



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS
7777 Leesburg Pike Suite 314 N · Falls Church, Virginia 22043
Tel. 703/917.9503 · Fax 703/917.4109 · E-Mail info@abhес.org

February 11, 2014

ID#: I-079

**BY FEDERAL EXPRESS SIGNATURE REQUIRED
& ELECTRONIC SUBMISSION TO: galaxy_college@yahoo.com**

Ms. Agun Anna Khachatryan
School Director
Galaxy Medical College
6400 Laurel Canyon Boulevard, Suite 270
North Hollywood, CA 91606

Dear Ms. Khachatryan:

The Commission, at its January 2014 meeting, reviewed your institution's application for a continued grant of accreditation, including the Self-Evaluation Report, the on-site Visitation Report, the institution's response to the report, and other information related to the application. Based on review and discussion, the Commission acted to **deny** the institution's application based on the following from the *Accreditation Manual*:

1. The administrator demonstrates effective management capability (IV.C.1.).

The institution's response to the Commission's August 2013 show-cause letter did not demonstrate how the on-site administrator is: responsible for the daily operation of the institution; and, implementing policies and procedures in keeping with the mission and scope of the institution, accreditation standards, and other regulatory requirements. The institution's response states that the school director is "very involved with the day to day operations of GMC," but does not provide documentation of specific activities related to day-to-day operations successfully performed by Ms. Khachatryan to support the statement.

2. A program has an established documented plan for assessing its effectiveness as defined by specific outcomes (V.I.1.); A program has a process for assessing effectiveness annually (V.I.2.); A program demonstrates that students complete their program and that graduates are successful on credentialing exams required for employment, and are successfully employed in the field, or related field, for which they were trained (V.I.3.); and, Accurate records of graduate placement and related activities are maintained for the program (V.G.2.). (All programs) (*per 17th Edition Accreditation Manual - Effective 1/1/2012 / Updated 4/2/2013*)

The Program Effectiveness Plans (PEPs) submitted for all programs do not specifically address V.I.1.g., Curriculum Assessment, as outlined in the *Accreditation Manual*. The institution submitted PEPs that appear to have been drafted using a previous version of the *Accreditation Manual* as they speak to a "Program Assessment Exam". While curriculum assessment uses a combination of tools which might include examinations, among other tools, the institution notes within each PEP that "There is no data to report in this field. The [program name] does not have a Program Assessment Exam therefore graduates have no required exams to complete."

Student retention outcomes data and back-up documentation for the period July 1, 2011, through June 30, 2012, was not accurately submitted as requested in the August 1, 2013, show-cause letter. Exhibit 12, titled Placement and Retention Back-Up Documentation was submitted with the institution's response; however, the documentation is a single grid that appears to combine both retention and placement information. The grid outlines the following demographics: student name; training program; placed in field; placed in related; not placed; reason unavailable; job title; employer; employer contact information; employment date; and, verification date. The provided information does not include each enrolled students' start or graduation dates as prescribed by standard V.I.1.c., Program Retention Rate. The institution's submitted materials do not reflect graduate credentialing rates or back-up documentation.

3. Resources exist to meet the educational goals and objectives (V.A.3.). (Medical Assistant, Cardiology Technician, Medical Management, and Dental Assistant programs)

Inventory logs and equipment lists were provided but no information was offered to demonstrate that the allocation of resources is sufficient to achieve the programs' curricula. In addition, the response does not outline the process in which program resources are evaluated annually to ensure that goals and objectives are met.

4. Program curriculum is structured and students are scheduled to ensure a sequence of instruction that validates the curriculum's defined competencies (V.B.1.); Program length and structure allows for attainment of required competencies (V.B.3.); Students are apprised of their academic status throughout a course through continuous evaluation and review of examination results with the instructor (V.D.2.b.); and, Students are provided academic progress reports and academic advising to meet their individual educational needs (V.D.4.). (Dental Assistant program)

The institution's response included only dental assistant course descriptions as noted in the college catalog. The institution did not address how the program's courses are scheduled to ensure a sequencing that allows for appropriate progression through the program and the achievement of program competencies. The Commission could not determine the sequencing of program content in the "Dental Assistant Core" courses, as with the exception of one Anatomy course and one Medical Terminology course, all program content specific to Dental Assistant-related materials are combined into one course.

5. Supervision and evaluation of student performance is provided during the clinical experiences (V.B.4.c.); and, A program maintains records of externship and clinical site evaluation of student performance during externships and external clinical experiences (V.J.2.) (All programs)

The Externship Competency Checklists provided in Exhibit 24 included two checklists for Medical Assistant students dated September 7, 2013, one checklist for a Health Claims Examiner student dated September 3, 2013, and two checklists for Pharmacy Technician students dated September 2 & 3, 2013. These checklists provide for the evaluation of only general skills. These completed forms do not demonstrate that specific competency skills pertaining to the vocational training of each program are evaluated during the student externship. Externship logs were not provided as requested in the Commission's August 2013 show cause letter.

6. 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.). (Pharmacy Technician program)

The Pharmacy Technician program syllabi provided do not include the method of instruction as required.

7. Instructors use a variety of contemporary teaching approaches or strategies to accomplish program goals and enhance student ability to achieve program outcomes (V.C.2.a.). (Dental Assistant program)

The response states, “The DA course ensures a variety of teaching strategies for students”, and includes program syllabi; however, the program syllabi do not include a method of instruction to demonstrate the methods of instruction employed by instructors of the program.

8. Program supervisors are provided time, resources, and opportunities for professional development (V.E.1.c.). (Dental Assistant programs)

The institution’s response includes a certificate of participation by the dental assistant program manager for In-Service Training in the area of “Educational Management” dated September 20, 2013. The “Educational Management” training does not fulfill the requirement for the program supervisor to be provided opportunities for professional development in the program in which she supervises (See the definition of Professional Development in the Glossary of the *Accreditation Manual*).

9. Program supervisors are scheduled non-instructional time to effectively fulfill managerial functions (V.E.1.e.). (All programs)

Based on the data sheet submitted for instructor Ruzanna Margaryan, she has a teaching load of 32 hours per week and supervises two programs, Cardiology Technician and Medical Assistant. It would appear based on the information provided that Ms. Margaryan does not have sufficient non-instructional time scheduled to adequately fulfill administrative duties, i.e., class preparation, student counseling.

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

The following documentation required per Appendix E, Section B of the *Accreditation Manual* has not been provided for Medical Management instructor Paula Lazar: Employment Application; Hepatitis B declination; and, a completed ABHES Faculty Data Sheet.

11. Equipment and instruments are available within the institution’s laboratory facility to achieve the program’s goals and objectives (PHT.C.1.b.).

The response did not address personal protective equipment, e.g., eye and respiratory protection, for students’ use. Therefore, the institution has failed to demonstrate that it has sufficient quantity of appropriate equipment to protect students as needed.

12. Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives (MA.C.1.b.). (*per 17th Edition Accreditation Manual - Effective 1/1/2012 / Updated 4/2/2013*).

An Equipment Log and Inventory List provided indicate that the institution has an autoclave (Exhibit 57); however, the response does not show that the institution has acquired and is properly using an autoclave in its medical assisting lab classes. Rather, the response provides two photos of a device, which is labeled "Winthop Pharmaceuticals Contrast Warmer." In one of the photos, the inside of the device is shown with unwrapped instruments. It appears that the institution may believe the contrast warmer is an autoclave.

13. The institution's laboratory facilities are well stocked, sufficient in size, maintained, and include the following: student stations suitable to number of students; lighting, electrical outlets, ventilation and storage space; adequate lighting, electrical outlets, and storage space; adjustable chair; sinks and plaster control devices; adequate ventilation; sufficient number of lathes, model trimmers, and vibrators for proper instruction; sufficient variety of quality dental materials; power operated chairs; air and water syringes; dental units and mobile stools; adjustable dental light; high and low speed hand-pieces; oral evacuating equipment; work surface for the assistant; sterilizing equipment and area for preparing, sterilizing, and storing instruments; dental radiography units that meet applicable regulations; teaching mannequins; sufficient number of view boxes and film-holding devices to accommodate several students; film developing devices or darkroom (DAI.C.1.a.); and, Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives. Instruments include but are not limited to, the following types: diagnostic; surgical; operative; periodontal; orthodontic; endodontic; pediatric; and, prosthodontics (DAI.C.1.b.).

The institution's response includes numerous photos of various dental-related equipment, but the response does not show that teaching mannequins, film developing devices and a darkroom are provided in the dental assistant laboratory classroom for students' use as per the standard.

14. Infectious disease and radiation management policies are provided to all students, faculty and appropriate support staff and continuously monitored for compliance (DAI.C.1.e.).

The response includes written policies on both infectious disease and radiation management; however, the response does not demonstrate that radiation protection and monitoring devices are available for use by all dental assistant program students as prescribed by the standard and requested in the August 2013 Commission letter.

15. Adequate lecture classrooms exist with a chair and desk for each student (DAI.C.1.f.).

The response does not demonstrate that adequate lecture classrooms exist with a chair and desk for each enrolled student at both the campus and Separate Classroom space. The response provides a photograph of a classroom with seating for 12 students and an unscaled floor plan of an office area, but does not identify where this classroom is located making it impossible for the Commission to verify adequate lecture classroom space is available for students of the program at both the campus and Separate Classroom space. Additionally, as class rosters were not provided, it has not been demonstrated that the classroom seating is sufficient for number of students enrolled in each course.

The institution is responsible to document compliance with all applicable accreditation requirements. As the findings above indicate, the institution failed to demonstrate compliance.

The institution is reminded that there is a maximum time in which an extension of accreditation can be granted per Chapter III.C. of the *Accreditation Manual* which states, in part:

Accreditation is granted based on a finding that the institution or program is in compliance. Continuous compliance thereafter is a requirement to maintain accreditation. The Commission may withdraw accreditation at any time if it determines that an institution or program is not complying with its policies or standard(s) or determines that the retention, licensing, or employment rates fall below 70 percent, or below the reported rates on an institution's annual report. Alternatively, the Commission may in its discretion provide an opportunity for the institution or program to bring itself into compliance within a time period specified by the Commission. That time period will not exceed:

- a. *Twelve months, if the longest program is less than one year in length.*
- b. *Eighteen months, if the longest program is at least one year, but less than two years in length.*
- c. *Two years, if the longest program is at least two years in length.*

Should the institution wish to appeal it may do so by filing its intent to appeal the Commission action within 10 calendar days of the date of this action letter. A non-refundable \$5,000.00 appeal fee must accompany this request. The appeal materials, due within 45 calendar days of the Commission action, must include the \$10,000 deposit for the appeal panel member expenses (see the *Accreditation Manual*). The institution will be provided a summary of expenses following the hearing and will be refunded or charged the difference from the \$10,000 deposit. The institution should review carefully all procedures governing its appeal, in accordance with the procedures found in Chapter III.E.2. of the *Accreditation Manual*. The appeal is based upon the information available to the Commission at the time of its action.

Further, given the seriousness of the concerns and as a means of protecting current and future students, the **institution is directed to submit to ABHES, with the appeal, an updated proposed teach-out plan**, and the corresponding Teach-out Approval form found under the Forms Tab on the ABHES Website at www.abhes.org/forms. The proposed 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 program(s) that are of acceptable quality and reasonably similar in content, structure and scheduling to those provided by the institution or program that may cease operations either entirely or at one of its locations. This includes 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.
- 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 or by another institution(s) so long as the requirements listed above are met.

Should the institution not appeal, the decision to deny is effective immediately. The institution may not reapply for accreditation by ABHES until a one-year period of time has passed from the date of this action.

Chapter I.B.1 of the *Accreditation Manual* provides that within 60 days of this final negative action, the Commission makes available upon request to the Secretary of the U.S. Department of Education, appropriate state agencies, recognized accrediting agencies, and the public a brief statement summarizing the reasons for this negative action and the official comments, if any, that your institution wishes to make with regard to this decision, or in the absence of official comment from your institution evidence that the institution or program was offered the opportunity to provide official comment. Consequently, if you wish to make a brief official written comment on this negative action you must do so within 10 calendar days of the date of this letter. You are not required to make such statement, and failure to do so within the time allotted will be understood as a decision not to comment.

Response Requirements

Should the institution wish to appeal, the appeal document must be submitted on a USB (stick) drive or on a CD Rom **within 45 calendar days of the Commission action**. The cover letter, narrative, and exhibits must be formatted in accordance with the instructions "Preparing Your Institution's Response" found under the Forms Tab on the ABHES Website at www.abhes.org/forms. Please be advised, according to the instructions, electronic bookmarks must be used to identify supporting exhibits in the response. **A response, which does not include electronic bookmarked exhibits, will not be accepted.**

It is imperative that the USB drive or the CD Rom is properly labeled with the (1) institution's name, (2) city/state, (3) ABHES ID #, (4) Response to February 2014 Letter, and (5) date.

If you have any questions concerning this correspondence, please feel free to contact me directly at (866) 463-0717.

Sincerely,



Carol A. Moneymaker
Executive Director

Ms. Agun Anna Khachatryan

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c: U.S. Department of Education
Martina Fernandez-Rosario, U.S. Department of Education School Participation Team
Joanne Wenzel, California Bureau for Private Postsecondary Education
Donald Balasa, American Association of Medical Assistants
Christopher Damon, American Medical Technologist
Stanley C. Weisser, R.Ph., California Board of Pharmacy
Pete Etchells, ABHES