

From: thedavincigroupconference@gmail.com
To: [Third Party Comments](#)
Subject: Written Statement: (Council for Chiropractic Education)
Date: Tuesday, February 14, 2017 11:19:26 PM

Person making written statement: Michael Guinosso, D.C.

Organization: The Da Vinci Group

Position: steering committee, chair

Address: 123 N. Sycamore Street

Newtown, PA 18940

Email: thedavincigroupconference@gmail.com

Phone: 484 601 2629

To Whom it May Concern,

My name is Michael Guinosso, D.C.. I am writing on behalf of the Da Vinci Group, a nationwide coalition of 70 chiropractic associations and organizations.

I am writing to express my concerns regarding the Council for Chiropractic Education (CCE) and their compliance with the Secretary of Education's "Criteria for Recognition".

The following are my concerns:

1. The CCE's has recently proposed a revision of their Standards for Accreditation that allows for the institutions, that they accredit, to have mission statements lacking well defined, substantive missions. In this regard the CCE's standards lack rigor and fail to meet **C.F.R. 602.16**. This lack of rigor allows for DCPs to have missions and curricular objectives, which are, not only widely disparate, they are in conflict with, and even exclusive of, other DCPs' missions and curricular objectives. Ultimately, this lack of rigor results in the deterioration of the peer review process. It is very difficult to produce "peers" for peer review when the DCPs have widely disparate missions and curricular objectives. In this regard, the CCE has failed to meet **C.F.R. 602.15 (a)(2)**.
2. In the most recently proposed revision of CCE's Standards for Accreditation, within the "CCE Clinical Education Meta-Competencies", the term "subluxation/segmental dysfunction" is include. This hybrid terminology has been objected to by numerous stakeholders, since the "/" indicates that the two terms are interchangeable. Most stakeholders in chiropractic education would affirm that "subluxation" and "segmental dysfunction" are not interchangeable. The continued use of this hybrid term demonstrates a failure by the CCE to represent its stakeholders and is a failure to meet **C.F.R. 602.13**. Furthermore, this language allows the DCPs to teach either one of these two clinical concepts as if they were both clinical concepts. This is very

concerning since chiropractic manipulation of "vertebral subluxation" is the only service recognized and paid for by the major third party payor of chiropractic services, Medicare. Medicare does not, likewise, recognize "segmental dysfunction". Failure of the CCE to require and enforce DCPs to train chiropractic students to address "vertebral subluxation" is a failure to comply with **C.F.R. 602.13 (b)**.

3. A review of the CCE's executive committee seats between 2004 and 2012 reveals that three schools enjoyed a disproportionate representation. Over that time period, there were 36 available seats on CCE's executive council. The University of Western States occupied 13 seats, Texas Chiropractic College occupied 8 seats, and New York Chiropractic College occupied 7 seats. This over-representation constitutes a failure of the CCE to meet **C.F.R. 602.15 (a) (6)** and the natural consequence of this is also a failure to meet **C.F.R. 602.13**.
4. At CCE's last annual meeting (January 2017) councilors voted unanimously to adopt the proposed final draft of the revised standards. There were some last minute changes included in that draft. Among the required subject matter, in the category of clinical sciences, the term "toxicology" was rewritten as "toxicology/pharmacology". The "last minute" inclusion of this terminology into the CCE's standards, without making it available for review or comment by its stakeholders, is a failure to meet **C.F.R. 602.21 (b)(4)**. Stakeholders in chiropractic profession have repeatedly and consistently objected to the inclusion of pharmacology in chiropractic education and practice. The inclusion of this terminology and required subject matter ("pharmacology") fails to represent chiropractic stakeholders' values and contradicts chiropractic's unique and widely accepted professional identity. This constitutes a failure to meet **C.F.R. 602.13**.

Respectfully,

Michael Guinosso, D.C.

The Da Vinci Group steering committee, chair

Dear Colleague,

Time is running out! **The deadline** to make a written statement or to request to speak at the NACIQI meeting **is tomorrow, February 15th**. CCE's hearing for re-validation at **the NACIQI meeting is February 22 - 24**.

Statements, either written or oral, must be directed towards CCE's performance in regards to the "Criteria for Recognition" (C.F.R.).

Below, we've provided a draft of our letter with description of our areas of concern with CCE in the context of the C.F.R.s. You are welcome to **use this draft in total or as a model for your own letter**, if you wish. We've also provided a **summarized list of concerns referencing the C.F.R.s**.

If you have any questions please email us at info@thedavincigroupconference.com .

Thanks for your dedication to chiropractic.

With Great Appreciation,

The Da Vinci Group steering committee

Our letter expressing our concerns to NACIQI regarding CCE's performance:

To Whom it May Concern,

My name is Toby Adam Goncharoff, D.C.

I am writing to express my concerns regarding the Council for Chiropractic Education (CCE) and their compliance with the Secretary of Education's "Criteria for Recognition".

The following are my concerns:

1. The CCE's has recently proposed a revision of their Standards for Accreditation that allows for the institutions, that they accredit, to have mission statements lacking well defined, substantive missions. In this regard the CCE's standards lack rigor and fails to meet **C.F.R. 602.16**. This lack of rigor allows for DCP missions and curricular objectives, which are, not only wildly disparate, they are in conflict with, and even exclusive of, other DCPs' missions and curricular objectives. Ultimately, this lack of rigor results in the deterioration of the peer review process. It is very difficult to produce "peers" for peer review when the DCPs have widely disparate missions and curricular objectives. In this regard, the CCE has failed to meet **C.F.R. 602.15 (a)(2)**.

2. In the most recently proposed revision of CCE's Standards for Accreditation, within the "CCE Clinical Education Meta-Competencies" the term "subluxation/segmental dysfunction" is include. This hybrid terminology has been objected to by numerous stakeholders, since the "/" indicates that the two terms are interchangeable. Most stakeholders in chiropractic education would affirm that "subluxation" and "segmental dysfunction" are not interchangeable. The continued use of this hybrid term demonstrates a failure by the CCE to represent its stakeholders and is a failure to meet **C.F.R. 602.13**. Furthermore, this language allows the DCPs to teach either one of these two clinical concepts as if they were both clinical concepts. This is very concerning since chiropractic manipulation of "vertebral subluxation" is the only service recognized and paid for by the major third party payor of chiropractic services, Medicare. Failure of the CCE to require and enforce DCPs to train chiropractic students to address "vertebral subluxation" is a failure to comply with **C.F.R. 602.13 (b)**.
3. A review of the CCE's executive committee seats between 2004 and 2012 reveal that three schools enjoyed a disproportionate representation. Over that time period, there were 36 available seats on CCE's executive council. The University of Western States occupied 13 seats, Texas Chiropractic College occupied 8 seats, and New York Chiropractic College occupied 7 seats. This over-representation constitutes a failure of the CCE to meet **C.F.R. 602.15 (a)(6)** and, also, the natural consequence of this is a failure to meet **C.F.R. 602.13**.
4. At CCE's last annual meeting (January 2017) councilors voted unanimously to adopt the proposed final draft of the revised standards. There were some last minute changes included in that draft. Among the required subject matter, in the category of clinical sciences, the term "toxicology" was rewritten as "toxicology/pharmacology". The "last minute" inclusion of this terminology into the CCE's standards without making it available for review or comment by its stakeholders is a failure to meet **C.F.R. 602.21 (b)(4)**. Stakeholders in chiropractic profession have repeatedly and consistently objected to the inclusion of pharmacology in chiropractic education and practice. The inclusion of this terminology and required subject matter ("pharmacology") fails to represent chiropractic stakeholders' values and contradicts chiropractic's unique and widely accepted professional identity. This constitutes a failure to meet **C.F.R. 602.13**.

Respectfully,

Toby Adam Goncharoff, D.C.

From: [Jack Bourla](#)
To: [Third Party Comments](#)
Subject: "Oral Comment Request: (Council for Chiropractic Education)," or "Written Statement: (Council for Chiropractic Education)
Date: Wednesday, February 15, 2017 12:49:43 PM

To Whom it May Concern,

My name is Dr. Jack M. Bourla and I am writing on behalf of the International Federation of Chiropractors and Organizations (IFCO). I serve as President of the IFCO.

I am writing to express our organization's concerns regarding the Council for Chiropractic Education (CCE) and their compliance with the Secretary of Education's "Criteria for Recognition".

The following are our concerns:

1. The CCE's has recently proposed a revision of their Standards for Accreditation that allows for the institutions, that they accredit, to have mission statements lacking well-defined, substantive missions. In this regard the CCE's standards lack rigor and fail to meet **C.F.R. 602.16**. This lack of rigor allows for DCP missions and curricular objectives, which are, not only wildly disparate, they are in conflict with, and even exclusive of, other DCPs' missions and curricular objectives. Ultimately, this lack of rigor results in the deterioration of the peer review process. It is very difficult to produce "peers" for peer review when the DCPs have widely disparate missions and curricular objectives. In this regard, the CCE has failed to meet **C.F.R. 602.15 (a)(2)**.
2. In the most recently proposed revision of CCE's Standards for Accreditation, within the "CCE Clinical Education Meta-Competencies", the term "subluxation/segmental dysfunction" is included. This hybrid terminology has been objected to by numerous stakeholders, since the "/" indicates that the two terms are interchangeable. Most stakeholders in chiropractic education would affirm that "subluxation" and "segmental dysfunction" are not interchangeable. The continued use of this hybrid term demonstrates a failure by the CCE to represent its stakeholders and is a failure to meet **C.F.R. 602.13**. Furthermore, this language allows the DCPs to teach either one of these two clinical concepts as if they were both clinical concepts. This is very concerning since chiropractic adjustment of "vertebral subluxation" is the only service recognized and paid for by the major third party payor of chiropractic services, Medicare. Failure of the CCE to require and enforce DCPs to train chiropractic students to address "vertebral subluxation" is a failure to comply with **C.F.R. 602.13 (b)**.
3. A review of the CCE's executive committee seats between 2004 and 2012 reveal that three schools enjoyed a disproportionate representation. Over that time period, there were 36 available seats on CCE's executive council. The University of Western States occupied 13 seats, Texas Chiropractic College occupied 8 seats, and New York Chiropractic College occupied 7 seats. This over-representation constitutes a failure of the CCE to meet **C.F.R. 602.15 (a)(6)** and, also, the natural consequence of this is a failure to meet **C.F.R. 602.13**.
4. At CCE's last annual meeting (January 2017) councilors voted unanimously to adopt the proposed final draft of the revised standards. There were some last minute changes included in that draft. Among the required subject matter, in the category of clinical sciences, the term "toxicology" was rewritten as "toxicology/pharmacology". The "last minute" inclusion of this terminology into the CCE's standards without making it available for review or comment by its stakeholders is a failure to meet **C.F.R. 602.21 (b)(4)**. Stakeholders in chiropractic profession have repeatedly and consistently objected to the inclusion of pharmacology in chiropractic education and practice. The inclusion of this terminology and required subject matter ("pharmacology") fails to represent chiropractic stakeholders' values and contradicts chiropractic's unique and widely accepted professional identity. This constitutes a failure to meet **C.F.R. 602.13**.

Thank you for reviewing the above comments and giving them your consideration and attention.

Sincerely,

Jack M. Bourla, D.C.
President, IFCO

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Dr. Jack M. Bourla
Doctor of Chiropractic
Providence Chiropractic Center
505 Seaport Court, Suite 103
Redwood City, CA 94063
(650) 365-1473
(650) 365-1474 fax
www.prochirocenter.com

President, International Federation of Chiropractors and Organizations (www.ifcochiro.org)

From: [Steve Tullius](#)
To: [Third Party Comments](#)
Subject: Written Statement: (Council for Chiropractic Education)
Date: Wednesday, February 15, 2017 1:37:20 PM

Name: Steve Tullius, D.C.
Organization: Movement for Chiropractic Quality and Integrity
Address: 6761 Burgundy St, San Diego, CA 92120
Email: steve_tullius@yahoo.com
Telephone: (619) 889-8818 To Whom it May Concern,

My name is Steve Tullius, D.C. and I am writing on behalf of myself and the Movement for Chiropractic Quality and Integrity (MCQI) to express my concerns regarding the Council for Chiropractic Education (CCE) and their compliance with the Secretary of Education's "Criteria for Recognition".

The following are my concerns:

1. In the proposed revisions to the CCE's Standards for Accreditation, the term "subluxation/segmental dysfunction" is used to despite numerous objections from stakeholders. The "/" indicates that the two terms are interchangeable however the majority of stakeholders in chiropractic education would affirm that "subluxation" and "segmental dysfunction" are not interchangeable. The continued use of this term demonstrates a failure by the CCE to represent its stakeholders and is a failure to meet **C.F.R. 602.13**. This is a purposeful misrepresentation to all for the DCPs to teach either one of these two clinical concepts. This is very concerning since they are recognized as two separate clinical concepts yet chiropractic manipulation of "vertebral subluxation" is the only service recognized and reimbursed for by Medicare, who does not recognize "segmental dysfunction". Failure of the CCE to require and enforce DCPs to train chiropractic students to address "vertebral subluxation" is a failure to comply with **C.F.R. 602.13 (b)**.
2. A review of the CCE's executive committee seats between 2004 and 2012 reveals that three schools enjoyed a disproportionate representation. Over that time period, there were 36 available seats on CCE's executive council. The University of Western States occupied 13 seats, Texas Chiropractic College occupied 8 seats, and New York Chiropractic College occupied 7 seats. This over-representation constitutes a failure of the CCE to meet **C.F.R. 602.15 (a)(6)** and the natural consequence of this is also a failure to meet **C.F.R. 602.13**.

3. At CCE's last annual meeting (January 2017) councilors voted unanimously to adopt the proposed final draft of the revised standards. There were some last minute changes included in that draft. Among the required subject matter, in the category of clinical sciences, the term "toxicology" was rewritten as "toxicology/pharmacology". The "last minute" inclusion of this terminology into the CCE's standards, without making it available for review or comment by its stakeholders, is a failure to meet C.F.R. 602.21 (b)(4). Stakeholders in chiropractic profession have repeatedly and consistently objected to the inclusion of pharmacology in chiropractic education and practice. The inclusion of this terminology and required subject matter ("pharmacology") fails to represent chiropractic stakeholders' values and contradicts chiropractic's unique and widely accepted professional identity. This constitutes a failure to meet C.F.R. 602.13.

Thank you for considering my input on this matter. Sincerely,

Steve Tullius, D.C.

Steve Tullius, DC

sandiegocountychiropractor.com helping you & your family experience a better quality of life [Connect on Facebook](#)
MCQI.org register today to keep chiropractic separate and distinct

My name is Arno J Burnier, D.C. and I am writing on behalf of MCQI. (Movement for Chiropractic Quality and Integrity).

I had voiced my concerns at the last NACIQI but felt that I did not address them in a manner that would cause NACIQI to take actions, because my comments were general to the issues yet not specific to a failure to meet specific standards.

I am writing to express my concerns regarding the Council for Chiropractic Education (CCE) and their compliance with the Secretary of Education's "Criteria for Recognition".

The following are my concerns:

- 1 The CCE's has recently proposed a revision of their Standards for Accreditation that allows for the institutions, that they accredit, to have mission statements lacking well defined, substantive missions. In this regard the CCE's standards lack rigor and fails to meet **C.F.R. 602.16**. This lack of rigor allows for DCP missions and curricular objectives, which are, not only wildly disparate, they are in conflict with, and even exclusive of, other DCPs' missions and curricular objectives. Ultimately, this lack of rigor results in the deterioration of the peer review process. It is very difficult to produce "peers" for peer review when the DCPs have widely disparate missions and curricular objectives. In this regard, the CCE has failed to meet **C.F.R. 602.15 (a)(2)**.
- 2 In the most recently proposed revision of CCE's Standards for Accreditation, within the "CCE Clinical Education Meta-Competencies" the term "subluxation/segmental dysfunction" is include. This hybrid terminology has been objected to by numerous stakeholders, since the "/" indicates that the two terms are interchangeable. Most stakeholders in chiropractic education would affirm that "subluxation" and "segmental dysfunction" are not interchangeable. The continued use of this hybrid term demonstrates a failure by the CCE to represent its stakeholders and is a failure to meet **C.F.R. 602.13**. Furthermore, this language allows the DCPs to teach either one of these two clinical concepts as if they were both clinical concepts. This is very concerning since chiropractic manipulation of "vertebral subluxation" is the only service recognized and paid for by the major third party payor of chiropractic services, Medicare. Failure of the CCE to require

and enforce DCPs to train chiropractic students to address "vertebral subluxation" is a failure to comply with **C.F.R. 602.13 (b)**.

- 3 A review of the CCE's executive committee seats between 2004 and 2012 reveal that three schools enjoyed a disproportionate representation. Over that time period, there were 36 available seats on CCE's executive council. The University of Western States occupied 13 seats, Texas Chiropractic College occupied 8 seats, and New York Chiropractic College occupied 7 seats. This over-representation constitutes a failure of the CCE to meet **C.F.R. 602.15 (a)(6)** and, also, the natural consequence of this is a failure to meet **C.F.R. 602.13**.
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Respectfully yours,

Arno Burnier, D.C.
Co-Founder of MCQI



February 15, 2017

Ms. Jennifer Hong
Executive Director
National Advisory Committee on Institutional Quality and Integrity (NACIQI)
U.S. Department of Education
400 Maryland Avenue, SW; Room 6W250
Washington, DC 20202

Dear Ms. Hong:

The American Chiropractic Association (ACA) is the largest professional association in the United States representing doctors of chiropractic (DCs), chiropractic assistants (CAs) and chiropractic students. ACA promotes the highest standards of ethics and patient care, contributing to the health and well-being of over 27 million individuals across the nation. ACA appreciates the opportunity to provide comments in support of renewing the Council on Chiropractic Education's (CCE) accreditation of programs leading to the Doctor of Chiropractic degree and single-purpose institutions offering the Doctor of Chiropractic program.

The ACA is well aware of CCE's processes and the positive results of its work throughout the United States during its most recent period of recognition. During this most recent period, ACA had worked with CCE to ensure going forward that they recognize and continually rectify various standards as prescribed by NACIQI. The ACA also supports the effects of comprehensive, quality state licensure on public welfare and patient safety. All states and territories accept the authority of CCE in this area and it is a fundamental licensing requirement of forty nine states that qualified applicants must have earned their DC degree from a chiropractic college accredited by the CCE.

In recent years, CCE has employed procedures that have substantively conformed to US Department of Education (USDE) regulations; they have been comprehensive, occurred at regular intervals, and involved relevant constituencies in a meaningful opportunity to provide input. We at the ACA have been part of this transparent process, based on our participation with CCE regarding the current standards, which went through several iterations, each submitted for wide public comment. Again, based on direct observation and participation, the ACA asserts that CCE does indeed provide due process through its publication of written specifications with clear standards for any institution participating in its accreditation process. Moreover, CCE decision making bodies represent a wide range of professional and public interest, as well as including representatives of widely varied clinical and philosophical positions. In addition, ACA understands that CCE terminology and phrases reflect modern language as reflected in today's clinical

practice and relate especially to the Medicare Access and CHIP Reauthorization Act (MACRA), this country's most sweeping update of quality healthcare reporting and application of electronic health records.

In closing, the ACA applauds CCE on its response to this challenging exercise of democratic process. Rather than trying to limit transparency, the CCE plans to continue and further amplify its extramural communications so as to improve the understanding of the role of accrediting agencies, and the evolution of standards fundamental to the preparation of qualified future doctors of chiropractic. To that end, ACA wholeheartedly supports CCE's renewal for accreditation.

Again, ACA appreciates the opportunity to provide comments regarding CCE's renewal for accreditation. If you should have any questions, please feel free to contact John Falardeau, Senior Vice President for Public Policy and Advocacy, at (703) 812-0214. Thank you.

Sincerely,

A handwritten signature in black ink that reads "David A. Herd, DC". The signature is fluid and cursive, with the first name "David" being the most prominent.

David A. Herd, DC
President



13899 Biscayne Blvd. Ste. 318
North Miami Beach, Florida 33181
(561) 383-7722

February 14, 2017

Emailed To: ThirdPartyComments@ed.gov

RE: "Oral Comment Request: (Council for Chiropractic Education)"

Dear NACIQI Members,

The Florida Chiropractic Society (FCS), an organization now in its 52nd year of service writes to you to share our concern over CCE's performance in regards to the "Criteria for Recognition". The FCS issues concern that core chiropractic concepts such as the analysis for vertebral subluxation and the chiropractic adjustment be appropriately incorporated into the standards.

The FCS has specific concerns on the recommendations that focus on ensuring educational standards embody those key concepts and competencies that will produce clinically skilled, well-rounded, ethically centered and confident chiropractors. Our society believes that vertebral subluxation analysis, detection and correction rightfully belongs at the core of the chiropractic educational standards as it represents the unique service only the chiropractic profession provides and because it stands as the basis on which the practice of chiropractic has been established in the United States and globally. Though we are a state society, chiropractic education is a serious issue for our board, thus we offer our comments within this document.

We ask that you consider the following points and our concern regarding CCE's failure to meet one of these C.F.R.'s:

C.F.R 602.13 - Acceptance by the agency by others - This code deals with whether there is wide acceptance of CCE's standards, policies, procedures, and decisions by chiropractic education's stakeholders (Students, Practicing D.C.'s, Schools, and patients).

C.F.R 602.15 - Administrative and fiscal responsibilities - This code deals with the competency of site team members, their training and their ability to evaluate the schools. It also deals with conflicts of interest.

Respectfully Submitted,
Lucas Matlock, D.C. - President, Florida Chiropractic Society
Lucas@FloridaChiropractic.org

February 15, 2017

Dear Ms Hong,

Please relay this public comment to the appropriate individuals at the NACQIQ

RE: Secretary of Education's Criteria for Recognition for the CCE

My name is Bev Foster and I represent the American Academy of Chiropractic Physicians (AACP/AACP.net)).

I am writing to support the updated language proposed by the CCE which adds the term pharmacology to the existing term toxicology. Pharmacology more accurately describes the study of the uses, effects, and modes of action of drugs rather than the study of chemical toxicity.

As stakeholders in the chiropractic profession, it is the position of AACP that the public and prospective chiropractic students have the need to know that the education a

doctor of chiropractic receives is up to date and modern.

Doctors of chiropractic require knowledge of pharmacology to safely treat patients.

Additionally, institutions and agencies that credential, subsidize and provide financial loans for DC students must have assurance that Doctors of Chiropractic are qualified to provide safe portal of entry services to the public.

This requires knowledge of pharmacology and knowledge of up to date terminology.

The CCE is tasked with ensuring high educational standards for Doctor of Chiropractic Programs and chiropractic solitary purpose institutions of higher education

They would be derelict in their duty should they ignore modern healthcare knowledge and terminology in the area of pharmacology.

This updated terminology represents the values and professional identity of the American Academy of Chiropractic Physicians membership and thereby meets **C.F.R. 602.13**.

Bev Foster D.C. DABCO
V.P. AACP

Little Rock AR



Academic Senate
for California Community Colleges

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Mendocino College

Representative at Large

Lorraine Slattery-Farrell
Mt. San Jacinto College

Julie Adams, Ph. D.

Executive Director

November 2, 2016

U.S. Department of Education (USDE)
Office of Postsecondary Education
Attention: John B. King, Jr.
400 Maryland Avenue SW., Room 6W250
Washington, DC 20202

Subject: Accrediting Commission for Community and Junior Colleges

Dear Secretary King:

I am writing on behalf of the Academic Senate for California Community Colleges (ASCCC) regarding our experience with the Accrediting Commission for Community and Junior Colleges (ACCJC). The ASCCC is designated through legislation to represent the 56,000 faculty in the California Community College system in all academic and professional matters, including accreditation processes. Our organization has an extensive history with the ACCJC, and we hope that the information we provide will be useful to you in your deliberations concerning ACCJC's request for recognition by the USDE.

ASCCC Resolution 2.02 in Fall 2015 endorsed the report of the California Community Colleges Chancellor's Office Task Force on Accreditation, which stated, "The structure of accreditation in this region no longer meets the current and anticipated needs of the California Community Colleges" and "The California Community College system and its member institutions have lost confidence in the ACCJC." Since the passing of this resolution, our organization has taken part in efforts to assist the ACCJC in revising its processes in order to address the many issues raised in the report. However, progress to this point has been minimal, and we remain concerned with numerous aspects of ACCJC's practices and policies.

We acknowledge that the ASCCC has achieved a working partnership with the ACCJC on several occasions in the past. ACCJC representatives have presented at numerous of our events, including ASCCC accreditation institutes, plenary sessions, and other venues, most recently in February of 2016. Our membership has greatly appreciated these interactions, as they have given faculty direct access to ACCJC commissioners and staff. This sharing of information and viewpoints in a collegial setting has been a positive aspect of the relationship between our organizations. The faculty of the California community colleges value and believe in peer evaluation processes, and we enthusiastically desire a collegial and productive relationship with our accrediting agency.

However, the ASCCC has also experienced numerous frustrations and concerns regarding the ACCJC, many of which have been reflected in the numerous resolutions regarding accreditation processes approved by the delegates to our bi-annual statewide plenary sessions. These resolutions represent the voice of faculty representatives from all 113 California community colleges. A sample of the concerns raised by resolutions during the past several years is as follows:

- Resolution 2.02 Spring 2015: Failure of ACCJC to provide evidence of deficiencies when sanctions are imposed on institutions.

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- Resolution 2.01 Fall 2014: Unclear and intrusive language in ACCJC Standard III A.6 regarding the use of student learning outcomes data in employee evaluations.
- Resolution 2.02 Fall 2014: ACCJC's lack of transparency regarding commission decisions that conflict with evaluation visiting team reports.
- Resolution 2.03 Fall 2014: Insufficient faculty representation on ACCJC evaluation visiting teams.
- Resolution 2.03 Fall 2013: Changes to ACCJC processes and requirements without sufficient notice to member institutions.
- Resolution 2.10 Fall 2013: Lack of consistency in the expectations of evaluation visiting team members and need for improved team member training.

These resolutions represent only a few of the concerns that have been raised by faculty in the California community colleges regarding ACCJC processes and decisions.

In recent months, additional questions and disquiet with ACCJC processes and actions have arisen and have escalated previous concerns. One issue that developed during the 2015-16 academic year involves the number of colleges that have seen their accreditation reaffirmed for only eighteen months rather than a full accreditation cycle. The ASCCC understands that ACCJC's intent with this new practice may be to warn colleges and allow them to address deficiencies without being placed on formal sanction, which is a laudable objective. However, the June 2016 report of ACCJC actions lists ten institutions granted eighteen month reaccreditation, with two other institutions placed on warning. Similarly, ten institutions were assigned the eighteen month status in the January 2016 report. Thus, in the space of less than one year, nearly 18% of institutions in the California Community College System—20 out of 113—were assigned an abbreviated reaccreditation status, and none were found to be in full compliance with ACCJC standards. While the concept of providing a period for improvement rather than official sanction is in itself positive, in practice this new, abbreviated reaffirmation is being overused and appears to be on its way to becoming the new expectation in place of full re-accreditation.

Other recent concerns have involved ACCJC's standards for the California Community College System's newly created baccalaureate degrees. After the community colleges had worked diligently and collegially to establish standards for these new degrees that would ensure admirable academic quality, integrity, and rigor, the ACCJC imposed standards that not only exceed those developed by the community college system but were in fact more rigid and intrusive than similar standards from any other accrediting body in the United States. During the development of the standards, the ACCJC repeatedly denied requests by the Academic Senate and by other constituent voices in the California Community College System for meetings in which we might work together with our accreditor to address these issues, ignoring concerns that these new standards would unfairly and unnecessarily inhibit the development of the new programs and the hiring of faculty to teach in them. Finally, the ACCJC granted a phone meeting during which representatives simply stated, with no offer of evidence or confirmation, that these new standards that go

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beyond those of any other accreditor were dictated by the USDE. This situation remains exceedingly problematic for the colleges that are attempting to develop the new baccalaureate degrees and provides an example of the lack of collegiality and collaboration that we have too often experienced from ACCJC.

Representation of the faculty voice within the ACCJC is a long-standing concern that has recently arisen once again. The ACCJC Bylaws state, "At least five of the commission members shall be elected as academic representatives who are faculty." However, two current ACCJC commissioners who are designated as faculty representatives are now employed full-time as administrators, at least one of them on a permanent basis. ACCJC has made no acknowledgement of the change in status of these commissioners, thus reducing the faculty voice on the commission and continuing operations in violation of the organization's own bylaws.

These more recent developments, when considered in light of long-standing concerns regarding ACCJC processes and decisions, have led to a continuing sense of frustration on the part of the faculty of the California community colleges. We appreciate that the ACCJC has now engaged with our institutions in an attempt to improve its practices and create a stronger working relationship with the colleges in our system. However, promises of progress have yet to be realized in any meaningful way. The faculty in our system deeply desire a positive, collegial relationship with our accreditor, but to date the lack of observable change on the part of the ACCJC forces us to retain our concerns and our skepticism.

We hope that this information is useful to you in your deliberations concerning ACCJC's request for recognition. We thank you for your time and attention to this letter, and we would be happy to provide further comment or information at any time.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Bruno".

Julie Bruno, President
Academic Senate for California Community Colleges on behalf of the Executive Committee

Congress of the United States
Washington, DC 20515

February 15, 2017

National Advisory Committee on
Institutional Quality and Integrity
c/o United States Department of Education
Room 6C115
400 Maryland Avenue, SW
Washington, DC 20202

Dear Commissioners:


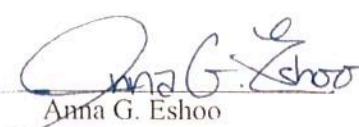

The Accrediting Commission for Community and Junior Colleges (ACCJC) should no longer be recognized by the U.S. Department of Education because the agency is no longer widely accepted by its constituent colleges (CFR 602.13). In March 2016, a majority of the college Presidents in California voted to move away from the ACCJC while also working with the agency in the interim until a new accreditor is found. The Presidents believed that the evolving role of community colleges towards offering four year degrees necessitates an accreditor that is not limited to two year colleges.

The ACCJC recently voted to accredit City College of San Francisco for a full seven years. However, it is our understanding that twenty-five other California community colleges were accredited for only 18 months, pending additional review. In addition, as previously documented, the overwhelming majority of community colleges in California have been sanctioned in the past few years.

The evidence strongly suggests that it is not the community colleges of California that are out of compliance with academic or sound financial standards, but rather the ACCJC itself that is out of alignment with other accreditors around the nation. The ACCJC has played havoc with community colleges in California. Enrollment has been compromised due to the whim of its subjective reviews.

It would greatly assist the community college system for the National Advisory Committee on Institutional Quality and Integrity to recommend denial of continued recognition by the Department of Education. In the interest of moving faster towards a different and fully-supported accreditation organization, we urge you to recommend no further recognition of the ACCJC and to allow the colleges to rapidly switch to a new accreditor.

Sincerely,

 Jackie Speier	 Anna G. Eshoo	 Alan Lowenthal
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Enclosure: List of California colleges with 18 month accreditation

California colleges with 18 month accreditation:

Allen Hancock College
American River College
Chabot College
Citrus College
Cosumnes River College
East Los Angeles College
Evergreen Valley College
Folsom Lake College
Las Positas College
Los Angeles City College
Los Angeles Harbor College
Los Angeles Mission College
Los Angeles Pierce College
Los Angeles Trade-Technical College
Los Angeles Valley College
Moorpark College
Napa Valley College
Oxnard College
Sacramento City College
San Jose City College
Santa Barbara City College
Santa Monica College
Taft College
Ventura College
West Los Angeles College