienced Dean from the Hammond Brightwood campus), to improve her organization relative to SAP and that this mentoring will continue via weekly teleconferences, which the Campus President joins when his schedule permits. The response also indicated that the Academic Operations Coordinator was asked to conduct an independent examination of Knoxville students who failed to maintain SAP for this missing period (April 2017 – February 2018), and reported that there were no students in the identified time span requiring SAP warnings or probation, which the Commission notes was a period of 10 months. However, the institution failed to provide any documentation that student files in Columbia were comprehensively audited to ensure that all students who may have been affected by this lapse were remediated. Additionally, the institution failed to provide documentation of its assertion that no Knoxville students, over a 10-month span, required SAP advising or warnings.*

*The Commission noted that the high staff turnover at the Columbia and Knoxville branches permitted an interruption, partial or otherwise, of SAP notification and/or advising, for up to 12 months at the Columbia branch and 10 months at Knoxville, at minimum affecting the 548 students enrolled at the time of the visits.*

Therefore, the institution did not demonstrate that student progress is documented consistently in accordance with institutionally established performance outcomes, in compliance with ACCET Document 18.1 – Satisfactory Academic Progress Policy and that students are informed of their progress on a regular and timely basis, as required by the standard.

20. Standard IX.A: Student Satisfaction (GAA Phoenix, Knoxville, Greenville)

The institution did not demonstrate that open lines of communication exist, that it is responsive to student issues; that interim and final evaluations are specific components in determining student satisfaction; nor that student feedback is utilized to improve the education, training, and student services provided by the institution.

The team report for the GAA Phoenix campus indicated that graduate surveys, while completed on schedule in 2016, were not administered to the institution's April 2017 graduates as required by institutional policy and the ACCET standard.

The team report for the Greenville branch campus indicated high levels of student dissatisfaction at this location, most notably for students enrolled in the Medical Assisting,

Medical Billing and Coding, and Pharmacy Technician programs which had converted to the new blended learning format. The team found disgruntled students in three classrooms, many of whom expressed concerns that their grievances were unheard or unaddressed and that e-mails to the Campus President and/or Dean had gone unanswered.

The team report for the Knoxville branch campus indicated similarly high levels of dissatisfaction, which were reflected in the Noel Levitz survey completed after the 2017 fall term. Of 54 survey responses, over half indicated grievances with the school and student services, including issues regarding campus administration issues, financial aid problems, the change in program format, the quality of the program, and the lack of support from the institution's staff. While not all comments in the institution's survey documents were negative, student grievances regarding the transition to and delivery of the new blended delivery format of the institution's programs, the cost of education at the institution, student services, staff helpfulness, and equipment and supplies, constituted the majority of student comments. The following were illustrative:

*I have failed to receive any support in the last year of my program. I have attended several classes and received little to no instruction. I feel that I have wasted my time at this institution. I reached out to several members of the staff in my time of need and basically was dismissed and ignored. I know that the school has had several major changes in the last quarters, but my education should not have to suffer because of it. I do hope that someone will read my comments and improve conditions in the future. I am graduating with no confidence pertaining to my degree of skill in my chosen field.*

*I am very dissatisfied in how the school has been slow to replace the security and also how the administration is slow at responding to queries.*

*I think we need a more updated lab and more materials.*

*We should be in a computer lab, we don't have access to a computer lab in class more than twice in a term.*

*As Surgical Tech students, I feel that we do not have the tools that we need to even prepare us for getting jobs when we graduate.*

As noted under Standard II:E – Communications, the team report for the Biloxi branch campus, found that the institution had circulated a corporate document prior to the introduction of the blended programs advising staff on how to respond to student inquiries which included the following language: “Please use the following Q&A to answer questions that may arise from students in regards to the poster. You must not talk to prospects about the new programs.”

*In its response to the GAA Phoenix team report, the institution indicated there was a change in the administration of student surveys in 2016 and 2017, transferring responsibility back and*

*forth between the corporate office and campus managers, which resulted temporarily in a low response rate to the surveys. The institution submitted an end-of-course survey for Spring 2017 graduates; however, the survey contained a series of questions and responses which undermine the validity of the document as a survey instrument. For example, there are four rather than three responses to questions 14 through 16, along with ratings which were not requested, and ratings where there are no questions. The institution did not indicate when this survey was completed. In addition, the institution did not demonstrate that student feedback was utilized to improve the education, training, or student services at the GAA Phoenix campus.*

*In its response to the Greenville campus team report, the institution indicated that the new Campus President offers an open-door policy for students to meet with him regarding any concerns and submitted minutes and signatures from town hall meetings held on February 7, and 8, 2018, both prior to the ACCET on-site visit (conducted February 21-22, 2018). However, the town hall meetings were a general student orientation which discussed, among other items, the then-pending ACCET visit, the need for students to check their Virginia College e-mails regularly, and a reminder that students are not permitted to eat in classrooms. It did not discuss any substantive mechanism by which students can have grievances addressed. In addition, the institution did not indicate that it had acted upon student feedback to improve school operations or services.*

*In its response to the Knoxville team report, the institution indicated that the interim Campus President held student meetings to discuss concerns regarding the curricula and required all campus personnel to undertake five professional development “units” covering customer service. Two documents were submitted as examples “of what all employees are in the process of completing.” However, there was no indication that this training had, in fact, been completed, no evidence of any new assessment of levels of student satisfaction, no evidence that the institution had addressed grievances regarding equipment and supplies or curricula changes and, therefore, no evidence that the institution had acted upon the student feedback to improve areas beyond “customer service.”*

Therefore, the institution failed to demonstrate that it is responsive to student issues or that student feedback is utilized to improve the education, training, and student services provided by the institution as required by the standard.

21. Standard IX:B – Employer/Sponsor Satisfaction (Birmingham, Columbia, Knoxville)

The institution did not demonstrate that it had established and implemented written policies and procedures to effectively and regularly assess, document, and validate employer satisfaction relative to the quality of the education and training provided, or that feedback from employers who hire graduates is documented and utilized to improve the education, training, and student services across all campuses.

The previous interim report required the Birmingham main campus to provide: (a) a revised policy that indicates the time frame and frequency of distributing employer satisfaction surveys; (b) a sample of 10 employee satisfaction surveys from the main campus completed since the team visit; (c) evidence of an analysis and review of employer surveys completed from the main campus since the team visit; and (d) a narrative update on any changes implemented as a result of the employer feedback.

The team report for the Columbia campus indicated that the institution did not consistently follow its policy of surveying employers of recently hired graduates 30 days after graduation. For calendar year 2017, only 17 surveys were completed, and the Career Services department was unable to indicate how many surveys had been forwarded to employers or provide any evidence that the survey responses had been reviewed.

The team report for the Knoxville campus indicated that the institution provided no documentation to evidence any review of its employer surveys for the purpose of improving the education and services provided at that campus. The institution further indicated that it had changed its procedure to review employer surveys quarterly, but this had yet to occur at the time of the on-site visit. While the team reviewed Program Advisory Board minutes and feedback, these did not demonstrate that they are used to improve programs or services.

*In its Interim Report, the institution submitted a spreadsheet which summarized comments from employers but did not provide the requested revised policy indicating the time frame and frequency of distributing employer satisfaction surveys, a sample of 10 actual employee satisfaction surveys, or a narrative update on any changes implemented as a result of the employer feedback.*

*In its response to the Columbia campus team report, the institution indicated that “the campus feels there is an opportunity to increase not only interaction with the employer but also more collections,” and submitted a summary of procedures that were implemented in December 2017 to increase the response rate of employer surveys. The institution also submitted the institution’s summary of employer feedback which was reviewed by the team on site, a blank Virginia College Employer Satisfaction Survey, a blank Employer Survey Collection and Monitoring Process worksheet, and a “Dear Employer” e-mail template to be used to communicate with employers. The institution did not demonstrate any improvement in the collection of employer surveys, and did not demonstrate the systematic and effective implementation of its revised policy.*

*In its response to the Knoxville campus team report, the institution submitted minutes from a Career Development meeting, held on October 5, 2017, which discussed employer surveys. However, this document only contained a summary of 21 employer survey responses and three unsigned surveys that appeared to be completed by a Virginia College employee rather than employers, since they contained the same handwriting as well as language such as: “They are very satisfied with the employee!” The institution also submitted a document entitled “Formal Feedback to Director of Career Development.” This document contains an evaluation of the*

*Director of Career Services and evidences no discussion of employer feedback. In addition, the institution submitted minutes from an “ad hoc” meeting in February 2018. This document contained some handwritten comments, including “CD will provide feedback from employers” and “AD will provide feedback to the instructors,” that indicated a generic discussion of employer feedback and did not effective assessment, documentation, and validation of employer satisfaction relative to the institution’s programs or the use of this feedback to improve the education, training, and student services at the institution, as required.*

Therefore, the institution failed to demonstrate that feedback from employers is documented and utilized to improve the education, training, and student services as required by the standard.

22. Standard IX.C: Certification and Licensing (Birmingham, Greensville, Knoxville, Jacksonville, Richmond, Spartanburg, )

The institution failed to demonstrate that it records and tracks the pass rates of graduates and uses the results to measure and improve the quality of the educational programs offered for programs that prepare students to meet the standards for external licensing and certification.

The institution’s previous interim report for the Birmingham main campus directed the institution to provide a narrative update to include an assessment of the progress made regarding the institution’s remediation plan, as well as licensure pass rates for both the Therapeutic Massage and Surgical Technology programs for calendar year 2017, with particular note of any increase in the final quarter.

The team report for the Knoxville campus indicated that the pass rate for the National Board of Surgical Technology and Surgical Assisting (NBSTSA) exam, which is required for employment in the field, had reported pass rates of 50% (with six exam takers, three of whom passed), which is below the national pass rate of around 70%. The national pass rate reported by NBSTSA was 69.8% in 2014, 70% in 2015, and 69.8% in 2017. At the time of the visit NBSTSA had not published the 2017 pass rate. The team report further noted that, while certification for Medical Billing and Coding was not required for employment in the field, it is optimal and, indeed, industry-standard to obtain certification prior to employment. However, the institution, while purporting to prepare students to meet the requirements for these credentials, did not record or track the pass rates for certification prior to November 2017 and, therefore, did not use the results of certification pass rates to measure and improve the quality of the educational programs offered. In addition, the National Healthcareer Association (NHA) Medical Assistant Certification (CCMA) pass rate for 2017 was 69%, according to interviews with the Medical Assistant Program Director, although the Academic Dean reviewed a PowerPoint presentation with the team indicating an 84% pass rate for 2016 and an 80% pass rate for 2017. The institution did not validate its statistics by providing the number of test takers or the number of test takers who passed the certification exam.

The team report for the Jacksonville branch campus indicated that there were errors when reviewing the voucher spreadsheet and the pass/fail results count for each test for the



Networking program. The team reviewed the findings and asked the Program Director to provide a correct listing by exam for 2017 of testers and their results. The Program Director provided the listing but again had errors in counting the results and calculating the passing rates on two of four certifications checked.

The team report for the Richmond branch campus indicated that the Occupational Therapy Assistant (OTA) program does not systemically track MBCOT Certification pass rates, even though the institution prepares students to sit for the external exam as certification is a requirement for licensure as an OTA in Virginia.

*In its response to the Birmingham interim report, the institution provided a revised Certification and Licensure Exam Results Policy which includes the procedure for both required and optional certification and licensure exams. The institution also provided screenshots of sample student practice test results for the Surgical Technician program, but no revised certification exam pass rates were provided. Additionally, the institution indicated that one student sat for a second attempt and passed the MBLEx exam, bringing the Therapeutic Massage's overall pass rate for 2017 to 60%; however, no supporting documentation was provided to verify this increase.*

*The response for the Knoxville branch campus indicated that the Surgical Technology program at Virginia College was accredited in December 2016. The reporting period for ARC-STSA is August 1 - July 30 of each year. The annual report for 2017 included student outcomes from August 1, 2015 through July 30, 2016. The students that graduated from the program in this time period were not eligible to take the CST exam until accreditation was granted. The first test takers were those referred to in the weakness. As indicated by the response, the program has made several changes to improve this outcome. The curriculum was revised in January 2018 to include a four credit, 40 hour Certification Review course; however, no updated certification pass rates were provided. For students enrolled in the prior program version, the campus is conducting additional review opportunities during the externship portion of the program.*

*Regarding the certification of the Medical Billing and Coding graduates as well as Medical Assistant graduates at the Knoxville campus, the team report indicated that certification is optional and not required for employment. Prior to the implementation of the Certification and Licensure Exam Results Policy on May 31, 2017, the campuses were not being held responsible to obtain or retain data for optional certification exams. The policy was updated again in January 2018 to provide additional guidance regarding optional exams. The campus will collect and retain certification outcomes for the Medical Billing and Coding program and utilize this data for program assessment. While the institution indicated that the policy was included as an exhibit, no policy was provided. Further, no certification results were provided for the Medical Billing and Coding graduates. The institution provided a screenshot indicating 105 test takers for the NHA CCMA in 2017, of which 72 passed for a 69% pass rate. However, no supporting documentation was provided to validate the numbers provided, or indicate how*

*they were tracked and recorded, or evidence how the institution uses the information to improve the quality of the educational programs offered.*

Therefore, the institution failed to demonstrate compliance with this standard.

23. Standard IX.D: Completion and Job Placement (31 campuses)

The institution did not demonstrate that it establishes and implements written policies and procedures that provide effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and job placement rates, nor did the institution demonstrate that the completion and job placement rates for all programs across all campuses validate positive training-related outcomes consistent with the required benchmarks established by the Accrediting Commission.

It is noted that new iterations of the institution’s programs were implemented across most campuses in September 2017. These programs did not yet have student outcomes for review by the team or the Commission.

The interim report and team reports noted issues of non-compliance for 31 of the 33 Virginia College campuses with the majority of campuses falling below benchmark in completion and/or placement for calendar year 2016 and/or partial year 2017. Additionally, a number of campuses were also cited for discounted placements and/or incomplete or erroneously processed placement documentation and waiver forms.

The institution’s responses varied in completeness and did not demonstrate compliance with this standard. By way of example, the Birmingham main campus<sup>1</sup> interim report included ACCET Document 28.5 – Completion and Placement Summary Chart indicating the following statistics which demonstrate below benchmark rates (in bold) for either completion (67%) or placement (70%) for all programs in calendar 2016 and partial year 2017 (January 1 – October 31) as follows:

2016

Program	Completed	Eligible	Completion %	Placed	Eligible	Placement %
Associate Degree in Nursing 23 AAS	2	12	<b>16.67%</b>	1	1	100.00%
Business Administration 23 AAS	28	70	<b>40.00%</b>	12	15	80.00%
Business Office Specialist 8 Certificate	20	46	<b>43.48%</b>	3	6	<b>50.00%</b>
Combination Truck Driver Training	134	168	79.76%	80	134	<b>59.70%</b>
Cosmetology Day 14 Certificate	47	91	<b>51.65%</b>	31	43	72.09%
Cosmetology Night 14 Certificate	15	35	<b>42.86%</b>	9	14	<b>64.29%</b>
Culinary Arts 8 Certificate	69	103	<b>66.99%</b>	55	65	84.62%
Culinary Arts 8 Certificate	69	103	<b>66.99%</b>	55	65	84.62%

<sup>1</sup> Completion and placement summaries for each campus are available upon request by the institution.

Healthcare Reimbursement 23 AAS	21	40	<b>52.50%</b>	12	18	<b>66.67%</b>
HVACR Technician 10 Certificate	48	98	<b>48.98%</b>	25	38	<b>65.79%</b>
HVACR Technician 20 AAS	10	17	<b>58.82%</b>	7	10	70.00%
Medical Assistant 12 Certificate	2	4	<b>50.00%</b>	2	2	100.00%
Medical Assistant 15 Certificate	60	121	<b>49.59%</b>	37	53	<b>69.81%</b>
Medical Assistant 20 AAS	38	86	<b>44.19%</b>	28	36	77.78%
Medical Assistant 23 AAS	1	1	100.00%	0	1	<b>0.00%</b>
Medical Billing & Coding 15 certificate	20	37	<b>54.05%</b>	13	18	72.22%
Medical Office Administration 20 AAS	1	2	<b>50.00%</b>	1	1	100.00%
Network Technician 8 Certificate	21	42	<b>50.00%</b>	6	17	<b>35.29%</b>
Network Engineering 20 AAS	25	43	<b>58.14%</b>	14	18	77.78%
Pastry Arts 8 Certificate	20	31	<b>64.52%</b>	16	18	88.89%
Patient Care Technician 10 Certificate	9	28	<b>32.14%</b>	7	8	87.50%
Pharmacy Technician 15 Certificate	16	34	<b>47.06%</b>	11	14	78.57%
Respiratory Care 23 AAS	8	27	<b>29.63%</b>	8	8	100.00%
Sales Professional 8 Certificate	0	1	<b>0.00%</b>	0	0	-
Surgical Technology 20 AAS	24	38	<b>63.16%</b>	18	24	75.00%

2017 (January 1 – October 31)

<b>Program</b>	<b>Completed</b>	<b>Eligible</b>	<b>Completion %</b>	<b>Placed</b>	<b>Eligible</b>	<b>Placement %</b>
Business Administration 23 AAS	17	38	<b>44.74%</b>	8	17	<b>47.06%</b>
Business Office Specialist 8 Certificate	17	46	<b>36.96%</b>	9	13	<b>69.23%</b>
Combination Truck Driver Training	26	34	76.47%	14	26	<b>53.85%</b>
Cosmetology Day 14 Certificate	27	61	<b>44.26%</b>	14	26	<b>53.85%</b>
Culinary Arts 8 Certificate	59	78	75.64%	39	58	<b>67.24%</b>
Diagnostic Medical Sonography 23 AAS	14	21	<b>66.67%</b>	7	13	<b>53.85%</b>
Healthcare Reimbursement 23 AAS	14	26	<b>53.85%</b>	9	13	<b>69.23%</b>
HVACR Technician 10 Certificate	30	49	<b>61.22%</b>	14	30	<b>46.67%</b>
HVACR Technician 20 AAS	6	24	<b>25.00%</b>	2	6	<b>33.33%</b>
Medical Assistant 12 Certificate	3	9	<b>33.33%</b>	1	3	<b>33.33%</b>
Medical Assistant 15 Certificate	50	136	<b>36.76%</b>	18	49	<b>36.73%</b>
Medical Assistant 20 AAS	18	35	<b>51.43%</b>	9	18	<b>50.00%</b>
Medical Billing & Coding 15 Certificate	19	46	<b>41.30%</b>	6	15	<b>40.00%</b>
Network Technician 8 Certificate	21	39	<b>53.85%</b>	7	16	<b>43.75%</b>
Network Engineering 20 AAS	11	31	<b>35.48%</b>	3	9	<b>33.33%</b>
Pastry Arts 8 Certificate	13	17	76.47%	8	12	<b>66.67%</b>
Patient Care Technician 10 Certificate	6	21	<b>28.57%</b>	4	6	<b>66.67%</b>
Pharmacy Technician 15 Certificate	10	42	<b>23.81%</b>	9	10	90.00%
Respiratory Care 23 AAS	13	27	<b>48.15%</b>	12	13	92.31%
Surgical Technology 20 AAS	23	42	<b>54.76%</b>	18	22	81.82%

Therapeutic Massage 10 certificate	15	26	<b>57.69%</b>	5	12	<b>41.67%</b>
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*The interim report for the Birmingham main campus indicated that a program list was provided in the attachments as well as a narrative description of the completion and placement initiatives implemented at the main campus; however no such attachments were provided. The completion and placement data as noted above indicated that in 2016, 25 of 27 programs were below benchmark for either completion and/or placement. For 2017 partial year (January 1 – October 31), all 21 program with outcomes were below benchmark.*

*The interim report for the Aurora Ecotech Institute branch campus indicated that for calendar year 2016, seven of eight programs with outcomes were below benchmark and for partial year 2017 (January 1 – October 31) five of the six programs with outcomes were below benchmark.*

*The institution’s response to the team report for the Augusta branch campus included updated 28.1s for 2016 Cosmetology and 2017 (January 1 – September 30) for the Surgical Technician program showing improved placement rates (reporting range)but no supporting documentation was provided to validate the additional placements recorded.*

*The institution’s response to the team report for the Austin branch campus included updated Summary Charts, Document 28.1s, and Document 28.2s, and some documentation provided all in one pdf, not organized by program. The outcomes reported by the institution indicated 10 of 11 programs below the completion and/or placement benchmark for 2016. 2017 data submitted indicated 12 of 13 programs below benchmark.*

*The institution’s response to the team report for the Baton Rouge branch campus included Document 28.5, Document 28.1s, and 28.2s, but no supporting placement or wavier documentation was provided to validate the revised rates. The data submitted by the institution indicated that for calendar year 2016, 12 of the 14 programs with outcomes were below benchmark in completion and/or placement. The rates provided for 2017 (January 1 – September 30) indicated 13 of 15 programs below benchmark for completion and/or placement.*

*Additionally, the Baton Rouge campus confirmed the team’s discounted placement of one graduate ██████████, as she did not retain employment for a minimum of 30 days as required by ACCET. The institution indicated that she is currently seeking employment. However, the institution did not provide evidence of additional training or oversight to ensure that placements are recorded only 30 days after employment is confirmed.*

*The institution’s response to the team report for the Biloxi branch campus indicated that 15 of the 16 programs submitted were below benchmark for completion and/or placement for 2017.*

*The institution’s response to the team report for the Charleston branch campus included updated Summary Charts, 28.1s and 28.2s, but no supporting documentation was provided to validate revised rates. In 2016, nine of ten programs were below benchmark. In 2017, 11 of*

*12 programs were below benchmark.*

*The institution's response to the team report for the Chattanooga branch campus indicated that for partial year 2017 (January 1 – September 30) the institution's ten programs were all below benchmark.*

*The institution's response to the team report for the Columbia branch campus indicated that for 2016 eight programs of 11 were below benchmark. For 2017, all 14 programs submitted were below benchmark. Additionally, the institution did not respond to the discounted placement of one graduates (██████████ who was employed for less than 30 days.*

*The institution's response to the team report for the Columbus branch campus included updated 28.5s (2017 January 1 – September for placement and January 1– December 31 for completion), Document 28.1s, and Document 28.2s, but no placement or waiver documentation was provided. For 2017 (through September), the completion and placement rates provided for 17 programs indicated all programs below benchmark.*

*The institution's response to the team report for the Florence branch campus included an updated Document 28.5, Document 28.2s in one combined pdf, and eight additional waivers, but no supporting placement verification forms. For partial year 2017 (January 1 – August 31), eight of the nine programs were below benchmark.*

*The institution's response to the team report for the Ft. Pierce branch campus indicated that for partial year 2017 (January 1 – September 30), eight of ten programs were below benchmark.*

*The institution's response to the team report for the GAA Orlando branch campus included part-time attestation emails for two graduates (██████████ and ██████████; however, the attestations provided did not indicate that the graduates are/were satisfied with part-time employment, as required.*

*The institution's response to the team report for the GAA Phoenix (Chandler) branch campus indicated that the partial year 2017 (January 1 – August 31) completion rates were below benchmark.*

*The institution's response to the team report for the GAA San Diego (Carlsbad) branch campus indicated that the institution has edited its placement waiver procedure to ensure that waivers are signed after graduation and only if the student is attesting to waiving placement. The institution provided a copy of the revised policy, but no evidence of implementation of the new waiver process was provided.*

*The institution's response to the team report for the Greensboro branch campus included updated Document 28.5, but provided no updated Document 28.1s, 28.2s, or supporting documentation. The institution did provide five additional placement verifications forms;*

*however, they did not address the nine placement verifications discounted by the team during the on-site visit. Further, the Summary Charts provided indicated that for 2016, eight of the 11 programs submitted were below benchmark and for partial year 2017 (January 1-September 30), 11 of 13 programs submitted were below benchmark.*

*The institution's response to the team report for the Greenville branch campus included a screenshot of the institution's internal tracking database resembling Document 28.5 - Summary Chart, but did not include all cohort details. Internal tracking screenshots that resemble Document 28.1s were provided, but no supporting documentation to validate improved rates was included. For partial year 2017 (January 1 – September 30), 11 of the 12 programs recorded were below benchmark.*

*The institution's response to the team report for the Huntsville branch campus indicated that for partial year 2017 (January 1 – September 30), 12 of 13 programs were below benchmark.*

*The institution's response to the team report for the Jackson branch campus included screenshots of the institution's internal tracking dashboard for 2017 outcomes; however, no supporting documentation was provided by way of individual 28.1s, 28.2s, or placement or waiver documentation. For 2017, 10 of 10 programs submitted were below benchmark.*

*The institution's response to the team report for the Jacksonville branch campus included Document 28.5s for 2016 and Document 28.1s for 2017, Document 28.2s, and some supporting documents. For 2016, all 17 programs submitted were below benchmark. For partial year 2017 (January 1 – September 30), 13 of 15 programs were below benchmark.*

*The institution's response to the team report for the Knoxville branch campus did not address the discounted completion waivers cited in the team report. Further, 2016 outcomes demonstrated that all 12 of the programs submitted were below benchmark. For partial year 2017 (January 1 – September 30), 10 of 11 programs submitted were below benchmark.*

*The institution's response to the team report for the Lubbock branch campus indicated that for partial year 2017, all 13 programs submitted were below benchmark.*

*The institution's response to the team report for the Macon branch campus indicated that for 2017, 12 of 13 programs were below benchmark.*

*The institution's response to the team report for the Mobile branch campus included Document 28.5, 28.1s, and 28.2s for all programs combined, but no supporting documentation was provided for new placements or waivers. For 2016, 13 of the 16 programs submitted were below benchmark. For partial year 2017 (January 1 – September 30), all 16 programs submitted were below benchmark.*

*The institution's response to the team report for the Montgomery branch campus indicated that for 2016, 14 of 15 programs submitted were below benchmark. For partial year 2017*

*(January 1 – October 31), all 14 programs were below benchmark.*

*The institution's response to the team report for the Pensacola branch campus indicated that 11 of the 13 programs submitted for partial year 2017 (January 1 – August 31) were below benchmark.*

*The institution's response to the team report for the Richmond branch campus did not include updated 28.1s, or 28.5s, but instead submitted screen shots of the institution's internal dashboard with completion and placement percentages, but no statistics or cohort data was provided. The screenshots indicated that for 2017 13 of 15 programs were below benchmark. Document 28.2s were provided with all programs combined in one pdf. No supporting documentation was included to validate the rates submitted. Additionally, the institution provided revised placement verification forms and explanations for previously discounted placements; however, the Commission noted additional concerns as follows:*

- *██████████ (BA degree)– verified by employer as grocery bagger - student confirmed using the skills learned in the program as a part-time grocery bagger/stocker; however, it is unclear which skills used as grocery bagger would align with program objectives of the Business Administration program.*
- *██████████ (Cosmetology) – the team noted that the employer contact did not recognize the graduate as an employee. The additional documentation provided was confirmation from the student, not the employer regarding employment.*
- *██████████ (Cosmetology) – no verification available at time of visit. A corporate placement verification was provided in the response, but no signed part-time employment attestation was provided, as required.*
- *██████████ (Cosmetology)-no verification available at time of the visit. No update was provided in the institution's response.*
- *██████████ (Medical Assistant diploma) – employer contact did not recognize graduate as an employee at the time of the visit. A student attestation was provided in the response, but no placement verification or confirmation from the employer was provided.*

*Additionally, three new placement verification forms were provided; however, the start dates included did not demonstrate a minimum of 30 days of employment, as the team report response was provided March 28, 2018:*

- *██████████ – employment start date 3/5/18 - no employer information.*
- *██████████ – employment start date 3/19/18.*

- ██████████ – employment start date 3/22/18.

*The institution's response to the team report for the Savannah branch campus included a narrative update on the programs in teach-out and those continuing. Document 28.1s for 2016 (6 programs), 2017 (10 programs), and 2018 (1 new program with completion rates), were provided; however, no supporting documentation was provided by way of Document 28.2s, or supporting placement verification and waiver forms. For 2016, of the six programs provided, three were below benchmark. For 2017, all ten of the programs submitted were below benchmark.*

*The institution's response to the team report for the Shreveport branch campus included an updated Document 28.5, 28.1s, and 28.2s; however no supporting documentation was provided. For 2016, all 13 of the programs submitted were below benchmark. For 2017, 10 of 12 programs were below benchmark.*

*The institution's response to the team report for the Spartanburg branch campus included Document 28.5 data for both 2016 and 2017, Document 28.1s, and one placement waiver. For 2016, all 11 programs submitted were below benchmark. For 2017, 12 of the 14 programs were below benchmark.*

*The institution's response to the team report for the Tulsa branch campus included updated screenshots of the institution's internal dashboard with similar 28.1 data; however, no Document 28.1s, 28.2s, or supporting documentation was provided. For 2016, and partial year 2017, all three of the programs submitted were below benchmark.*

*It is further noted that the institution provided additional information, dated March 23, 2018, regarding its rationale for moving to the Hawthorn modular method, in which the institution asserts that the program outcomes of the institution's sister school, Brightwood Career Institute/Brightwood College, demonstrate higher completion rates for programs using the Hawthorn model and therefore the new program iterations implemented at the Virginia College campus will result in better outcomes. However, the Commission noted that curriculum modalities alone do not ensure successful programs. Further, it was noted that a number of Brightwood campus reported completion rates below ACCET benchmark which undermines this projection.*

Therefore, the institution failed to demonstrate that it is compliant with this standard and ACCET Document 28 – Completion and Job Placement Policy. The institution failed to demonstrate positive student outcomes to validate the vast majority of its training programs at the vast majority of campuses.

Since denial of initial accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The full procedures and guidelines for appealing the decision are outlined in Document 11, Policies and Practices of the Accrediting Commission, which is available on our website at [www.accet.org](http://www.accet.org).



If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$8,500.00, payable to ACCET, for an appeals hearing.

In the case of an appeal, a written statement, plus six (6) additional copies regarding the grounds for the appeal, saved as **PDF documents and copied to individual flash drives**, must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III-A, Financial Stability, with the institution's non-compliance with Standard III-A the sole deficiency warranting a final adverse action.
- The financial information was unavailable to the institution until after the Commission's decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process; and
- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

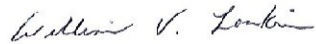
The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

Initial applicants are advised that, in the instance of an appeal following a denial of accreditation being initialized in accordance with ACCET policy, the institution may not make substantive changes to its operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

It remains our hope that the accreditation evaluation process has served to strengthen your institution's commitment to and development of administrative and academic policies, procedures, and practices that inspire a high quality of education and training for your students.

Virginia College, LLC  
(dba Virginia College, dba Golf Academy of America and dba Ecotech Institute)  
May 1, 2018  
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Sincerely,



William V. Larkin, Ed. D.  
Executive Director  
WVL/jbd /lao

CC:

Mr. Herman Bounds, Chief, Accreditation Division, USDE, (aslrecordsmanager@ed.gov)  
Mr. Ron Bennett, Director, School Eligibility Service Group, USDE (ron.bennett@ed.gov)  
Mr. Michael Frola, ACD - Multi-Regional (michael.frola@ed.gov)  
Michelle Edwards, President, ACICS (medward@acics.org)  
Ms. Tivoli Nash, Private School License Compliance Coordinator, AL Department of Postsecondary Education, (tivoli.nash@accs.edu)  
Ms. Brenda Germann, Director, AR State Board of Private Career Education, (brenda.germann@arkansas.gov)  
Ms. Teri Stanfill, Executive Director, AZ State Board for Private Postsecondary Education, (teri.stanfill@azppse.gov)  
Ms. Yvette Johnson, Enforcement Chief, CA Bureau for Private Postsecondary Education, (yvette.johnson@dca.ca.gov)  
Ms. Leeza Rifredi, Deputy Bureau Chief, CA Bureau for Private Postsecondary Education, (leeza.rifredi@dca.ca.gov)  
Ms. Lorna Candler, Director, Private Occupational Schools, CO Department of Higher Education, (lorna.candler@dhe.state.co.us)  
Ms. Patricia Santoro, Director Academic Affairs, CT Department of Higher Education, (psantoro@ctdhe.org)  
Ms. Beverley Wheeler, Executive Director, DC State Board of Education, (beverley.wheeler@dc.gov)  
Dr. Patti Keeton, Education Associate, DE Department of Higher Education, (patricia.keeton@doe.k12.de.us)  
Mr. Samuel L. Ferguson, Executive Director, FL Commission for Independent Education, (susan.hood@fldoe.org)  
Ms. Corinna Robinson, Executive Director, GA Nonpublic Postsecondary Education Commission, (corinnar@npec.state.ga.us)  
Ms. Bobbi Lum-Mew, Director, Hawaii Department of Commerce and Consumer Affairs (blummew@dca.hawaii.gov)  
Ms. Carolyn Small, , IA College Student Aid Commission, (carolyn.small@iowa.gov)  
Ms. Valerie Fenske, State Coordinator, ID State Board of Education, (valerie.fenske@osbe.idaho.gov)  
Dr. Daniel Cullen, Deputy Director, IL Board of Higher Education, (cullen@ibhe.org)  
Mr. Ross Miller, Director of Accreditation & Regulatory Compliance, IN Board for Proprietary Education, (rmiller@che.in.gov)  
Ms. Jacqueline Johnson, Director of Private Postsecondary Education, KS Board of Regents, (jjohnson@ksbor.org)  
Ms. Misty Edwards, Executive Director, KY State Board for Proprietary Education, (misty.edwards@ky.gov)  
Ms. Carol N. Marabella, Program Manager, LA State Board of Regents, (carol.marabella@la.gov)  
Mr. Richard Freeland, Commissioner, MA Department of Higher Education, (rfreeland@bhe.mass.edu)  
Ms. Mary Jayne Fay, Coordinator of Proprietary Schools (State contact for non-degree granting institutions), Office of Private Occupational School of Education, Division of Professional Licensure, (maryjayne.fay@state.ma.us)  
Mr. Alan Gallegos, Associate Director for Career & Workforce Development, MD Higher Education Commission, (alan.gallegos@maryland.gov)  
Ms. Margaret Harvey, Director, ME Department of Education, (margaret.harvey@maine.gov)  
Mr. Michael Beamish, Manager, MI Department of Licensing and Regulatory Affairs, (beamishm@michigan.gov)  
Ms. Betsy Talbot, Manager, State Consumer Affairs, MN Office of Higher Education, (betsy.talbot@state.mn.us)  
Mr. Leroy Wade, Director, Proprietary School Certification, MO Department of Higher Education, (leroy.wade@dhe.mo.gov)  
Ms. Kim Verneuille, Director of Proprietary Schools, MS Community College Board, (kverneuille@mccb.edu)  
Ms. Ms. Jessica Brubaker, Associate Legal Counsel, MT Office of Commissioner of Higher Education, (jbrubaker@montana.edu)  
Mr. Scott Corl, Executive Director, NC Office of Proprietary Schools, (mcallisterr@nccommunitycolleges.edu)  
Ms. Debra Huber, Administrator, ND Department of Career and Technical Education, (dehuber@nd.us)  
Mr. Brad Dirksen, Program Director, Private Postsecondary Career Schools NE Department of Education, (brad.dirksen@nebraska.gov)  
Ms. Kimberly Kenneally, School Licensing, NH Department of Education Division of Higher Education - Higher Education Commission, (kimberly.kenneally@doe.nh.gov)

Virginia College, LLC  
(dba Virginia College, dba Golf Academy of America and dba Ecotech Institute)  
May 1, 2018  
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Ms. Sandy Fountain, School Approval Unit, NJ Department of Labor & Workforce Development,  
(sondra.fountain@dol.state.nj.us)  
Ms. Diane Vigil-Hayes, Private & Proprietary Schools Administrator, NM Higher Education Department,  
(diane.vigil@state.nm.us)  
Ms. Kelly Wuest, Administrator, NV Commission of Postsecondary Education, (kdwuest@cpe.state.nv.us)  
Ms. Ruth A. Singer, Supervisor of Educational Programs, NYSED Bureau of Proprietary School Supervision,  
(ruth.singer@nysed.gov)  
Mr. John Ware, Executive Director, OH State Board of Career Colleges and Schools, (bpsr@scr.state.oh.us)  
Ms. Nora Ann House, Director, OK Board of Private Vocational Schools, (nhouse@obpvs.ok.gov)  
Ms. Alethia Miller, Academic Programs, OR Higher Education Coordinating Commission, (altheia.miller@state.or.us)  
Mr. Juan Baez-Arevalo, Director, Private & Career Technical, OR Office of Degree Authorization, (juan.baez-arevalo@state.or.us)  
Ms. Patricia A. Landis, Chief, Division of Occupational Training Schools, PA Department of Education,  
(plandis@state.pa.us)  
Mr. David Baez-Davila , Acting Executive Director, PR Council on Higher Education, (da\_baez@ces.gobierno.pr)  
Ms. Deanna Velletri, Academic and Student Affairs, RI Office of Higher Education, (dvellettri@ribghe.org)  
Ms. Lane Goodwin, Program Coordinator, SC Commission on Higher Education, (lgoodwin@che.sc.gov)  
Ms. Krista Rounds, Special Projects Manager, Secretary of State Corporation Division, (krista.rounds@state.sd.gov)  
Ms. Stephanie Bellard Chase, Asst. ED Postsecondary School Authorization, TN Higher Education Commission,  
(stephanie.bellard@tn.gov)  
Ms. Cathie Maeyaert, Special Projects Director, TX Higher Education Coordinating Board (degree granting),  
(cathie.maeyaert@thehb.state.tx.us)  
Mr. Milan George, Policy Program Specialist, TX Workforce Commission, (career.schools@twc.state.tx.us)  
Ms. Marla Winegar, Investigator, UT Division of Consumer Protection, (mwinegar@utah.gov)  
Ms. Sylvia Rosa Casanova, Director for Private and Out-of-State Postsecondary Educ., VA State Council of Higher  
Education for Virginia, (sylviarosacasanova@schev.edu)