



February 4, 2020

ID#: I-367

**BY FEDERAL EXPRESS SIGNATURE REQUIRED  
& ELECTRONIC SUBMISSION TO [shjacob@glenoakscollege.edu](mailto:shjacob@glenoakscollege.edu)**

Dr. Saied H. Jacob  
CEO  
Glen Oaks College  
1660 Chicago Avenue, N-1  
Riverside, CA 92507

Dear Dr. Jacob:

The Commission, at its January 2020 meeting, reviewed your institution's application for a continued grant of accreditation, including the Self-Evaluation Report, the on-site visit reports, the institution's response to the reports, and the institution's financial history. Based on review and discussion, the Commission acted to **deny** the institution's application for continued accreditation and **withdraw** the current grant of accreditation based on the following from the *Accreditation Manual*:

1. The on-site administrator demonstrates effective management capability (IV.C.1.); and, the on-site administrator and management are qualified for their positions (IV.C.2.).

Dr. Said H. Jacob is the CEO/Executive Director and is also identified as the on-site administrator of the institution. While the documentation provided during the site visit indicated that Dr. Jacob's qualifications as an on-site administrator meet ABHES standards, documentation reviewed by the team suggested that he does not play an active role in the administration or management of the institution. The team observed that most administrative and management tasks fall to Alicia Dumas-Pace. Although Gabrielle Mercado's job title is the Associate Director/Registrar, she does not serve as the on-site administrator nor was there evidence that she has management skills through experience and/or education to fulfill responsibilities and functions of an on-site administrator.

In its response to the visitation reports, the institution stated that Dr. Jacob is "*responsive to the fulfillment of his duties as an on-site officer, and Ms. Dumas-Pace is not.*" The narrative outlined that Dr. Jacob is present on campus Mondays, Wednesdays, and Fridays and is available via email and phone on Tuesdays and Thursdays. The institution also stated, "*the morning students are obviously aware of Dr. Jacobs presence at the school on Wednesday and Thursday, but they are unaware that he is also present on Fridays.*" Further, the institution stated that Ms. Dumas-Pace will refrain from signing documentation pertaining to enrollment and that Ms. Mercado is no longer an Associate Director. The institution also provided a copy of a Certificate of Completion for ACCSC101: Fulfilling the Standards of Accreditation: Administration, completed on November 13, 2019, by Dr. Jacob.

The Commission found that the institution has not demonstrated compliance with these standards because the institution did not provide documentation to demonstrate how Dr. Jacob is responsive to the needs and requirement of faculty, staff and all students (including evening students); and particularly given

his intermittent weekly presence, that he actively participates in the daily operation of the institution, implements policies and procedures in keeping with the mission and scope of the institution, accreditation standards, and other regulatory requirements.

2. An enrollment agreement and other enrollment documents fully and accurately provide required enrollment information that meets the requirements of Appendix D, Enrollment Agreements (IV.E.4.).

At the time of the visit, a sample of active and graduate student enrollment agreements were reviewed and found to be missing the following required elements: (#1) title of agreement and print date; (#6) credential (degree, diploma, certificate) awarded upon completion; and (#13) signature of the institution's administrator responsible for making admission determination (excludes admission representative) and date signed. Several enrollment agreements either did not include a signature or were signed by the admission representative twice.

In its response, the institution stated a new admission policy was created to ensure enrollment agreements are signed by the required institutional personnel. A letter to ABHES outlining the new policy, a certificate of completion of the continuing education course CM204-Admissions Compliance for Postsecondary Schools in California (November 19, 2019) for Jazmin Mercado, and a revised enrollment agreement were submitted.

The Commission found that the institution has not demonstrated compliance with this standard. The institution offered no explanation in its response for why the enrollment agreements reviewed by the team were incomplete. While the institution provided a new admission policy, there was no evidence, such as properly completed student enrollment agreements or other documentation, to show that the policy has been implemented at the institution.

3. Students are satisfied with the administrative and student services offered by an institution (IV.I.1.).

At the time of the visit, student surveys to evidence student satisfaction with administrative and student services were not provided for review.

In its response, the institution provided a student survey for the Pharmacy Technician program completed on July 30, 2019, and two surveys for the Medical Assistant program that were completed on August 12, 2019.

The standard requires the institution to use regularly administered surveys to ascertain that students are satisfied with the administrative and student services offered by the institution.

4. Program enrollment is justified (V.A.1.); and, a program demonstrates that graduates are successfully employed in the field for which they were trained (V.I.1.d.). (Pharmacy Technician program)

The institution has submitted discrepant information related to the placement rate for the Pharmacy Technician program. At the time of the visit, the 2017-2018 placement rate for the Pharmacy Technician program was 50%. However, documentation submitted to ABHES in the annual report identified the placement rate as 0%. Additionally, the employment date listed for Maria Gamez on the ABHES Placement Back-Up Documentation Form was prior to the graduation date listed, and additional documentation was not provided for Edvarado Cortes, who was listed as unavailable for placement due to military obligations. Finally, no additional documentation was provided to evidence community demand for employment in the field.

In its response, the institution submitted an ABHES Placement Back-Up Documentation Form, which indicated the program had two (2) graduates, Maria Gamez, who was placed in field, and Edvarado Cortes, who was identified as unavailable for placement due to Military. An Availability for Placement form signed by graduate Mr. Cortes, indicating he did not seek employment in the field due to the “Army” was submitted.

The Commission found that the institution has not demonstrated compliance with this standard. First, the institution did not clearly explain the discrepancy in the placement rates for the Pharmacy Technician program reported to ABHES. Second, the ABHES Placement Back-Up Documentation Form contained an error message from ABHES indicating that it had not been completed correctly and included errors. Therefore, the placement rate could not be verified, and program enrollment could not be justified. Finally, no documentation was provided to evidence community demand for employment in the field.

5. Resources exist to meet the educational goals and objectives (V.A.3.). (All programs)

At the time of the visit, documentation was not provided to evidence the Medical Assistant and Pharmacy Technician programs meet requirements i-iii of the standard concerning the allocation of sufficient resources to support program curricula, the evaluation of program resources against a program’s goals and objectives, and seeking input from program management.

In its response, the institution stated that the Pharmacy Technician Advisory Board was unable to meet but had several phone conferences to discuss program resources. Advisory board meeting minutes for June 2019 were submitted.

The Commission found that the institution has not demonstrated compliance with this standard because the Pharmacy Technician Advisory Board meeting minutes were minimal, vague, and did not evidence the allocation of sufficient resources to support program curricula, the evaluation of program resources against the program’s goals and objectives, nor substantiate program management input. Additionally, the institution did not address the violation pertaining to the Medical Assistant program.

6. A program has an active advisory board of in-field specialists, current in the applicable specialty, representing its communities of interest, to assist administration and faculty in fulfilling stated educational objectives (V.A.5.a.); prepared meeting minutes are maintained, distributed and used to improve program effectiveness (V.A.5.b.); and, a program is served by an advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives (MA.B.2.c.). (Medical Assistant program)

At the time of the visit, documentation was not provided to evidence the Medical Assistant Advisory Board had convened within the last twelve months, that the board is comprised of the required specialist, meeting minutes are maintained and include all required elements, or that the minutes are distributed to the advisory board, program personnel, and interested parties. The documentation provided for a 2019 meeting were duplicates of the June 28, 2018, meeting.

In its response, the institution did not provide any advisory board documentation for the Medical Assistant program. Therefore, the Commission found that the institution has not demonstrated compliance with these standards.

7. A program has an active advisory board of in-field specialists, current in the applicable specialty, representing its communities of interest, to assist administration and faculty in fulfilling stated educational objectives (V.A.5.a.); prepared meeting minutes are maintained, distributed and used to improve program effectiveness (V.A.5.b.); and, a program is served by an advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives (PHT.B.2.c.). (Pharmacy Technician program)

At the time of the visit, the documentation provided for the Pharmacy Technician Advisory Board meeting held on April 16, 2019, including a meeting sign-in sheet, indicated the board was not comprised of the required specialist. It is noted that the meeting was attended by Kellen Rankin, Pharmacist/Pharmacy Manager, and Wendy Ortiz, Pharmacy Technician. No minutes were provided for the meeting.

In its response, the institution stated that program graduate, Susana Sanchez, and certified pharmacy technician, Darla Smith have agreed to serve on the board. Documentation from a telephone meeting held in June 2019 was submitted; however, the document did not identify the program or meeting participants.

The Commission found that the institution has not demonstrated compliance with these standards because evidence that the Pharmacy Technician Advisory Board has convened within the last twelve months with the required specialists in attendance, and that meeting minutes are maintained and distributed was not provided.

8. External clinical experiences are available to serve the diverse needs of the program. (for applicable programs) (V.B.4.a.). (Medical Assistant program)

At the time of the visit, Urgent Care Clinic was being used as an externship site. However, neither an affiliation agreement nor a viability form for the site was provided for review.

In its response, the institution stated that it has an affiliation agreement and site viability form for Ironstone Medical Clinic/Urgent Care on file. A copy of the affiliation agreement was submitted.

The standard requires that prior to initial assignment of students to a clinical experience site, an individual employed by the institution who meets the minimum qualifications of a program faculty member is responsible to prepare a signed documented evaluation (site viability form) ensuring that a viable environment exists for an effective learning experience that provides an opportunity for students to demonstrate required competencies. The Commission found that the institution has not demonstrated compliance with this standard because a site viability form for Ironstone Medical Clinic/Urgent Care was not submitted.

9. A program has clinical experiences to meet its goals and objectives. (for applicable programs) (V.B.4.b.). (Medical Assistant program)

At the time of the visit, no documentation was provided to evidence that a plan exists to monitor the progress of students toward completing the required hours in the Medical Assistant program. Additionally, no documentation was provided to evidence the program has active back-up sites to ensure that students do not wait for sites, and the educational process is continuous.

In its response, the institution stated that externship hours are noted on weekly timesheets, which are signed by the site manager. A completed evaluation form for one Pharmacy Technician student, Susana

Tauregui Sanchez, was submitted. No timesheets were submitted for the Medical Assistant program which is the subject of the violation.

The Commission found that the institution has not demonstrated compliance with this standard because completed weekly timesheets for students in the Medical Assistant program were not submitted to evidence externship hours are monitored to ensure all program requirements are met.

10. Supervision and evaluation of student performance is provided during the clinical experiences (for applicable programs) (V.B.4.c.). (All programs)

At the time of the visit, it was confirmed that Alicia Dumas-Pace, Instructor, is responsible for the supervision and evaluation of students while on externship. However, no documentation of such supervision was provided. Additionally, based on the review of her file, including academic transcripts and resume, it was found that Ms. Dumas-Pace does not meet the minimum faculty qualifications of a Medical Assistant or Pharmacy Technician to support her role in ensuring or documenting oversight and evaluation of students while on clinical experiences.

In its response, the institution stated that in the future, Ms. Dumas-Pace will document her interaction with the externship sites and evaluation of students using the Student Externship Evaluation Form, and the form will be included in student files. Additionally, the institution also stated that Ms. Dumas-Pace worked as a pharmacy technician at Delta Drugs in San Bernardino from 1999 through 2001, but this position was not included on her resume. A completed evaluation form for Pharmacy Technician student, Susana Tauregui Sanchez was submitted, along with evidence of Ms. Dumas-Pace's Pharmacy Technician License.

The Commission found that the institution has not demonstrated compliance with this standard because Ms. Sanchez's evaluation form was not signed by Ms. Dumas-Pace whom the institution has indicated is the individual responsible for ensuring and documenting evaluations of students during externships. The document submitted to ABHES was signed by a Walgreens supervisor. There were no completed evaluations submitted for the Medical Assistant program. Additionally, the institution did not provide documentation to evidence Ms. Dumas-Pace holds the educational background and practical experience to serve as a Medical Assistant and Pharmacy Technician program faculty member, nor did the institution explain why her experience as a Pharmacy Technician was not included on her resume. Ms. Dumas-Pace's Pharmacy Technician license does not serve as evidence of her education and/or practical experience.

11. Current course syllabi are maintained that fully and clearly describe the important characteristics of each course and meet the requirements of Appendix F (Course Syllabi Requirements) (V.C.1.a.). (Medical Assistant program)

At the time of the visit, the Medical Assistant program syllabi were missing several required elements of Appendix F (Course Syllabi Requirements).

In its response, the institution submitted a course syllabus for Module 1, which included a revision date of May 21, 2018. The Commission found that the institution has not demonstrated compliance with this standard because, all program syllabi were not provided for review, and the submitted syllabus for Module 1 did not contain the method of evaluation or the course delivery mode, elements that are required by the Standard.

12. A program is managed (V.E.1.a.); and, the program supervisor is qualified and experienced in the field (MA.B.1.). (Medical Assistant program)

At the time of the visit, it was confirmed that Alicia Dumas-Pace, Medical Assistant Supervisor/Instructor, is responsible for the management of the Medical Assistant program. However, the academic transcripts reviewed did not evidence that she holds a baccalaureate degree and has the required education as a Medical Assistant to serve as a program manager.

In its response, the institution stated that Ms. Dumas-Pace's faculty file contained evidence of her baccalaureate degree, as well as her Medical Assistant education. The Commission found that the institution has not demonstrated compliance with these standards because it did not provide evidence of Ms. Dumas-Pace baccalaureate degree nor that she is credentialed as a Medical Assistant by a nationally recognized and accredited certifying agency as required by these standards.

13. A program is managed (V.E.1.a.); and, the program supervisor possesses supervisory experience and is credentialed in the field (PHT.B.1.). (Pharmacy Technician program)

At the time of the visit, it was confirmed that Alicia Dumas-Pace co-manages the Pharmacy Technician program with Dr. Saied H. Jacob, CEO/Executive Director. Dr. Jacob holds a baccalaureate degree, but neither he nor Ms. Dumas-Pace holds the required education or practical experience as a pharmacy technician to serve as the program manager(s).

In its response, the institution stated that Ms. Dumas-Pace worked as a pharmacy technician at Delta Drugs in San Bernardino from 1999 through 2001, but the information was left off her resume. The institution also stated that her faculty file contained evidence of her baccalaureate and master's degrees. The institution submitted documentation of Ms. Dumas-Pace's Pharmacy Technician License.

The Commission found that the institution has not demonstrated compliance with these standards because the institution provided no documentation that Ms. Dumas-Pace meets the educational or experience requirements of the standards to serve as the Manager of the Pharmacy Technician program and no evidence that she shares this responsibility with another manager who meets the qualification requirements.

14. Individual(s) responsible for the program management are provided time, resources, and opportunities for professional development (V.E.1.c.). (All programs)

At the time of the visit, the team confirmed that Alicia Dumas-Pace is responsible for the program management of the Medical Assistant program and the co-management of the Pharmacy Technician program with Dr. Saied H. Jacob, CEO/Executive Director. No documentation was provided to evidence, Ms. Dumas-Pace or Dr. Jacob have completed professional development activities within the last twelve months.

In its response, the institution stated, *Dr. Jacob "is not qualified to teach, let alone supervise, anyone in the field of pharmacy."* A Certificate of Completion in Online Self-Paced Continuing Education Dual Diagnosis: Understanding Co-Occurring Mental Illness and Substance Use Disorders, completed by Ms. Dumas-Pace on November 19, 2019, was submitted.

The Commission found that the institution has not demonstrated compliance with this standard because it did not submit evidence that Ms. Dumas-Pace and Dr. Jacob, as co-managers of the Pharmacy

Technician program, have completed a combination of profession-related professional development activities within the last twelve months. Additionally, the institution did not submit evidence that Ms. Dumas-Pace, also the Medical Assistant program manager, completed a combination of profession-related professional development activities within the last twelve months.

15. Individual(s) responsible for the program management are scheduled non-instructional time to effectively fulfill managerial functions (V.E.1.e.); and, teaching loads for instructors are reasonable at all times (V.E.3.c.). (All programs)

At the time of the visit, the team confirmed that Alicia Dumas-Pace is responsible for the program management of the Medical Assistant program and the co-management of the Pharmacy Technician program with Dr. Said H. Jacob, CEO/Executive Director. Ms. Dumas-Pace manages the programs, provides supervision of externships, holds multiple administrative roles (Career Service and Student Services), while also teaching forty (40) hours a week. Therefore, it was determined that Ms. Dumas-Pace is not scheduled adequate non-instructional time to fulfill her managerial functions effectively.

In its response, the institution stated that Ms. Dumas-Pace's schedule consists of instruction in the Pharmacy Technician program, Monday through Thursday from 8:30 a.m. to 1:30 p.m., and in the Medical Assistant program, Monday through Thursday from 4:30 p.m. to 9:30 p.m. Her instructional hours total forty (40) a week. The institution stated that the three (3) hours between classes Monday through Thursday and all day Friday are used to fulfill non-instructional responsibilities.

The Commission found that the institution has not demonstrated compliance with these standards because documentation was not provided to evidence that the amount of time Ms. Dumas-Pace has available for non-instructional activities is adequate to effectively fulfill her administrative responsibilities.

16. Faculty consists of qualified individuals who are knowledgeable and current in the specialty field (V.E.2.a.); faculty formal education/training and experience support the goals of the program (MA.B.2.a.); and, faculty formal education/training and experience support the goals of the program (PHT.B.2.a.). (All programs)

At the time of the visit, it was confirmed that Alicia Dumas-Pace is the sole instructor for the Medical Assistant and Pharmacy Technician programs. Her ABHES Faculty Data Sheet indicated she completed a Medical Assisting and Pharmacy Technician program through Masters Vocational College in 2012. However, academic transcripts were not provided to evidence completion of either program. Additionally, the documentation provided did not evidence Ms. Dumas-Pace holds the required practical experience as a pharmacy technician.

In its response, the institution stated that Ms. Dumas-Pace holds a Certificate in Medical Assisting and a Diploma in Pharmacy Technology from Masters Vocational College. Additionally, the institution stated that she worked as a pharmacy technician at Delta Drugs in San Bernardino from 1999 through 2001, but the information was left off her resume. Documentation of Ms. Dumas-Pace's Pharmacy Technician License was submitted.

The Commission found that the institution has not demonstrated compliance with these standards because academic transcripts were not provided to evidence Ms. Dumas-Pace graduated from either a Medical Assisting or Pharmacy Technician program and holds the required practical experience as a pharmacy technician.

17. Personnel records for all full-time and part-time faculty (including adjunct) faculty meet the requirements of Appendix E, Section B, Records Maintenance, and are up to date and maintained in a well-organized and easily accessible manner (V.E.2.c.); faculty participate in in-service training with a focus on effective teaching at least twice annually (V.E.4.); and, faculty participate in professional growth activities annually (V.E.5.). (All programs)

At the time of the visit, it was confirmed that Alicia Dumas-Pace is the sole instructor for the Medical Assistant and Pharmacy Technician programs. Her faculty file did not include a signed job description, academic transcripts, annual performance evaluations, nor evidence of participation in annual in-service training or professional development activities.

In its response, the institution submitted the following documentation for Ms. Dumas-Pace: a Pharmacy Technician Instructor job description dated April 16, 2016, a Faculty Evaluation Form dated August 6, 2018, and a Certificate of Completion in Online Self-Paced Continuing Education Dual Diagnosis: Understanding Co-Occurring Mental Illness and Substance Use Disorders, completed on November 19, 2019.

The Commission found that the institution has not demonstrated compliance with these standards because it did not submit a Medical Assistant Instructor job description, academic transcripts, or documentation of participation in-service training for Ms. Dumas-Pace. Additionally, the evaluation form submitted was not completed within the past twelve months, and there was evidence of participation in only one professional development activity related to the pharmacy technician field.

18. Faculty meetings are held, and minutes are recorded (V.E.2.d.). (All programs)

At the time of the visit, faculty meeting minutes reviewed were not detailed to include faculty participation, resolution of outstanding issues, and attendance. No documentation was provided to evidence meeting minutes are distributed in a timely manner.

In its response, the institution stated that *“in the future the minutes will be more detailed in content and will indicate copies were distributed to interested parties.”* No other documentation was submitted.

The Commission found that the institution has not demonstrated compliance with this standard because documentation was not provided to evidence faculty meeting minutes include all required elements and are distributed in a timely manner.

19. A program demonstrates that its required constituencies participate in completing program surveys (V.I.1.e.); and, a program demonstrates that each constituency satisfaction rate is determined based on program surveys (V.I.1.f.). (All programs)

At the time of the visit, student, clinical extern, graduate, and employer surveys were not provided for review. Therefore, it could not be determined whether each survey contained the required elements and the participation and satisfaction rates identified in the Program Effectiveness Plans (PEPs) were unverifiable. Further, no documentation was provided to evidence constituency survey feedback was shared with administration, faculty, and advisory boards.

In its response, the institution stated that surveys are maintained in a binder, which is categorized by year and program. A sampling of student and graduate surveys was submitted.



The Commission found that the institution has not demonstrated compliance with these standards because the student and graduate surveys submitted did not contain the required elements. The clinical extern and employer surveys were not submitted, and no documentation was provided to evidence constituency survey feedback was shared with administration, faculty, and advisory boards.

20. A program has an established documented plan for assessing its effectiveness annually as defined by specific outcomes (V.I.2.) (All programs)

At the time of the visit, the Program Effectiveness Plan (PEP) for the Medical Assistant and Pharmacy Technician programs did not contain all the required elements, including an assessment of outcomes, survey analysis, documented action plans, or an assessment of the curriculum.

In its response, the institution stated that a new curriculum was adopted after assessing the Pearson curriculum, no action plan was necessary because the placement rate was identified as 100%, and that geographical area, length of time for completing externship, etc., were considered when assessing outcomes and placement rate goals.

The Commission found that the institution has not demonstrated compliance with this standard because revised PEPs were not provided to show that each PEP contains all required elements.

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

At the time of the visit, the institution's transcripts did not include the credential conferred and did not indicate the status of the student.

In its response, the institution submitted academic transcripts for Medical Assistant program graduate, Brenda Alvarado. The Commission found that the institution has not demonstrated compliance with this standard because the one transcript submitted is not adequate evidence that the institution has systematically implemented a process for maintaining academic transcripts to meet the requirements of the standard. Furthermore, the transcript for Ms. Alvarado did not include the credential conferred to the graduate.

22. A program maintains records of externship and clinical site evaluation of student performance during externship and external clinical experiences (V.J.2.). (All programs)

At the time of the visit, no documentation was provided to evidence that evaluation of student performance during externship is completed and maintained for the Medical Assistant and Pharmacy Technician programs.

In its response, the institution stated that Alicia Dumas-Pace visits the externship sites bi-weekly, makes weekly calls to the sites, and calls students to discuss their experiences. Additionally, the institution stated that in the future, Ms. Dumas-Pace would document her interaction with the externship sites and evaluation of students using the Student Externship Evaluation Form, and the form will be included in student files. One completed evaluation form was submitted for a student in the Pharmacy Technician program.

The Commission found that the institution has not demonstrated compliance with this standard because providing one completed evaluation form for the Pharmacy Technician program does not demonstrate the

systematic evaluation of student performance during clinical experiences. Additionally, no completed evaluation forms were submitted for the Medical Assistant program.

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

At the time of the visit, the Medical Assistant program curriculum was missing required elements within the following content areas: (2) Anatomy and Physiology, (4) Medical Law and Ethics, (5) Human Relations, (7) Administrative Procedures; and (8) Clinical Procedures.

In its response, the institution stated in its narrative where the missing elements were covered in the program curriculum.

The Commission found that the institution has not demonstrated compliance with this standard because no documentation was submitted to support its narrative to evidence all required elements are included in the Medical Assistant curriculum.

24. Equipment and instruments are available within the institution's classroom or laboratory to achieve the program's goals and objectives (MA.C.1.b). (Medical Assistant program)

At the time of the visit, there was no refrigerator in the Medical Assistant lab, as required by the standard. In its response, the institution stated it would purchase a refrigerator for the lab.

The Commission found that the institution has not demonstrated compliance with this standard because documentation to evidence a refrigerator was purchased and installed in the Medical Assistant classroom or lab was not submitted.

25. Equipment and instruments are available within the institution's laboratory facility and are in sufficient number to achieve the program's goals and objectives (PHT.C.1.b.). (Pharmacy Technician program)

At the time of the visit, the Pharmacy Technician laboratory did not include a cash register, and the prescription processing software/management system, Visual Superscript, was not in working order.

In its response, the institution stated that the Pharmacy Management Software for Pharmacy Technicians by Elsevier had been ordered.

The Commission found that the institution has not demonstrated compliance with this standard because documentation to evidence the prescription processing software/management system was purchased, installed, and made accessible to students was not submitted. Additionally, the institution did not address the lack of a cash register in the laboratory.

26. An institution adheres to its admissions policies and enrolls only students who have passed a background check (PHT.D.1.). (Pharmacy Technician program)

At the time of the visit, the institution's catalog and enrollment agreement did not state that Pharmacy Technician students must pass a background check prior to enrolling in the program. The institution uses the Pharmacy Technician Registration Agreement Section B and C Form to inform students that a felony and/or misdemeanor identified on a background check would disqualify them from enrollment into the

program. However, the form found in the file of student Carolina Calderon was not signed. The form was not found in the files of program graduates, Susana Sanchez and Deanna Diaz. Further, the files for Ms. Sanchez and Ms. Diaz did not include evidence of a completed background check prior to enrollment.

In its response, the institution acknowledged that neither Ms. Sanchez nor Ms. Diaz had a completed background check prior to enrollment. The institution submitted a Notice to Pharmacy Technician Students form template, which among other things, stated “*students who have been convicted of a serious misdemeanor or felony may experience limitations and/or restriction on registration, licensure, certification, and/or employment opportunities were background checks are required.*”

The Commission found that the institution has not demonstrated compliance with this standard because documentation was not provided to evidence the institution has a policy in place that ensures only students who have passed a background check are enrolled in the Pharmacy Technician program.

As the findings above indicate, the institution failed to demonstrate compliance. **Therefore, accreditation will cease effective February 15, 2020, unless by 5:00 p.m., Eastern Time on Friday, February 14, 2020, the institution submits a written notice of intent to appeal the denial action or informs ABHES that it intends to teach out all currently enrolled students in accordance with the required teach out plan described below.**

### **Intent to Appeal**

If the institution wishes to appeal the action of the Commission, it may do so by filing, in hard-copy form, its intent to appeal the Commission action for receipt by ABHES by **5:00 p.m., Eastern Time, Friday, February 14, 2020. A non-refundable \$5,000 appeal fee plus an Appeal Hearing expense deposit of \$10,000 are to be remitted in the form of a cashier’s check and must accompany the statement of intent to appeal.** The institution will be provided a summary of expenses following the appeal hearing and will be refunded or charged the difference from the \$10,000 deposit.

**Should ABHES receive a proper statement of intent to appeal as set forth above, its public notification of this negative action, including notifications to the U.S. Department of Education and appropriate state licensing agencies, will indicate that the Commission’s action is under appeal. In accordance with Chapter III, Section E, Subsection 3 of the *Accreditation Manual*, the institution retains its accreditation status while an appeal is pending.**

Should the institution not appeal, the decision to deny the application and withdraw accreditation is effective **February 15, 2020.** The institution may not reapply for accreditation with ABHES within one year from the date of this letter.

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

The appeal materials, consisting of a complete written statement of the grounds for its appeal based on the Commission’s findings and reasons, is due on or before **March 20, 2020**, which is within 45 calendar days from the date of the Commission’s written decision in this letter dated February 4, 2020. The institution should review carefully all procedures governing its appeal, in accordance with the procedures found in Chapter III, Section E, Subsection 3 of the *Accreditation Manual*. Note that the appeal is based upon the information available to the Commission at the time of its action. Unless specifically provided for in Chapter III, Section E, Subsection 3, the Appeals Panel has no authority to consider evidence outside of the record considered by the

Commission at its January 2020 meeting. The institution has the burden of demonstrating that the action of the Commission was not supported by the record or was otherwise erroneous.

### **Appeal Submission Requirements**

**Should the institution wish to appeal, the appeal document, including the cover letter, narrative, and exhibits, must be submitted on a USB drive by March 20, 2020 in accordance with the instructions “Preparing Your Response” on the ABHES website.**

**It is imperative that the USB drive is properly labeled with the (1) institution’s name, (2) city/state, (3) ABHES ID #, (4) Response to February 2020 Denial Letter, and (5) date of submission.**

### **Updated Teach-out Plan**

**Regardless of intent to appeal, as a means of protecting current and future students, the institution is required to submit an updated teach-out plan and the corresponding Teach Out Plan Approval form found on the ABHES website no later than 5:00 p.m., Eastern Time, on February 14, 2020.** This must be submitted per the guidelines listed in the Teach-out Approval Form which is consistent with applicable standards and regulations. If the teach-out plan is to be executed, the institution may not enroll any new students or allow any students who have previously dropped to reenter during the teach-out. The last date of accreditation of the institution, for the purposes of the teach-out, will be determined based on the date all current students are projected to complete the program according to the teach-out plan. If the institution does not submit a teach-out plan, or if the plan is determined not to meet ABHES requirements, the last date of accreditation for the institution will be **February 15, 2020, unless the institution has notified ABHES of its intent to appeal by the deadline.**

The teach-out plan must be consistent with applicable standards and regulations and provide for the equitable treatment of students. Include documentation of the following provisions in the submitted teach-out plan and agreement:

- a. The teach-out institution is accredited by an institutional accrediting agency recognized by the U.S. Department of Education.
- b. The teach-out institution is stable, carries out its mission and meets all obligations to existing students.
- c. The teach-out institution has the necessary experience, resources and support services to provide educational programs that are of acceptable quality and reasonably similar in content, structure and scheduling to those provided by the institution or program that may cease operations either entirely or at one of its locations. This includes graduates' access to the same credentialing exams, as applicable.
- d. Students are provided access to the program and services without requiring them to move or travel substantial distances.
- e. Students will be treated equitably with regard to any charges or refunds; and, if tuition has been paid in full, that students receive the instruction promised at no additional charge.

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- f. Students will be provided with written notification regarding their rights and opportunities for teach-out, transfer and refunds.

The plan may propose that the teach-out be accomplished by the institution that may cease operations, either entirely or at one of its locations or by another institution so long as the requirements listed above are met.

Please note that the Secretary of Education, state licensing agency, and other state regulatory agencies are notified of an action to deny or withdraw the accreditation of an institution that participates in federal student aid programs.

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

Sincerely,



India Y. Tips  
Executive Director

- c: Dr. Herman Bounds, U.S. Department of Education  
Leeza Rifredi, California Bureau for Private Postsecondary Education