

**U.S. Department of Education**

**Staff Report  
to the  
Senior Department Official  
on  
Recognition Compliance Issues**

**RECOMMENDATION PAGE**

1. **Agency:** Council on Chiropractic Education, The (1974/2006)  
(The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)
2. **Action Item:** Compliance Report
3. **Current Scope of Recognition:** The accreditation of programs leading to the Doctor of Chiropractic degree and single-purpose institutions offering the Doctor of Chiropractic program.
4. **Requested Scope of Recognition:** Same as above.
5. **Date of Advisory Committee Meeting:** December, 2013
6. **Staff Recommendation:** Renew the agency's recognition for a period of three years.
7. **Issues or Problems:** None.

## **EXECUTIVE SUMMARY**

### **PART I: GENERAL INFORMATION ABOUT THE AGENCY**

The Council on Chiropractic Education is recognized as a specialized accreditor. It currently accredits 15 doctor of chiropractic programs at 18 sites in 13 states. Of these programs, CCE accredits one program that is offered through a single-purpose chiropractic institution. The agency's one single-purpose chiropractic institution uses the agency's accreditation to establish eligibility to participate in the Title IV HEA programs. Accreditation by the agency also allows its 15 programs to participate in non-Title IV programs offered through the Department of Health and Human Services (HHS).

#### **Recognition History**

CCE was first recognized by the Commissioner of Education in 1974 and has received periodic renewal of recognition since that time. The agency was last reviewed for continued recognition at the Fall 2011 NACIQI meeting. At that time, it received continued recognition and was requested to submit a compliance report on items related to a number of criteria. That report is the subject of this analysis.

The Department received 25 third-party written comments, which are discussed in the final section of the analysis.

## **PART II: SUMMARY OF FINDINGS**

### **§602.14 Purpose and organization**

#### **(a) The Secretary recognizes only the following four categories of agencies:**

The Secretary recognizes...

##### **(1) An accrediting agency**

(i) Has a voluntary membership of institutions of higher education;

(ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is a required element in enabling those institutions to participate in HEA programs; and

(iii) Satisfies the "separate and independent" requirements in paragraph (b) of this section.

##### **(2) An accrediting agency**

(i) Has a voluntary membership; and

(ii) Has as its principal purpose the accrediting of higher education programs, or higher education programs and institutions of higher education, and that accreditation is a required element in enabling those entities to participate in non-HEA Federal programs.

##### **(3) An accrediting agency for purposes of determining eligibility for Title IV, HEA programs--**

(i) Either has a voluntary membership of individuals participating in a profession or has as its principal purpose the accrediting of programs within institutions that are accredited by a nationally recognized accrediting agency; and

(ii) Either satisfies the "separate and independent"

requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraphs (d) and (e) of this section.

**(4) A State agency**

(i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and

(ii) The Secretary listed as a nationally recognized accrediting agency on or before October 1, 1991 and has recognized continuously since that date.

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Please see the related staff analysis under 602.14(b).

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**(b) For purposes of this section, the term separate and independent means that--**

**(1) The members of the agency's decision-making body--who decide the accreditation or preaccreditation status of institutions or programs, establish the agency's accreditation policies, or both--are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association or membership organization;**

**(2) At least one member of the agency's decision-making body is a representative of the public, and at least one-seventh of that body consists of representatives of the public;**

**(3) The agency has established and implemented guidelines for each member of the decision-making body to avoid conflicts of interest in making decisions;**

**(4) The agency's dues are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization; and**

**(5) The agency develops and determines its own budget, with no review by or consultation with any other entity or organization.**

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In the Fall 2011 staff analysis, the agency was requested to demonstrate that the public members of its council and appeals panels meet the requirements related to the agency's definition of a public member and to provide documentation of acceptable conflict of interest statements..

The agency's July 2013 Bylaws, available online, define public members on page 7 under an explanation of the composition of the agency's council. The bylaws state:

"Category 3 Councilors shall be four (4) public members who are none of the following: doctors of chiropractic; employees, Board members, owners, shareholders, or consultants in any educational program or institution housing a program currently accredited by CCE or applying for CCE accreditation; members of any related, associated, or affiliated trade association or membership organization; spouses, parents, children, or siblings of any of the above individuals; or persons who are neither doctors of chiropractic nor are or have been officially associated with any DCP, institution housing a DCP, or solitary purpose chiropractic institution within the past five (5) years."

The agency's guidance with regard to public members of appeals panels is found under its Policy 8, which states that the agency will maintain a standing list of appeals panel members, to include academicians, administrators, educators, practitioners, and public members, as defined by ED (Ex. 39, p. 18).

The agency's conflict of interest policy is found under its Policy 18, and states that the policy applies to councilors, site team members, member representatives, agency staff, other agency representatives, appeals panel members, and consultants (Ex. 12, p. 29). The policy includes a list of situations that would be considered conflicts of interest, including being a graduate, employee, appointee, or consultant of a chiropractic program or having a family member who is the same, having any other relationship, association, or affiliation that would impede objective professional judgment, or knows of any circumstance that would give a real, potential, or apparent conflict of interest in objectively carrying out agency-related duties.

The agency provided 43 signed conflict of interest forms for council members (Ex. 1). The agency's web site lists four current public members (Bishop, Brown-Givens, Goulard, and Jackson), and signed conflict of interest forms were provided for each of the public members. ED staff notes that in response to the Fall 2011 staff analysis, the agency revised its conflict of interest form so that each signatory must respond to each of the seven questions on the form, instead of simply stating that they had no conflicts as had previously been the case. The agency also provided brief vitae for its council members, including the four current public members, and it appears that these four councilors meet the agency's definition of a public member and are well-qualified for their role as councilors (Ex. 26).

The agency provided a list of its current appeals panel members, including brief vitae (Ex. 11). The list includes five public members, who meet the definition of a

public council member and appear well-qualified for their role as panel members. The agency provided examples of signed conflict of interest forms (Ex. 14).

Staff accepts the agency's narrative and supporting documentation as evidence of its compliance with the requirements of this section, and no further information is requested.

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### **§602.15 Administrative and fiscal responsibilities**

**(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;**

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In the Fall 2011 staff analysis, the agency was requested to provide documentation regarding its the qualifications and training of its appeals panel members .

The agency's Policy 8 states that the agency will maintain a standing list of appeals panel members, including academicians, administrators, educators, practitioners, and public members, as defined by ED (Ex. 39, p. 18). The policy states that members must have experience with the agency and be familiar with the agency's standards and processes, or higher education and accreditation processes in general. The agency provided a list of twelve current appeals panel members (Ex. 8). The list includes five public members and designates all members as academicians, administrators, educators, or practitioners. The members appear well-qualified for their role as appeals panel members.

The agency also provided materials presented at an appeals panel training session that was held in June 2012 (Ex. 7). The two-hour session included information on the agency's organization, an overview of accreditation, agency processes, appeals panel roles and responsibilities, the agency's appeals panel policy, confidentiality and conflicts of interest, and ED requirements.

Staff accepts the agency's narrative and supporting documentation as evidence of its compliance with the requirements of this section, and no further information is requested.

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**(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;**

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In the Fall 2011 staff analysis, the agency was requested to provide information on its use of academicians and administrators on its decision-making bodies, including its appeals panels.

**Council**

The agency provided a list of its current council members, including brief descriptions of their qualifications (Ex. 26). The list includes 23 members, including five public members, seven practitioners, and 12 members who are identified as "Program/Institution." The agency also provided another list of council members that includes information as to designation (Ex. 10). The academic and administrative representatives appear well-qualified for their roles as councilors.

**Appeals Panel**

The agency provided a list of its current appeals panel members, including brief descriptions of their qualifications (Exs. 8 and 9). The list includes 12 members, including five public members. All of the members, including the public members, are designated as administrators (6), educators (2), academicians (1), or practitioners (3). The academic and administrative members appear well-qualified for their roles as appeals panel members.

Staff accepts the agency's narrative and documentation, and no additional information is requested.

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**(4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;**

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In the Fall 2011 staff analysis, the agency was requested to provide information on its use of educators and practitioners on its decision-making bodies, including its appeals panels.

**Council**

The agency provided a list of its current council members, including brief descriptions of their qualifications (Ex. 26). The list includes 23 members, including five public members, seven practitioners, and 12 members who are identified as "Program/Institution." The agency also provided another list of

council members that includes additional information as to designation (Ex. 10). The educator and practitioner representatives appear well-qualified for their roles as councilors.

#### Appeals Panel

The agency provided a list of its current appeals panel members, including brief descriptions of their qualifications (Exs. 8 and 9). The list includes 12 members, including five public members. All of the members, including the public members, are designated as administrators (6), educators (2), academicians (1), or practitioners (3). The educator and practitioner members appear well-qualified for their roles as appeals panel members.

Staff accepts the agency's narrative and documentation, and no additional information is requested.

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### **(5) Representatives of the public on all decision-making bodies; and**

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In the Fall 2011 staff analysis, the agency was requested to provide evidence of an effective mechanism to verify that the public members of both its council and its appeals panel adhere to ED's definition of a public member.

The agency's July 2013 Bylaws, available online, define public members on page 7 under an explanation of the composition of the agency's council. The bylaws state:

"Category 3 Councilors shall be four (4) public members who are none of the following: doctors of chiropractic; employees, Board members, owners, shareholders, or consultants in any educational program or institution housing a program currently accredited by CCE or applying for CCE accreditation; members of any related, associated, or affiliated trade association or membership organization; spouses, parents, children, or siblings of any of the above individuals; or persons who are neither doctors of chiropractic nor are or have been officially associated with any DCP, institution housing a DCP, or solitary purpose chiropractic institution within the past five (5) years."

The agency provided a list of its current council members, which include four public members (Ex. 26). The public members include an associate vice president of undergraduate enrollment, an associate dean, a vice president for academic services, and an accreditation consultant with a non-profit organization. All four members appear to meet the definition of a public member and appear well-qualified for their positions as members of the agency's council.

The agency's guidance with regard to public members of appeals panels is found under its Policy 8, which states that the agency will maintain a standing list of appeals panel members, to include academicians, administrators, educators,



practitioners, and public members, as defined by ED (Ex. 39, p. 18).

The agency provided a list of its appeals panel members, which include five public members (Ex. 8). The public members include a provost emeritus, a vice president of academic affairs, an acting college president, a professor emeritus, and university vice president for financial operations. All five public members appear to meet the definition of a public member and appear well-qualified for their positions as members of the agency's appeals panel.

Staff accepts the agency's narrative and documentation, and no additional information is requested.

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**(6) Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency's--**

- (i) Board members;
- (ii) Commissioners;
- (iii) Evaluation team members;
- (iv) Consultants;
- (v) Administrative staff; and
- (vi) Other agency representatives; and

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In the Fall 2011 staff analysis, the agency was requested to provide evidence of the application of its conflict of interest policies for councilors, site team members, agency staff, consultants, and other representatives, including appeals panel members. The agency was also requested to amend its conflict of interest policies for staff and consultants to include examples of conflicts of interest.

**Councilors**

As was noted in an earlier section, in response to the Fall 2011 staff analysis, the agency revised its councilor conflict of interest form to require that each councilor respond to seven questions regarding conflicts of interest, rather than simply stating that they had no conflicts as had been the case previously. The agency provided signed councilor conflict of interest forms from July 2012 and January 2013 that cover all of the currently listed council members (Ex. 1).

**Site team members**

The agency has a two-part process for identifying conflicts of interest on the part of site team members. Members identify potential conflicts at their initial site

team member training sessions (Ex. 42). This information is tracked annually by the agency (Ex. 43) and new forms are signed by the visitors each year (Ex. 44). Additionally, a form is signed by the institution's president, indicating that the school has reviewed the proposed list of site team visitors in order to identify any conflicts of interest and has found none (Ex. 45). The agency provided copies of completed forms as documentation related to this process.

#### Agency staff and consultants

The agency modified its Policy 8, which includes a list of examples of conflicts of interest, so that it now covers staff and consultants. The agency provided copies of signed forms for five agency staff members (Ex. 13). The forms are the same as those used for other agency representatives. The agency reports that it has recently used the services of two consultants. Conflict of interest forms signed by the consultants were also provided (Ex. 41).

#### Appeals panel members

As noted previously, in response to the Fall 2011 staff analysis, the agency revised its conflict of interest policy, Policy 18, to include appeals panel members (Ex. 12). The agency reports that it has convened one appeals panel since the Fall 2011 review. It provided signed conflict of interest forms for the three appeals panel members as documentation (Ex. 14).

Staff accepts the agency's narrative and documentation, and no additional information is requested.

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#### **(b) The agency maintains complete and accurate records of--**

**(1) Its last full accreditation or preaccreditation reviews of each institution or program, including on-site evaluation team reports, the institution's or program's responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and**

**(2) All decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation and preaccreditation of any institution or program and substantive changes, including all correspondence that is significantly related to those decisions.**

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In the Fall 2011 staff analysis, the agency was requested to clarify its file management plan regarding records of substantive changes and correspondence related to accrediting decisions.

In response to the staff analysis, the agency revised its file plan. As

documentation, the agency provided a copy of the plan, which includes several detailed pages of the types of records kept by the agency, the location of each record, and the applicable rule for how long each type of record is to be maintained (Ex. 15).

The file plan indicates that records of substantive changes are not to be destroyed and will be maintained two years in the active file, five years in the inactive file, and all remaining years on a compact disc (Ex. 15, pp. 3, 9).

The file plan indicates that correspondence related to accreditation of programs/institutions will not be destroyed and will be maintained two years in the active file, five years in the inactive file, and all remaining years in the historical file (Ex. 15, pp. 3, 9).

Staff accepts the agency's narrative and documentation, and no additional information is requested.

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#### **§602.16 Accreditation and preaccreditation standards**

##### **(a)(1)(ix) Record of student complaints received by, or available to, the agency.**

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In the Fall 2011 staff analysis, the agency was requested to provide evidence of the review of its standard that a program have grievance policies and demonstrate that it assesses the record of student complaints during its assessment of the program.

As documentation of its assessment of grievance policies and student complaints, the agency provided two sample site visit reports (Ex. 17).

The April 2012 on-site review report indicates that the on-site review team verified that the program had written procedures for addressing student complaints, that the procedures were published in the college catalog and handbook, and that the procedures were backed by administrative policies. The team verified that written complaints were retained in the school's office of student services, that the record of complaints was reviewed by a team member, and that no pattern of complaints was evident (Ex. 17, pp. 5-6).

The October 2012 on-site review report also indicates that the review team verified that the program had written procedures for addressing complaints in its catalog and handbook and were again backed by administrative policies. Written complaints were maintained in the office of student conduct via electronic format. A team member again reviewed the complaints on file and found no discernable pattern of complaints (Ex. 17, p. 5).

ED staff notes that the review of student complaints has been formally

incorporated into the agency's on-site review format and were reviewed consistently in the two on-site review reports.

Staff accepts the agency's narrative and documentation, and no additional information is requested.

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**(a)(1)(vi) Student support services.**

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In the Fall 2011 staff analysis, the agency was requested to provide evidence of the application of its requirements related to the quality of a program in the area of student support services and where this area is assessed in the on-site review report.

The agency reports that evidence of its application of these requirements will not be available until the agency completes the site visits that are scheduled for October 2013. The agency is therefore requested to provide this additional information in its response to the draft staff analysis.

**Analyst Remarks to Response:**

As requested in the draft staff analysis, the agency provided additional information and documentation related to the implementation of its recently revised student support services standard. The standard, which was revised in January 2013, requires a program of student services, staff leadership, and institutional commitment (Ex. 1, p. 19). Student services must support appropriate learning within the program's mission and be attentive to a wide range of student life issues. Student support services must include: registration; orientation; academic advising and tutoring; financial aid counseling; career placement; processes for handling academic standing and appeals; student grievances; and disciplinary issues. Student services may also include: student governance; student organizations and activities; cultural programming; athletic activities; and child care. Published policies and procedures related to student services must be readily available to students.

As documentation of the agency's review of the revised standard, the agency provided materials from a recent on-site review. The site visit matrix indicated that an on-site review team member was assigned to review student support services (Ex. 2). An on-site review team report contained information related to the review of the institution's student support services and commended the institution for the success of one component of its student services program (Ex. 3, pp. 10-11).

Staff accepts the agency's response and additional documentation, and no further information is requested.

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**(a)(1)(vii) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.**

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In the Fall 2012 staff analysis, the agency was requested to provide information on how its standards address quality requirements related to recruiting, catalogs, and publications and provide evidence of the application of its standards in assessing the program.

In response to the staff analysis, the agency revised its standards to include recruiting, catalogs, and publications (Ex. 16, p. 13, B., Context). The agency's revised standard on ethics and integrity requires that integrity and transparency be manifest throughout a program's culture and actions with respect to a number of items, which now specifically include recruiting, catalogs, and publications.

The agency states that it will not have documentation of the assessment of this area until it completes its schedule of on-site reviews for October 2013. The agency is therefore requested to provide documentation of the implementation of its revised standard in its response to the draft staff analysis.

**Analyst Remarks to Response:**

In the draft analysis, ED staff accepted the agency's revised standard regarding recruiting and other practices, but requested that the agency provide documentation of the standard's implementation. In its response, the agency provided a copy of its site visit assignment matrix, indicating that an on-site review team member had been assigned to review "Ethics and Integrity," which encompasses the requirements related to recruiting and other practices (Ex. 2). The agency also provided a copy of an on-site review team report, which documented that the team had reviewed the institution's policies and publications to verify that they conformed with the agency's standards requirements related to ethics and integrity (Ex. 3, pp. 4-5).

Staff accepts the agency's response, and no additional information is requested.

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**§602.19 Monitoring and reevaluation of accredited institutions and programs.**

**(b) The agency must demonstrate it has, and effectively applies, a set of monitoring and evaluation approaches that enables the agency to identify problems with an institution's or program's continued compliance with agency standards and that takes into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent**

**with the provisions of §602.16(f). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.**

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In the Fall 2011 staff analysis, the agency was requested to provide information regarding its review of biannual reports of key data and indicators, such as the review protocol, threshold expectations, and/or triggers it has established that raise concern and action by the council.

In response, the agency provided several documents related to reporting requirements (all provided as Ex. 46). A sample letter notified an institution of the need to submit its program characteristics report (PCR). A councilor assignments document noted that all councilors are responsible for reviewing all program reports, with councilors assigned the lead on certain reports for discussion purposes. The assignments included a summary for each institution, noting the type of report to be considered and providing background information related to the report.

A copy of the agency's Policy 56 on performance disclosure, thresholds, and outcomes specified that all programs must disclose up-to-date information on student performance on national board exams and provided a format to be used in posting the data. Institutions are required to report test result and degree completion data from the two most recently completed academic years. Thresholds were provided for performance on all four parts of the national board exams, and a threshold was also provided for completion rates.

A sample letter to an institution indicating that its report had been considered by the council and accepted with no need for additional action. The letter also noted upcoming agency activities related to the school, including the upcoming submission for an enrollment and admissions report, a program characteristics report, and a comprehensive site visit. The documentation also included detailed instructions for completing the PCR, the protocol for staff review of the reports, and the council's review procedures for consideration of the reports.

Staff accepts the agency's narrative and documentation, and no additional information is requested.

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**(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect headcount enrollment data from those institutions or programs.**

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In the Fall 2011 staff analysis, the agency was requested to provide information and documentation of its annual collection and review of headcount enrollment data.

As a result of the staff analysis, the agency implemented a change of procedure to require that all institutions/programs submit enrollment data annually. As documentation of this process, the agency provided a notification letter that was sent to its programs/institutions in October 2012 notifying them of the policy change and stating that the reports would be considered by the council at its January 2013 meeting (Ex. 18). The letter noted that instructions for completing the report had been sent to the school's accreditation liaison and provided a deadline and mailing instructions for submitting the report.

The agency provided a copy of the completed program enrollment and admissions report (PEAR) that the institution submitted in November 2012 upon receiving the notification letter (Ex. 19). The PEAR provided information about the institution's enrollment data for all campuses for a five-year period, including matriculations, numbers of FTE student for each term, full-time and part-time faculty headcount, and paid FTE faculty. The report also provided information related to an alternative admissions track in place at the institution. The form required the institution to discuss significant performance differences between students in the alternate admissions and the regular admissions track, including strategies that would be implemented to address any differences that had been identified.

As documentation of the council's review of the headcount enrollment data, the agency provided a copy of a letter that was sent to the institution in January 2013 noting that the council had reviewed the institution's PEAR at its January 2013 meeting, had accepted it, and that no additional information was necessary (Ex. 20). The letter also indicated that the institution's next annual PEAR would be due in December 2013.

Staff accepts the agency's narrative and documentation, and no additional information is requested.

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## **§602.20 Enforcement of standards**

**(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must--**

**(1) Immediately initiate adverse action against the institution or program; or**

**(2) Require the institution or program to take appropriate action to bring itself into compliance with the agency's standards within a time period that must not exceed--**

- (i) Twelve months, if the program, or the longest program offered by the institution, is less than one year in length;
  - (ii) Eighteen months, if the program, or the longest program offered by the institution, is at least one year, but less than two years, in length; or
  - (iii) Two years, if the program, or the longest program offered by the institution, is at least two years in length.
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In the Fall 2011 staff analysis, the agency was requested to document that it enforces a two-year time limit for its programs/institutions to bring themselves into compliance with the agency's standards.

The agency refers to its accreditation standards, which note that ED requires all accrediting agencies to enforce their standards. The agency's standard states that if a program/institution is found to be in non-compliance with the standards, the agency will immediately initiate adverse action against the program/institution or require the program/institution to bring itself into compliance within a period that must not exceed two years. The standard specifies that if the program/institution does not bring itself into compliance within two years, the agency will take immediate adverse action, unless the period for achieving compliance is extended for good cause under unusual circumstances (Ex. 16, pp. 6-7).

The agency provided two sets of sample documentation related to the enforcement of its two-year time limit:

#### Exhibit 21

In the first example, an institution was sent a letter in July 2010 noting that the council had reviewed a progress report, a focused site team visit report, and the program's response to the report and had identified ongoing concerns that had not yet been addressed by the program. As documentation of compliance with the two-year time limit for compliance, the agency provided a copy of a July 2012 letter to the institution noting that the concerns identified in the July 2011 letter had been resolved. In the focused visit report, there is a reference to the areas of concern that were previously identified in a council letter from July 2010 (p. 4). However, a copy of the July 2010 letter was not provided. Additional documentation is therefore requested showing when the problems with the program were initially identified (resulting in the March 2011 progress report and April 2011 focused visit) in order to establish that the agency enforced the program's two-year time limit for compliance.



## Exhibit 22

In the second example, the agency provided documentation showing that an institution was sent a letter in August 2012 notifying it that problems had been identified with its PCR at the agency's July 2012 council meeting. The institution was requested to submit a progress report by December 2012 for consideration at the council's January 2013 meeting. The agency provided a copy of the institution's detailed progress report, which was submitted in November 2012 for consideration at the January 2013 meeting. The agency submitted a copy of the letter that was sent to the institution noting that the report had been reviewed at the council's January 2013 meeting, had been accepted, and that no further action was necessary. In this case, the agency's documentation demonstrates that the two-year time limit was enforced.

### **Analyst Remarks to Response:**

In the draft staff analysis, the agency was requested to provide a copy of a July 2010 letter that was referred to in its narrative, but was not provided as documentation. In its response, the agency provided a series of letters to an institution, tracking resolution of identified issues (Ex. 4). The exhibit includes an August 2009 letter identifying the agency's initial concern, the July 2010 letter further specifying the agency's concerns and notifying the institution of the Department's two-year time limit for resolving the concerns, and a July 2011 letter to the institution stating that the concerns had been satisfactorily resolved.

Staff accepts the agency's additional documentation, and no further information is requested.

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**(b) If the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.**

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In the Fall 2011 staff analysis, the agency was requested to demonstrate that it has policies that specifically address extensions for good cause, as well as criteria that ensure the extensions are only granted in unusual circumstances and under limited timeframes.

As noted in the preceding section, the agency provided a copy of its accreditation standards, which specify that if a program/institution does not bring itself into compliance with the agency's standards within two years, the agency will take immediate adverse action, unless the period for achieving compliance is extended for good cause under unusual circumstances (Ex. 16, pp. 6-7).

In order for a program/institution to qualify for an extension, it must address three conditions for good cause that the agency defines in its standards. The

agency's standards specify that the council will review a program/institution's information and rationale and will only grant a good cause extension if: 1) the program/institution has demonstrated "significant recent accomplishments" in addressing areas of non-compliance; 2) the program/institution provides evidence to the council that it will be able to remedy any remaining areas of non-compliance within the extension period granted by the council; and 3) the program/institution provides assurance to the council that there are no other reasons why the extension should not be granted. The standards state that the council may not grant more than two one-year extensions for good cause. Programs/institutions granted extensions for good cause are placed on sanction and may be required to host a site visit. At the conclusion of the extension period, the program/institution must appear before the council to provide evidence of progress before an additional extension will be granted (Ex. 16, p. 7).

The agency states that it has not had an occasion to grant an extension for good cause, and therefore has no documentation to provide related to any extensions.

Staff accepts the agency's narrative and standards as documentation of its compliance, and no additional information is requested.

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#### **§602.22 Substantive change.**

**(a) If the agency accredits institutions, it must maintain adequate substantive change policies that ensure that any substantive change to the educational mission, program, or programs of an institution after the agency has accredited or preaccredited the institution does not adversely affect the capacity of the institution to continue to meet the agency's standards. The agency meets this requirement if--**

**(1) The agency requires the institution to obtain the agency's approval of the substantive change before the agency includes the change in the scope of accreditation or preaccreditation it previously granted to the institution; and**

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In the Fall 2011 staff analysis, the agency was requested to provide documentation of its approval of various substantive changes.

In response to the staff analysis, the agency revised its Policy 1 on substantive change (Ex. 25). The policy states that in order to comply with ED requirements, the agency requires pre-approval of substantive changes. As a result, programs must apply to the agency in writing for approval prior to implementing substantive changes. The policy provides definitions of 12 types of substantive changes, including changes in mission or objectives, changes in program content or delivery methods, entering into contracts with non-Title IV institutions, addition of a degree program, changes in method of credit (clock hour vs. credit

hour), 10% increase in number of hours required for course completion, change in legal status/control/ownership, establishing new locations, consolidation/mergers, addition of a location related to teach-outs, and moving a campus (Ex. 25, pp. 1-2).

The policy also includes instructions on what the institution must submit in its substantive change application, when and how the applications should be submitted to the agency, and discusses the process for agency and council review and council action.

The agency notes in its narrative that it has received few applications for substantive change, and none since the agency appeared before the NACIQI in Fall 2011 or since it revised its substantive change policies. However, the agency did provide a copy of a March 2011 letter in which an institution notified the agency that it intended to file a substantive change request, as well as a reply from the agency noting that the request had been considered by the council at a special meeting held via teleconference, at which the request was approved (Ex. 24).

Staff accepts the agency's narrative and documentation, and no additional information is requested.

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**(2)The agency's definition of substantive change includes at least the following types of change:**

- (i) Any change in the established mission or objectives of the institution.
- (ii) Any change in the legal status, form of control, or ownership of the institution.
- (iii) The addition of courses or programs that represent a significant departure **from the existing offerings of educational programs, or method of delivery, from those that were offered when the agency last evaluated the institution.**
- (iv) **The addition of programs of study at a degree or credential level different from that which is included in the institution's current accreditation or preaccreditation.**
- (v) **A change from clock hours to credit hours.**
- (vi) **A substantial increase in the number of clock or credit hours awarded for successful completion of a**

**program.**

**(vii) If the agency's accreditation of an institution enables the institution to seek eligibility to participate in title IV, HEA programs, the entering into a contract under which an institution or organization not certified to participate in the title IV, HEA programs offers more than 25 percent of one or more of the accredited institution's educational programs.**

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In the Fall 2011 staff analysis, the agency was requested to add a change in objectives to its definitions of substantive change and to provide documentation of its review of substantive changes.

As was noted in the preceding section, the agency revised its Policy 1 on substantive change (Ex. 25). The policy states that in order to comply with ED requirements, the agency requires pre-approval of substantive changes. As a result, programs must inform the agency in writing prior to implementing substantive changes. The policy now provides definitions of 12 types of substantive changes, including changes in mission or objectives (Ex. 25, p. 1). The policy notes that re-wording a mission statement is not considered a substantive change if it does not alter the meaning/content of the original mission statement.

The agency states in its narrative that it has received few applications for substantive change, and none since the agency appeared before the NACIQI in Fall 2011 or since it revised its substantive change policies to include a change in mission or objectives.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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(viii)(A) If the agency's accreditation of an institution enables it to seek eligibility to participate in title IV, HEA programs, the establishment of an additional location at which the institution offers at least 50 percent of an educational program. The addition of such a location must be approved by the agency in accordance with paragraph (c) of this section unless the accrediting agency determines, and issues a written determination stating that the institution has--

(1) Successfully completed at least one cycle of accreditation of

maximum length offered by the agency and one renewal, or has been accredited for at least ten years;

(2) At least three additional locations that the agency has approved; and

(3) Met criteria established by the agency indicating sufficient capacity to add additional locations without individual prior approvals, including at a minimum satisfactory evidence of a system to ensure quality across a distributed enterprise that includes--

- (i) Clearly identified academic control;
- (ii) Regular evaluation of the locations;
- (iii) Adequate faculty, facilities, resources, and academic and student support systems;
- (iv) Financial stability; and
- (v) Long-range planning for expansion.

(B) The agency's procedures for approval of an additional location, pursuant to paragraph (a)(2)(viii)(A) of this section, must require timely reporting to the agency of every additional location established under this approval.

(C) Each agency determination or redetermination to preapprove an institution's addition of locations under paragraph (a)(2)(viii)(A) of this section may not exceed five years.

(D) The agency may not preapprove an institution's addition of locations under paragraph (a)(2)(viii)(A) of this section after the institution undergoes a change in ownership resulting in a change in control as defined in 34 CFR 600.31 until the institution demonstrates that it meets the conditions for the agency to preapprove additional locations described in this paragraph.

(E) The agency must have an effective mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations approved under paragraph (a)(2)(viii)(A) of this section.

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In the Fall 2011 staff analysis, the agency was requested to provide documentation of the application of its review protocol or to state that it will not allow prior approvals for the establishment of additional locations.

The agency notes that it revised its Policy 1 on substantive change in response to the 2011 staff analysis. The policy states that in order to comply with ED requirements, the agency requires pre-approval of substantive changes. As a result, programs must inform the agency in writing prior to implementing substantive changes. The policy provides definitions of 12 types of substantive changes, including establishing new locations (Ex. 25, p. 1). The policy provides guidance specific to additional locations under a special section devoted to this type of change (Ex. 25, pp. 4-5). The policy provides its definition of an additional location, as well as providing the ED definition of an additional location. If a substantive change request requires a site visit, the council will review the site visit report to determine if a new comprehensive site visit should be conducted. The agency will list additional locations separately from the main campus on its official web site.

The agency notes in its narrative that it has received few applications for substantive change, and none since the agency appeared before the NACIQI in Fall 2011 or since it revised its substantive change policies regarding additional locations.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**(3) The agency's substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.**

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In the Fall 2011 staff analysis, the agency was requested to establish an appropriate policy/protocol and demonstrate its effective application of the requirements regarding when new evaluations are required.

In response to the staff analysis, the agency revised its Policy 1 on substantive change (Ex. 25). The policy states that in order to comply with ED requirements, the agency requires pre-approval of substantive changes. As a result, programs must inform the agency in writing prior to implementing substantive changes. The policy specifies that upon receipt of the substantive change application, the agency's staff and the council will review the application, and the council will take action. The policy states that the council will determine if or when a site visit will occur and whether the visit will be comprehensive or focused. The policy notes that visits are at the council's discretion for certain types of changes, but are required in instances regarding change of legal status, new locations, consolidation/mergers, addition of an additional location related to teach-outs, and moving a campus. If the program/institution requests a substantive change that the Council determines will compromise the finances, educational program or facilities for that program/institution, the Council will conduct a focused site visit to the program/institution. If the site visit report reveals that the finances, educational program or facilities are compromised, then a new comprehensive site visit will be conducted at the program/institution and all additional locations. (Ex. 25, pp. 1-2, 3).

The agency notes in its narrative that it has received few applications for substantive change, and none since the agency appeared before the NACIQI in Fall 2011 or since it revised its substantive change policies. It therefore has no documentation to submit related to conducting new evaluations.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**(b) The agency may determine the procedures it uses to grant prior approval of the substantive change. However, these procedures must specify an effective date, which is not retroactive, on which the change is included in the program's or institution's accreditation. An agency may designate the date of a change in ownership as the effective date of its approval of that substantive change if the accreditation decision is made within 30 days of the change in ownership. Except as provided in paragraph (c) of this section, these procedures may, but need not, require a visit by the agency.**

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In the Fall 2011 staff analysis, the agency was requested to establish a policy/protocol for approving substantive changes that includes specific effective dates that are not retroactive.

As noted previously, the agency revised its substantive change policies in response to the findings in the Fall 2011 staff analysis. The agency's revised policy specifically states that when the council approves a substantive change, the effective date for implementation of the change will be the date of the council's approval letter. No action to implement the change may be taken before the date of the letter, and if a program/institution implements a change prior to the date of the approval letter, it will be subject to sanctions by the council (Ex. 25, p. 4).

The agency notes in its narrative that it has received few applications for substantive change, and none since the agency appeared before the NACIQI in Fall 2011 or since it revised its substantive change policies, and has no additional documentation to provide regarding this section.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**(c) Except as provided in (a)(2)(viii)(A) of this section, if the agency's accreditation of an institution enables the institution to seek eligibility to participate in Title IV, HEA programs, the agency's procedures for the approval of an additional location where at least 50 percent of an educational program is offered must provide for a determination of the institution's fiscal and administrative capacity to operate the additional location. In addition, the agency's procedures must include--**

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In the Fall 2011 staff analysis, the agency was requested to provide documentation of how it determines the fiscal and administrative capacity of an institution to operate an additional location.

In response to the staff analysis, the agency revised its Policy 1 on substantive change (Ex. 25). The policy requires a visit to an additional location where 50% or more of a program will be offered and the application must include information on the resources required to support the request, including financial resources; and library/learning resources, physical facilities, and equipment, among other things.

The agency notes in its narrative that it has received few applications for substantive change, and none since the agency appeared before the NACIQI in Fall 2011 or since it revised its substantive change policies. Therefore it has no additional documentation to submit regarding the implementation of its revised



policy related to this section.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**(c)(1) A visit, within six months, to each additional location the institution establishes, if the institution--**

- (i) Has a total of three or fewer additional locations;
- (ii) Has not demonstrated, to the agency's satisfaction, that it has a proven record of effective educational oversight of additional locations; or
- (iii) Has been placed on warning, probation, or show cause by the agency or is subject to some limitation by the agency on its accreditation or preaccreditation status;

---

In the Fall 2011 staff analysis, the agency was requested to provide additional information and documentation that it conducts site visits to newly established additional locations within the required six-month timeframe.

In response to the staff analysis, the agency revised its Policy 1 on substantive change (Ex. 25). The policy states that the council will conduct a site visit within six months in all instances regarding substantive change requests related to additional locations (Ex. 25, pp. 1, 3).

The agency notes in its narrative that it has received few applications for substantive change, and none since the agency appeared before the NACIQI in Fall 2011 or since it revised its substantive change policies. It therefore has no additional documentation to provide related to the requirements of this section.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**(c)(2) An effective mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations of institutions that operate more than three additional locations; and**

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In the Fall 2011 staff analysis, the agency was requested to provide additional information regarding its sampling requirements for site visiting additional locations at an institution having more than three locations.

As noted in the preceding section, in response to the staff analysis, the agency revised its Policy 1 on substantive change (Ex. 25). The policy states that the council will conduct a site visit within six months in all instances regarding substantive change requests related to additional locations (Ex. 25, pp. 1, 3).

The agency notes in its narrative that it has received few applications for substantive change, and none since the agency appeared before the NACIQI in Fall 2011 or since it revised its substantive change policies. It therefore has no additional documentation to provide related to the requirements of this section.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**(c)(3) An effective mechanism, which may, at the agency's discretion, include visits to additional locations, for ensuring that accredited and preaccredited institutions that experience rapid growth in the number of additional locations maintain educational quality.**

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In the Fall 2011 staff analysis, the agency was requested to provide additional information regarding the conditions that will require a site visit related to approval procedures for rapid growth.

In response to the staff analysis, the agency revised its Policy 1 on substantive change (Ex. 25). As noted previously, the revised policy states that site visits will be conducted for all programs/institutions requesting approval for additional locations. The policy also states that site visits will be conducted at all additional locations of a program/institution that experiences rapid growth in order to ensure that the program/institution has sufficient personnel, facilities, and resources and that educational quality has not been compromised (Ex. 25, p. 4).

The agency notes in its narrative that it has received few applications for substantive change, and none since the agency appeared before the NACIQI in Fall 2011 or since it revised its substantive change policies. It therefore has no additional documentation to provide related to the requirements of this section.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**§602.23 Operating procedures all agencies must have.**

**(a) The agency must maintain and make available to the public written materials describing--**

**(1) Each type of accreditation and preaccreditation it grants;**

**(2) The procedures that institutions or programs must follow in applying for accreditation or preaccreditation;**

**(3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants;**

**(4) The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and**

**(5) The names, academic and professional qualifications, and relevant employment and organizational affiliations of--**

**(i) The members of the agency's policy and decision-making bodies; and**

**(ii) The agency's principal administrative staff.**

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In the Fall 2011 staff analysis, the agency was requested to demonstrate that it makes publicly available certain required information about its policy and decision-making bodies, as well as its principal agency staff.

The agency provided hard copies of lists of its council members, appeals panel members, and agency staff that include brief vitae with information on their academic and professional qualifications, and relevant employment and organizational affiliations (Exs. 26, 27, 28). ED staff verified that the information provided in hard copy is posted on the agency's web site.

Staff accepts the agency's narrative and supporting documentation, and no additional information is requested.

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**(c) The accrediting agency must--**

**(1) Review in a timely, fair, and equitable manner any complaint it receives against an accredited institution or program that is related to the agency's standards or procedures. The agency may not complete its review and make a decision regarding a complaint unless, in accordance with published procedures, it ensures that the institution or program has sufficient opportunity to provide a response to the complaint;**

**(2) Take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review; and**

**(3) Review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.**

---

In the Fall 2011 staff analysis, the agency was requested to amend its complaint process to address staff concerns related to the agency's implementation of an "informal" complaint process, as well as concerns related to time constraints, input from programs/institutions, and enforcement action by the council regarding the agency's formal complaint process.

In response to the concerns raised in the Fall 2011 analysis, the agency revised its Policy 64 on complaints (Ex. 29). The policy no longer makes reference to any "informal" complaint process, rendering earlier staff concerns moot. The policy now specifies that all complaints must be submitted formally, in writing to the agency, and provides the agency's mailing address (p. 47). The revised complaint includes timelines and specifies that the agency will acknowledge receipt of the complaint within 15 business days, that the president and/or council executive committee will review the complaint within 60 calendar days, that substantive complaints will be forwarded to the program's/institution's chief executive officer with a response required within 20 business days, and that the complainant and the program/institution will be notified of any decisions or further actions related to the complaint (pp. 47-48). The policy specifies that if there is sufficient evidence of significant non-compliance with the agency's standards, the president or executive committee may either authorize a special committee to visit the institution, for the complaint and documentation directly to the council for review, include the complaint for evaluation by the site team at an upcoming site visit, or request additional information (pp. 48-49). The revised policy is clear, includes reasonable timeframes, and is in compliance with this section of the criteria.

The agency states that it has received no complaints since the revision of its complaint policy and therefore has no additional documentation to present.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**§602.24 Additional procedures certain institutional accreditors must have.**

**(b) Change of ownership.**

**The agency must undertake a site visit to an institution that has undergone a change of ownership that resulted in a change of control as soon as practicable, but no later than six months after the change of ownership.**

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In the Fall 2011 staff analysis, the agency was requested to amend its policies to require a site visit within six months to institutions that have undergone a change in ownership and to provide evidence of a site visit that was made in conjunction with such a change.

In response to the staff analysis, the agency revised its Policy 1 on substantive change (Ex. 25). The policy states that in order to comply with ED requirements, the agency requires pre-approval of substantive changes. As a result, programs must inform the agency in writing prior to implementing substantive changes. The policy provides definitions of 12 types of substantive changes, including changes in legal status/control/ownership (Ex. 25, p. 1). As noted previously, the revised policy specifies that substantive change applications entailing a change of ownership will result in a mandatory site visit within six months in all instances (Ex. 25, p. 3).

The agency notes in its narrative that it has received few applications for substantive changes, and none since the agency appeared before the NACIQI in Fall 2011 or since it revised its substantive change policies relative to change of ownership. Therefore, the agency has no documentation to submit related to the requirements of this section.

Staff accepts the agency's narrative and its revised policy as documentation, and no additional information is requested.

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**(c) Teach-out plans and agreements.**

**(1) The agency must require an institution it accredits or preaccredits to submit a teach-out plan to the agency for approval upon the occurrence of any of the following events:**

- (i) The Secretary notifies the agency that the Secretary has initiated an emergency action against an institution, in accordance with section 487(c)(1)(G) of the HEA, or an action to limit, suspend, or terminate an institution

participating in any title IV, HEA program, in accordance with section 487(c)(1)(F) of the HEA, and that a teach-out plan is required.

(ii) The agency acts to withdraw, terminate, or suspend the accreditation or preaccreditation of the institution.

(iii) The institution notifies the agency that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program.

(iv) A State licensing or authorizing agency notifies the agency that an institution's license or legal authorization to provide an educational program has been or will be revoked.

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In the Fall 2011 staff analysis, the agency was requested to establish policies that require teach-out plans and include the requirement that an institution submit a teach-out plan related to the occurrence of the four events listed under this criterion.

In response to the 2011 staff analysis, the agency revised its Policy 2 on the closure or cessation of a program, branch campus, or additional site (Ex. 30). The revised policy states that the agency requires a teach plan for agency approval under the same four circumstances listed in the ED criterion (pp. 6-7).

No documentation of the implementation of the agency's revised policy was provided. The agency is requested to either provide supporting documentation or to state that it has not yet had an opportunity to implement its revised policy and that no supporting documentation is available.

**Analyst Remarks to Response:**

In the draft staff analysis, the agency was requested to either provide documentation of the implementation of its policies or to state that it had not yet had an occasion to implement its policies and that no documentation was therefore available. In its response, the agency notes that it has not yet had an occasion to implement its policy and that no documentation is therefore available.

Staff accepts the agency's response, and no additional information is requested.

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**(2) The agency must evaluate the teach-out plan to ensure it provides for the equitable treatment of students under criteria established by the agency, specifies additional charges, if any, and provides for notification to the students of any additional**

## charges.

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In the Fall 2011 staff analysis, the agency was requested to demonstrate agency-established criteria for assessing that a proposed teach-out plan provides for the equitable treatment of students, specifies additional charges, and provides appropriate notification to students of those charges.

As noted in the preceding section, the agency revised its teach-out policy in response to the concerns raised in the 2011 staff analysis. The revised policy states that the teach-out plan should provide for the equitable treatment of students, including the completion of the doctor of chiropractic degree program within a reasonable period of time. In addition the policy requires the plan to attempt to enable students to complete their education without additional charges, and include a procedure for notifying students about the tuition and fees of the teach-out institution (Ex. 30, p. 8). One of the evaluative criteria established by the agency is that the plan provide for the continued provision of Title IV student financial aid.

The agency states that it has only had one teach-out in its history and none since the revision of its policy. The agency therefore has no supplemental documentation to provide related to this section.

Staff accepts the agency's narrative and revised policy as documentation of its compliance, and no additional information is requested.

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### **(3) If the agency approves a teach-out plan that includes a program that is accredited by another recognized accrediting agency, it must notify that accrediting agency of its approval.**

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In the Fall 2011 staff analysis, the agency was requested to amend its policies to include the requirement that it will notify other agencies of teach-out plans it has approved.

As noted previously, the agency revised its teach-out policy in response to the findings in the 2011 staff analysis. The agency's revised policy specifies, under a section on notification of other agencies, that in instances where it serves as a programmatic accrediting agency, it will notify a program's respective regional accrediting agency of its decision related to the program's submitted teach-out plan (Ex. 30, p. 9).

The agency notes that it has received no teach-out plans since the revision of its policy and therefore has no supporting documentation to submit related to the requirements of this section.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**(5) The agency must require an institution it accredits or preaccredits that enters into a teach-out agreement, either on its own or at the request of the agency, with another institution to submit that teach-out agreement to the agency for approval. The agency may approve the teach-out agreement only if the agreement is between institutions that are accredited or preaccredited by a nationally recognized accrediting agency, is consistent with applicable standards and regulations, and provides for the equitable treatment of students by ensuring that--**

(i) The teach-out institution has the necessary experience, resources, and support services to--

(A) Provide an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the institution **that is ceasing operations either entirely or at one of its locations;**

**(B) Remain stable, carry out its mission, and meet all obligations to existing students; and**

(ii) The teach-out institution demonstrates that it can provide students access to the program and services without requiring them to move or travel substantial distances **and that it will provide students with information about additional charges, if any.**

---

In the Fall 2011 staff analysis, the agency was requested to develop appropriate guidance and a protocol for reviewing teach-out agreements, including an assessment of the teach-out criteria found under 602.24(c)(5)(i and ii).

As noted previously, the agency revised its teach-out policy in response to the 2011 staff analysis. The revised policy specifies that the teach-out institution must: be able to provide Title IV financial aid (i.e., is accredited by a recognized accrediting agency); have the necessary experience, resources, and support services to provide a doctor of chiropractic degree program that is of acceptable quality; have a program that is reasonably similar in content, structure, and scheduling either entirely or at one of its locations; be able to remain stable, carry out its mission and meet all obligations to its existing students; provide students access to the program and services without requiring them to move or



travel substantial distances; and include a procedure to notify students about the tuition and fees of the teach-out institution.

The agency notes that it has only had one teach-out in its history, and has had no teach-outs since its policy was revised. It therefore has no supporting documentation to provide related to this section.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**(d) Closed Institution.**

**If an institution the agency accredits or preaccredits closes without a teach-out plan or agreement, the agency must work with the Department and the appropriate State agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges.**

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In the Fall 2011 staff analysis, the agency was requested to provide evidence of the application of its policy to work with state and federal agencies to ensure that, in cases where a program closes without a teach-out agreement, students are given opportunities to complete their education without incurring additional charges.

As noted previously, the agency revised its teach-out policy in response to concerns raised in the 2011 staff analysis. The revised policy, under a section on closure without a teach plan or agreement, states that if a program/institution that the agency accredits closes with a plan or agreement, the agency will work with ED and the appropriate state agency, to the extent feasible, to assist students in finding opportunities to complete their education without incurring additional charges.

The agency notes that it has not had an occasion to implement this revised policy and therefore has no supporting documentation to provide related to this section.

Staff accepts the agency's narrative and revised policy as documentation, and no additional information is requested.

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**(e) Transfer of credit policies.**

**The accrediting agency must confirm, as part of its review for initial accreditation or preaccreditation, or renewal of accreditation, that the institution has transfer of credit policies that--**

**(1) Are publicly disclosed in accordance with §668.43(a)(11); and**

**(2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.**

(Note: This criterion requires an accrediting agency to confirm that an institution's teach-out policies are in conformance with §668.43(a)(11). For your convenience, here is the text of 668.43(a)(11): "A description of the transfer of credit policies established by the institution which must include a statement of the institution's current transfer of credit policies that includes, at a minimum –

- (i) Any established criteria the institution uses regarding the transfer of credit earned at another institution; and
- (ii) A list of institutions with which the institution has established an articulation agreement.")

---

In the Fall 2011 staff analysis, the agency was requested to amend its transfer of credit requirements to meet the requirements under 668.43(a)(11) and demonstrate their application during accreditation reviews. Specifically, the agency's policy did not include that institutions disclose any established criteria used regarding the transfer of credit earned at another institution, and a list of institutions with which the institution has established an articulation agreement.

In response to the 2011 staff analysis, the agency revised its standards regarding transfer of credits. The revised standards require that an institution's transfer of credit policies be disclosed to the public and include a description of the transfer of credit policies, established criteria the institution uses regarding the transfer of credit earned at another institution, and a list of the institutions with which the institution has articulation agreements (Ex. 31, p. 27, G).

In its narrative, the agency notes that it only accredits one single-purpose institution, that the institution will not be reviewed until 2014, and that, as a result, the agency has no documentation to provide that is related to a review.

Staff accepts the agency's narrative and revised standard as documentation of its compliance with this section, and no further information is requested.

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**(2) In reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, an accrediting agency may use sampling or other methods in evaluation, sufficient to comply with paragraph (f)(1)(i)(B) of this section.**

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In the Fall 2011 staff analysis, the agency was requested to provide evidence that it has and effectively applies policies and procedures for the review and determination of the reliability and accuracy of an institution's credit hour assignments.

In response to the 2011 staff analysis, the agency revised its standards regarding credit hours. The standard requires that institutions maintain policies and procedures for determining the credit hours that an institution awards for courses and programs. The institution's application of these policies and evidence related to the assignment of credit hours must conform to commonly accepted higher education practices (Ex. 31, p. 27, H). The agency's standards manual also provides the 34 CFR 600.2 definitions related to credit hours (Ex. 30, pp. 27-28).

The agency notes that it only accredits one single-purpose institution and that the institution is not due for its next review until 2014 and that the agency therefore has no documentation to provide related to a review. However, the Fall 2011 staff analysis requested that the agency provide evidence not only of its policies, but also of its procedures for reviewing credit hour assignments. The agency's site visit assignment matrix (Ex. 32) indicates that an on-site reviewer will be assigned to evaluate credit hour policies and procedures at the institution, but no information was provided regarding the guidance that will be provided to reviewers on how to evaluate the policies/procedures for making credit hour assignments. The agency is requested to provide information about the procedures that will be used to review credit hour assignments and whether those procedures will include sampling or other methods of evaluation, as required in this criterion.

#### **Analyst Remarks to Response:**

In the draft staff analysis, the agency was requested to provide information about the procedures used to review credit hour assignments and whether those procedures will include sampling or other methods of evaluation. In its response, the agency provided a copy of its council operating instructions on examining credit hours during institutional reviews (Ex. 5). The document notes that its purpose is to provide site visitors with information on reviewing the assignment of credit hours in compliance with ED requirements. The instructions include the federal credit hour definition, the agency's standard related to credit hours, information on the responsibility of the institution for determining credit hours, the responsibility of the on-site review team in examining credit hours, and procedural guidance for the on-site review team. The procedures indicate that the on-site review team will conduct its review using sampling of coursework and other activities, as defined by ED.

Staff accepts the agency's additional information and documentation, and no further information is requested.

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**(3) The accrediting agency must take such actions that it deems appropriate to address any deficiencies that it identifies at an institution as part of its reviews and evaluations under paragraph (f)(1)(i) and (ii) of this section, as it does in relation to other deficiencies it may identify, subject to the requirements of this part.**

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In the Fall 2011 staff analysis, the agency was requested to develop, and demonstrate that it effectively applies, policies related to credit hour review and their enforcement.

This section expects an agency to verify that it takes appropriate action to address any deficiencies found when reviewing an institution's credit hour assignments, as it does when identifying other deficiencies. In addition, the agency is expected to provide documentation that it has taken appropriate action, or indicate that it has had no occasion to do so.

As noted in the preceding section, the agency revised its credit hour standard in response to the 2011 staff analysis (Ex. 31, pp. 27-28) and has also modified its methods for reviewing the revised standard, and it provided several documents related to the review of its credit hour standard. The procedures require that the site team assess the institution's compliance with the credit hour standard.

The agency notes that its council considers the information related to its standards (including credit hour review) in making an accreditation decision and that institutions that are not in compliance with the agency's standards are required to take action in accordance with the agency's policies and procedures.

The agency states that it only accredits one single-purpose institution, which will not be reviewed until 2014. As a result, the agency has no documentation to provide related to an on-site review of an institution's credit hour policies and procedures.

Staff accepts the agency's narrative and supporting documentation as evidence that it has appropriate policies and procedures in place to take action on deficiencies related to its credit hour policies, and no further information is requested.

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**(4) If, following the institutional review process under this paragraph (f), the agency finds systemic noncompliance with the agency's policies or significant noncompliance regarding one or more programs at the institution, the agency must promptly notify the Secretary.**

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In the Fall 2011 staff analysis, the agency was requested to develop and effectively apply policies related to credit hour review, enforcement, and notification that include the requirement to notify the Department of any systemic non-compliance with the agency's credit hour policies on credit hour assignment.

In response to the 2011 analysis, the agency revised its Policy 111 on notification of agency accrediting decisions to specify that "If the Council finds systemic noncompliance with the CCE Standards regarding credit hour assignments or significant noncompliance regarding one or more programs at an institution the Council/CCE will provide written notice to the U.S. Department of Education within 24 hours of its final decision to the institution." (Ex. 35).

The agency notes that it has not yet had an occasion to implement its revised policy and therefore has no documentation to provide.

Staff accepts the agency's narrative and revised policy as documentation of its compliance with the requirements of this section, and no further information is requested.

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### **§602.25 Due process**

**(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.**

**(1) The appeal must take place at a hearing before an appeals panel that--**

(i) May not include current members of the agency's decision-making body that took the initial adverse action;

(ii) Is subject to a conflict of interest policy;

(iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: to affirm, amend, or reverse adverse actions of the original decision-making body; and

(iv) Affirms, amends, reverses, or remands the adverse action. A decision to affirm, amend, or reverse the adverse action is implemented by the appeals panel or by

the original decision-making body, at the agency's option. In a decision to remand the adverse action to the original decision-making body for further consideration, the appeals panel must identify specific issues that the original decision-making body must address. In a decision that is implemented by or remanded to the original decision-making body, that body must act in a manner consistent with the appeals panel's decisions or instructions.

**(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal, including to make any presentation that the agency permits the institution or program to make on its own during the appeal.**

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In the Fall 2011 staff analysis, the agency was requested to demonstrate that its appeals panel members are subject to its conflict of interest policy.

In response to the 2011 analysis, the agency revised its Policy 18 on conflicts of interest to specifically include appeals panel members (Ex. 12). As documentation of the policy's implementation, the agency provided copies of conflict of interest forms signed by the three members of the one appeals panel that the agency has convened since revising its policy (Ex. 14).

Staff accepts the agency's narrative, revised policy, and supporting documentation as evidence of its compliance with the requirements of this section, and no further information is requested.

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**§602.26 Notification of accrediting decisions**

**(d) For any decision listed in paragraph (b)(2) of this section, makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment; and**

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In the Fall 2011 staff analysis, the agency was requested to clarify the obligation of the agency to provide evidence that it has offered the affected institution the opportunity to provide comments related to an accrediting decision.

In response to the 2011 analysis, the agency revised its Policy 111 regarding notification of agency accrediting decisions. The revised policy states that no later than 60 days after a final decision, the agency will make available to ED, all state licensing boards, and the public upon request, a summary of the reasons for council decisions, and the comments, if any, that the program may wish to make, or evidence that the opportunity for comment was provided (Ex. 36).

As documentation, the agency provided a copy of a letter to an institution that included the wording of its policy, noting the right to comment (Ex. 36, letter, p. 3). However, the agency is also requested to provide a copy of the notice, as well as evidence that it was sent to the listed entities in a timely manner. Additional documentation is requested.

**Analyst Remarks to Response:**

In the draft staff analysis, the agency was requested to provide additional documentation related to a letter that it had sent to an institution regarding an accrediting decision and documenting that the institution had been offered the opportunity to comment regarding the accrediting decision.

In its response, the agency notes that the letter cited in the draft analysis pertained to an initial accrediting decision, not a final accrediting decision. The institution in question appealed the initial decision and prevailed upon appeal (Exs. 6, p. 3, and 7, p. 3). Therefore, there was no need for the institution in question to be given an opportunity to comment on the accrediting decision. The agency notes that, as a result, it has not yet had an occasion to implement its policy and that no documentation is therefore available related to the requirements of this section.

Staff accepts the agency's response, and no additional information is requested.

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**§602.27 Other information an agency must provide the Department.**

**(a)(6) The name of any institution or program it accredits that the agency has reason to believe is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the agency's reasons for concern about the institution or program; and**

**(a)(7) If the Secretary requests, information that may bear upon an accredited or preaccredited institution's compliance with its Title IV, HEA program responsibilities, including the eligibility of the institution or program to participate in Title IV, HEA programs. (b) If an agency has a policy regarding notification to an institution or**

**program of contact with the Department in accordance with paragraph (a)(6) or (a)(7) of this section, it must provide for a case by case review of the circumstances surrounding the contact, and the need for the confidentiality of that contact. Upon a specific request by the Department, the agency must consider that contact confidential.**

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In the Fall 2011 staff analysis, the agency was requested to amend its policy regarding the reporting of Title IV fraud and abuse to reflect the confidentiality requirements under 602.27(b).

In response to the 2011 analysis, the agency revised its Policy 20 regarding notification of the Secretary regarding Title IV fraud and abuse (Ex. 37). The policy now specifically states that a program/institution that is suspected of Title IV fraud or abuse will not be notified of the agency's intent to notify the U.S. Secretary of Education of the problems, due to confidentiality requirements.

The agency did not provide any documentation of the implementation of its revised policy. The agency is requested to either provide supporting documentation or to state that it has not yet had an occasion to implement the policy and therefore has no documentation to provide.

**Analyst Remarks to Response:**

In the draft staff analysis, the agency was requested to either provide documentation of the implementation of its policies or to state that it had not yet had an occasion to implement its policies and that no documentation was therefore available. In its response, the agency notes that it has not yet had an occasion to implement its policy and that no documentation is therefore available.

Staff accepts the agency's response, and no additional information is requested.

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**§602.28 Regard for decisions of States and other accrediting agencies.**

**(b) Except as provided in paragraph (c) of this section, the agency may not grant initial or renewed accreditation or preaccreditation to an institution, or a program offered by an institution, if the agency knows, or has reasonable cause to know, that the institution is the subject of--**

**(1) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State;**

**(2) A decision by a recognized agency to deny accreditation or preaccreditation;**



**(3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation;  
or**

**(4) Probation or an equivalent status imposed by a recognized agency.**

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In the Fall 2011 staff analysis, the agency was requested to amend the language of its policy to more closely conform to the requirements of this section.

In response to the 2011 analysis, the agency revised its Policy 46 on regard for the decisions of states and other accrediting agencies (Ex. 38). The language of the revised policy now mirrors the language of the ED criterion, although the agency notes that it does not offer pre-accreditation.

The agency provided no supporting documentation of the implementation of its revised policy. The agency is requested to either provide supporting documentation or to state that it has not yet had an occasion to implement the revised policy and therefore has no documentation to provide.

**Analyst Remarks to Response:**

In the draft staff analysis, the agency was requested to either provide documentation of the implementation of its policies or to state that it had not yet had an occasion to implement its policies and that no documentation was therefore available. In its response, the agency notes that it has not yet had an occasion to implement its policy and that no documentation is therefore available.

Staff accepts the agency's response, and no additional information is requested.

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**(c) The agency may grant accreditation or preaccreditation to an institution or program described in paragraph (b) of this section only if it provides to the Secretary, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude the agency's grant of accreditation or preaccreditation.**

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In the Fall 2011 staff analysis, the agency was requested to provide evidence of the application of its policy on providing explanations of over-riding decisions.

The agency notes that, although it has an ED-approved policy in place regarding the requirements of this section (Ex. 38, #2), it has never had an instance in

which it has over-riden the accrediting decision of another agency and therefore has no related documentation to provide.

Staff accepts the agency's narrative and policy as evidence that it is prepared to meet the requirements of this section, and no further information is requested.

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**(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.**

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In the Fall 2011 staff analysis, the agency was requested to amend its policies to clarify that it will promptly investigate information it receives from any source regarding negative accrediting actions taken by other agencies and provide evidence of its prompt review of a program that is located in an institution that is the subject of an adverse action or pending action or of an agency-accredited institution that is subject to a pending or final action.

In response to the 2011 analysis, the agency revised its Policy 46 on the regard for decision of state and other accrediting agencies to mirror the wording of the ED criterion (Ex. 38, #3). Although the agency revised its policy, it did not provide any supporting documentation of its implementation. The agency is therefore requested to either provide supporting documentation or to state that it has not yet had an occasion to implement its revised policy and therefore has no documentation to provide.

**Analyst Remarks to Response:**

In the draft staff analysis, the agency was requested to either provide documentation of the implementation of its policies or to state that it had not yet had an occasion to implement its policies and that no documentation was therefore available. In its response, the agency notes that it has not yet had an occasion to implement its policy and that no documentation is therefore available.

Staff accepts the agency's response, and no additional information is requested.

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**(e) The agency must, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or preaccreditation status of an institution or program and any adverse actions it has taken against an**

## **accredited or preaccredited institution or program.**

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In the Fall 2011 staff analysis, the agency was requested to amend its policy to clearly state that information regarding accreditation status or adverse accrediting actions will be available to other agencies upon request and demonstrate effective application of the policy.

In response to the 2011 analysis, the agency revised its Policy 46 on regard for decisions of states and other accrediting agencies. The language of the revised policy now mirrors the language of the ED criterion (Ex. 38, #4). The agency notes that it has not yet had an occasion to implement its revised policy and therefore has no supporting documentation to provide.

Staff accepts the agency's narrative and revised policy as evidence that it is prepared to meet the requirements of this section, and no further information is requested.

## **PART III: THIRD PARTY COMMENTS**

### **Staff Analysis of 3rd Party Written Comments**

The Department received 25 written comments with regard to this agency, primarily from practitioners. Of the written comments received, two were in support of the agency and 23 were in opposition to the agency.

The comments in favor of the agency noted that the commenters supported the agency's current medically-based approach. Both commenters were practitioners, and one was a former member of a state board of chiropractic examiners. Their comments did not reference specific sections of the Criteria for Recognition.

The comments in opposition to the agency were primarily received from practitioners. They were based largely upon a long-standing philosophical disagreement within the chiropractic community and continue a pattern of oppositional comments that have been received by the Department each time this agency has been reviewed for recognition over the years. This debate centers largely on whether it is appropriate for chiropractors to dispense drugs or perform surgery. Generally, the oppositional commenters feel that CCE is moving the profession toward more medically-based training (and therefore practice) and strongly oppose that approach. The opposing comments generally centered around 1) the elimination of the term "subluxation" from the agency's standards; 2) the removal from the standards of the specification "without drugs or surgery" when describing chiropractic treatment; and 3) opposition to the Doctor of Chiropractic Medicine or equivalent degree.

The Federal Register Notice states that comments are to address only the Criteria for Recognition that are under consideration. Of the 23 written oppositional comments, 17 referenced sections 602.13, 601.16 or 602.21 of the Criteria, which are not under consideration in the current report, and 4 failed to identify any criteria. However, three comments did reference 602.15, which is under current consideration. One comment was submitted by the co-founders of the Movement for Chiropractic Quality and Integrity (MCQI) and voices concerns related to conflicts of interest, stating that allowing the current CCE chair to remain in place constitutes a conflict of interest because the chair is biased against the MCQI. This allegation would appear to be related more specifically to 602.15(a)(6)(ii).

The agency's conflict of interest policy is published in its July 2013 Manual of Policies as CCE Policy 18. The policy states that councilors "shall not engage in activities that would result in a conflict of interest, or the appearance of a conflict of interest, that would affect their ability to be impartial and objective with their CCE-related duties or that would result in personal gain to themselves." The policy further instructs that councilors "should recuse themselves from discussion and/or decision-making when conflicts exist that warrant such exclusion." The policy also states that the council chair has the final authority to decide appropriate measures that will be taken when conflicts of interest exist.

ED staff notes that this section of the Criteria for Recognition relates to conflicts that might impact agency accrediting decisions. MCQI is not a program or an institution, so any perceived bias against the organization would not be applicable to this section of the Criteria.

A second comment also alleged conflict of interest under 602.15, claiming that the chair and other members of the Council are affiliated with an organization that supports the elimination of vertebral subluxation and the medicalization of the profession. The third complaint alleges that the process by which nominees for positions on the council are vetted and selected is based on "ambiguous criteria" and results in a "self-perpetuating leadership of individuals committed to a specific philosophical stand and agenda"

The agency's bylaws establish the Council Development Committee as the body that develops slates of potential Councilor candidates based on nominees submitted by members of the chiropractic, academic, and/or professional communities, and/or the public at large. The bylaws include that a committee duty is to encourage Council diversity and development. It is clear that there are diverse points of view in the chiropractic community. While it is not the Department's responsibility to take sides in the ongoing philosophical discussion within the profession, the Department is concerned that the agency follows its policies and procedures.

The agency is requested to provide additional information about its councilor selection processes and, in particular, how it satisfies the duty to encourage Council diversity, given the allegations of the complaints. In particular, the

agency needs to indicate what criteria it uses in selecting from among the nominees individuals to serve on the Council.

### **Agency Response to 3rd Party Comments**

Please reference the uploaded file entitled, Response to Third Party Comments, which includes Exhibits 8-16 as outlined and referenced in the document.

### **Staff Analysis of Agency Reponse to 3rd Party Comments**

In the draft staff analysis of 3rd party written comments, the agency was requested to provide additional information about its councilor selection processes and, in particular, how it satisfies the duty to encourage Council diversity, given the allegations of the complaints. In particular, the agency was requested to indicate what criteria it uses in selecting from among the nominees individuals to serve on the Council.

In response to the draft staff analysis, the agency provided extensive documentation related to its councilor elections process. To briefly summarize, a Council Development Committee (CDC) and the Council Executive Committee (CEC) review openings on the Council and establishes a list of preferred qualifications/attributes that are needed relative to the Council as a whole. The agency solicits nominations for open seats. The nominations are reviewed by the Council relative to the agency's bylaws and any ineligible nominees are removed from consideration. A slate is developed by consensus, conforming to set limits in the size of the slate, per category. The election is held. Candidates must receive a majority vote of all Members or Councilors in order to be elected.

As documentation, the agency provided: a copy of a council elections announcement seeking nominations; information from its bylaws regarding the qualifications required for various Council categories; minutes from meetings where nominees were considered; a description of the elections process as outlined in the agency's policy manual; a report from an elections process task force containing suggestions for revisions to the elections process; and an analysis of Council representation by institution/program.

The agency's documentation indicates that the agency is following its established elections process and that its processes encourage Council diversity. No further information is requested of the agency.

Staff notes that the agency also provided additional information addressing issues raised by third party commenters regarding the alleged removal of "subluxation" from the standards and the "medicalization" of chiropractic education. While these issues are not relevant to the Criteria for Recognition, the information provided by the agency is helpful in shedding additional light on the long-standing dispute within the profession.