

UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF POSTSECONDARY EDUCATION  
NATIONAL ADVISORY COMMITTEE ON  
INSTITUTIONAL QUALITY AND INTEGRITY [NACIQI]

MEETING

Volume II

Tuesday, June 26, 2012

8:35 a.m.

Westin Alexandria Hotel  
Edison ABC Rooms  
400 Courthouse Square  
Alexandria, Virginia 22314

P A R T I C I P A N T S

## COMMITTEE MEMBERS PRESENT:

MS. JAMIENNE S. STUDLEY, J.D., Chair  
MR. ARTHUR J. ROTHKOPF, J.D., Vice Chair

DR. JILL DERBY  
DR. GEORGE T. FRENCH  
DR. ARTHUR E. KEISER  
DR. EARL LEWIS  
DR. WILLIAM PEPICELLO  
DR. SUSAN D. PHILLIPS  
MR. CAMERON C. STAPLES, J.D.  
DR. CAROLYN WILLIAMS  
MR. FRANK H. WU, J.D.

## COMMITTEE MEMBERS ABSENT:

DR. BRUCE COLE  
DR. WILLIAM "BRIT" E. KIRWAN  
DR. WILFRED M. McCLAY  
MS. ANNE D. NEAL, J.D.  
MR. BETER-ARON (ARON) SHIMELES  
DR. LAWRENCE VANDERHOEF  
DR. FEDERICO ZARAGOZA

## U.S. DEPARTMENT OF EDUCATION STAFF PRESENT:

MS. CAROL GRIFFITHS, Executive Director, NACIQI  
MS. KAY GILCHER, Director, Accreditation Division  
MS. SALLY WANNER, General Attorney, Postsecondary  
Division, OGC

MR. HERMAN BOUNDS, EdS  
MS. ELIZABETH DAGGETT  
MS. KAREN DUKE  
DR. JENNIFER HONG-SILWANY  
MS. PATRICIA HOWES  
MR. CHUCK MULA  
MR. STEPHEN PORCELLI  
MS. CATHLEEN SHEFFIELD  
DR. RACHAEL SHULTZ

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Representatives of the Agency:  
Dr. Ronald C. Kroll, Director,  
Commissioner on Accreditation, ABHE  
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Dr. Randall E. Bell, Director  
Emeritus, Commission on Accreditation  
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Commission  
Michael P. Lambert, Executive Director,  
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Elise Scanlon, Legal Counsel

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NACIQI Primary Readers:

Frank H. Wu, J.D.  
Cameron C. Staples, J.D.

Department Staff:

Chuck Mula

Representatives of the Agency:

Dr. Sharon Tanner, CEO, NLNAC  
Dr. Elizabeth Mahaffey, Chair, NLNAC  
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P R O C E E D I N G S

CHAIRPERSON STUDLEY: Welcome to the second day of this meeting of NACIQI, the National Advisory Committee on Institutional Quality and Integrity. Thank you so much for joining us and thank you to all the Committee members for making the time and for your thoughtful attention to these important matters.

My name is Jamiene Studley. I am Chair of NACIQI, and to my left is Carol Griffiths, the NACIQI Executive Director. To my right is the Vice Chair, Arthur Rothkopf.

I think for the sake of this meeting it would make sense to review the procedures that we go through with respect to each agency. We begin with a briefing by the Department staff, followed by remarks by agency representatives, presentations by third-party representatives, if any have indicated their interest in making such remarks, the Department's response to agency and third-party comments, and Committee discussion and voting.

The Committee has the option of asking

questions of each of those participants as they make their comments as well.

We have a full schedule today. Let me mention for those of you who might not have been here yesterday that it is our plan to go straight through the agenda and not take a lunch break since the original schedule was such that we would have just one group waiting after lunch, and it facilitates the Committee's arrangements for us to continue straight through. We understand that people may step in and out for breaks, and we will have at least one break during the morning between institutions.

With that, I would like to just go around and ask the Committee members to introduce themselves, and then we will move immediately to the Commission on Collegiate Nursing Education.

Arthur.

MR. ROTHKOPF: Yes, Arthur Rothkopf, Vice Chair of the Committee.

DR. PHILLIPS: Susan Phillips, University at Albany.

DR. DERBY: Jill Derby, Governance  
Consultant with AGB.

MR. WU: Frank Wu, Chancellor and Dean,  
University of California Hastings College of Law.

MR. STAPLES: Cam Staples, President of  
the New England Association of Schools and  
Colleges.

DR. WILLIAMS: Carolyn Williams, President  
Emeritus, Bronx Community College, City University  
of New York.

DR. FRENCH: George French, President,  
Miles College, Birmingham, Alabama.

DR. LEWIS: Earl Lewis, Provost, Emory  
University.

DR. PHILLIPS: Bill Pepicello, President,  
University of Phoenix.

DR. KEISER: Art Keiser, Chancellor,  
Kaiser University.

MS. WANNER: Sally Wanner with the Office  
of General Counsel at the Department of Education.

MS. GILCHER: Kay Gilcher, Director of the  
Accreditation Division, Department of Education.

MS. GRIFFITHS: Carol Griffiths, Executive  
Director for the NACIQI.

CHAIRPERSON STUDLEY: Thank you very much.

COMMISSION ON COLLEGIATE NURSING EDUCATION [CCNE]

CHAIRPERSON STUDLEY: Let me begin by asking the primary reader to begin her presentation. We have two members of the Committee who are recused from this consideration. They are Provost Lewis and Dr. Pepicello. They will both be stepping out and not participating in the consideration of this agency.

Primary reader is a job that usually takes two people, but Dr. Phillips kindly agreed to shoulder it alone. If you would introduce this to the Commission.

DR. PHILLIPS: Thank you very much.

CHAIRPERSON STUDLEY: Super.

DR. PHILLIPS: The Commission on Collegiate Nursing Education is an autonomous arm of the American Association of Colleges of Nursing. It accredits baccalaureate, master's and doctoral nursing degree nursing education programs located in public and private universities and senior colleges throughout the United States.

At the time the agency submitted its

petition for continued recognition, the agency had accredited 1,041 nursing programs, representing 49 States, the District of Columbia, and Puerto Rico.

The agency accredits nursing education programs offering baccalaureate, master's and doctoral degrees located in colleges and universities accredited by a recognized regional accrediting agency, and as a programmatic accreditor, the agency does not need to meet the eligibility requirements for Title IV program participation.

However, the Secretary's recognition enables the nursing education programs accredited by CCNE to establish eligibility to participate in programs administered by the U.S. Department of Health and Human Services and the VA.

The agency was initially granted accreditation in 2000. The last full review of the agency was in 2006, at which time it was granted continued recognition for five years and an expansion of scope at that time to include distance education. The current petition includes not only

renewal of recognition for the agency but also requesting an expansion of scope of recognition to include the doctoral program that it accredits.

CHAIRPERSON STUDLEY: Thank you very much. I'm sure the light is helpful to all of us. Thanks for noticing that, George. Thank you very much, Dr. Phillips.

Dr. Hong-Silwany from the staff will present the staff recommendation. Thank you.

DR. HONG-SILWANY: Good morning, Madam Chair and Committee members. My name is Jennifer Hong-Silwany, and I will be providing a summary of the staff recommendation for the Commission on Collegiate Nursing Education.

The staff recommendation to the senior Department official is to continue the agency's recognition but require the agency to come into compliance within 12 months and submit a compliance report that demonstrates the agency's compliance with the issue identified in the staff analysis; grant the agency's request for an expansion of scope to include doctoral programs.

This recommendation is based on our review of the agency's petition, supporting documentation, and an observation of a site visit to a program on April 11 through 13, 2012, in Fairfax, Virginia.

The outstanding issue in the staff analysis includes the need for evidence of the agency's revised student achievement standard as well as documentation of its application of its revised student achievement standard to include a review under the agency's identified thresholds.

Therefore, as I stated earlier, we are recommending to the senior Department official to continue the agency's recognition but require the agency to come into compliance within 12 months and submit a compliance report that demonstrates the agency's compliance with the issue identified in the staff analysis; grant the agency's request for an expansion of scope to include doctoral programs.

Thank you.

CHAIRPERSON STUDLEY: Are there any questions for Dr. Hong-Silwany? Thank you very much.

We'll hear then from the representatives of the agency. Would you please come forward to the front table? Good morning, and thank you for being with us.

DR. BUTLIN: Good morning. My name is Jennifer Butlin. I'm Executive Director of CCNE.

DR. CALDWELL: My name is Linda Caldwell. I'm the chairperson of the 13-member CCNE Board of Commissioners.

DR. BEDNASH: Good morning. My name is Geraldine (Polly) Bednash. I'm the CEO and Executive Director of the American Association of Colleges of Nursing, which is CCNE's parent organization.

As you've read from the materials, CCNE is the autonomous arm of the AACN, and I am here simply to show our recognition process commitment to CCNE.

DR. CALDWELL: Madam Chair and Committee members, I'd like to begin by thanking you for this opportunity to come before the Committee today regarding CCNE's review for continued recognition

by the Department.

On behalf of the Commission, I would like to specifically thank our staff analyst, Jennifer Hong-Silwany, for coming to observe our Board of Commissioners meeting last fall, for observing a comprehensive on-site evaluation to a nursing program this past spring, and for her thorough review of CCNE's petition.

As you have read, there is one area of concern that the Department staff has identified with respect to CCNE's petition, and this relates to the student achievement standard, Section 602.16. So I will focus my remarks on CCNE's plan to fully comply with this requirement.

The specific concern is that CCNE accreditation standards do not incorporate specific student achievement thresholds. As you've read, CCNE has clearly articulated its expectations for student achievement, including those for licensure, certification pass rates and degree completion rates, and employment rates, and our accreditation procedures.

And there are specific quantitative thresholds tied to these rates. Specifically, our current policy requires any nursing program whose pass rates and degree completion rates or employment rates fall below 80 percent to submit a substantive change report to CCNE within 90 days.

And this report must include a written explanation and an action plan. CCNE has provided evidence to the Department that it has implemented this policy and has provided multiple examples of reports that have been submitted to CCNE as well as Board action letters related to the identified thresholds.

This policy requirement, including CCNE's implementation of it, met the Department's student achievement standard when CCNE was reviewed for continued recognition five years ago and received no citations at that time.

It is now our understanding, however, that we need to move forward by incorporating the student achievement thresholds into our accreditation standards document, and we have a

plan to do exactly that.

As we have addressed in our response to the draft staff analysis, CCNE has a Standards Committee that is actively engaged in reviewing and revising the current standards from 2009. The Committee began its work last fall, and it is expected that the final amendments to the standards will be presented to the CCNE Board for adoption by the end of 2012.

As part of the standards revision process, CCNE is soliciting and considering input from its community of interests. For example, there have been calls for comments in national forums where this has been presented. Part of the Standards Committee's discussions have been centered on student achievement, specifically the incorporation of student achievement thresholds into the accreditation standards.

As noted previously, these thresholds are currently part of our accreditation procedures. I know that Dr. Butlin has conveyed to the Department staff that CCNE is fully committed to comply with

all the Secretary's criteria. Our Standards Committee working timeline will enable the CCNE Board of Commissioners to consider revisions to the standards and to adopt the revised standards by the end of this year.

CCNE has made a commitment to incorporate these standards into the amended document. We fully expect that within 12 months, we will be able to furnish the Department with evidence that the CCNE Board has approved the new standards, as well as evidence that the evaluators have been retrained to the new standards, and that our constituents preparing to host an on-site evaluation in the spring of 2014 have been informed of the changes and have had an opportunity to participate in a workshop focusing on the new standards.

Consistent with good and commonly accepted accreditation practices, CCNE typically allows nursing programs one year to transition to any set of new standards. Therefore, we expect the amended standards will go into effect on January 2, 2014, in time for the spring 2014 review cycle.

Therefore, while CCNE will not be able to share with the Department within 12 months that it has fully implemented the revised standards scheduled to be adopted this fall, after consulting with the Department staff about this matter, we believe that we will have sufficient evidence in place to report back that the standards have been officially amended to incorporate the required student achievement thresholds, and that CCNE will then be in full compliance with the standard.

At this time, we are happy to answer any questions from the Committee. Thank you.

CHAIRPERSON STUDLEY: Thank you very much.

DR. PHILLIPS: Thank you for the very responsive information. Can you say just a bit more about what was different in the review that you had five years ago from now? What has changed?

DR. BUTLIN: I'd be happy to respond to that. The regulation remains largely the same. So what's changed is the staff's interpretation. So CCNE has an accreditation standard, Standard 4, which addresses program effectiveness and

specifically student achievement.

We require all of our nursing programs to specifically identify their expected outcomes, what they expect the outcomes will be upon completion of the program, the learning outcomes, the licensure pass rates, the certification pass rates for the advanced practice nurses, employment rates, as well as graduation rates, and we provided self-study documents that showed the Department, we believe, that our nursing programs are very specific in identifying those thresholds, what they expect students will accomplish upon completion of the nursing degree.

We also provided copies of accreditation team reports that showed that we specifically have our teams look at pass rate data, employment data, graduation rates, and comment on those in the detailed analysis that results from a comprehensive on-site evaluation, and we additionally provided what we think closes the loop on that, which is the action letter showing that our Board actually cites programs.

For example, we denied accreditation in the fall to a program that had licensure pass rates well below 80 percent, and that was explicit in the action letter, and so our view is that indeed we comply with the regulation, and if you look at the regulation specifically, it says that an accrediting agency's standards effectively address the quality of the program in the following areas: success with respect to student achievement in relation to the institution's mission, which may include different standards for different programs as established by the institution, including, as appropriate, consideration of course completion, state licensing examination and job placement rate.

So we absolutely do that. That's not new. We've done that since our standards were amended back in actually 2003. The thresholds that CCNE identifies, the 80 percent thresholds for licensure pass rates and graduation rates and so on, again, are explicit, and those are put into our procedures.

So we believe that we have requirements

that are clear to our constituents, our constituents think that they're clear in our accreditation standards, but we also identify specific thresholds in our substantive change policy, and the reason we did that, our previous reviewers at the Department, Joyce Jones, and also Bill James, former staff analysts, had accepted that, and they saw that there were specific quantitative thresholds and that we were holding programs to those.

And we again furnished the Department with evidence of examples of substantive changes and how our Board acts on those. The reason we put the thresholds--I'm going to be frank--the reason that we put the thresholds into our substantive change procedure is because we think that that's a more stringent requirement for our nursing programs because nursing programs are required to report to us within 90 days if they drop below the threshold, whereas, we accredit programs for up to five years for initial accreditation, up to ten years for continued accreditation, and so by putting the

thresholds in the standards, we thought would actually, may give programs too much flexibility.

You know they may go on for longer periods of time than 90 days with a reduced threshold. So it was really more of a common sense approach of putting our thresholds into the procedures, the substantive change policy specifically, rather than the accreditation standards.

But I do want to emphasize that if you look at the regulation, we do believe that we're in compliance with the regulation, which is that our standards have clear requirements that all nursing programs must gather outcomes data, they must analyze those data, and they must do a comparison of how, what their actual results show compared to what they expected they would show, and those are all required elements of our process already.

Now, we didn't come before you today to really--this has been a very positive recognition review process, and clearly with the numbers of agencies you've reviewed with many citations or concerns, you know, we feel that we're in a good

position. We have a single concern.

We are willing to move forward. We have a plan to move forward to incorporate those thresholds into the standards, but we do believe that that goes beyond the regulation, that that is really new interpretation by staff as opposed to what is mandated by the regulation, and so we would look to the Committee today to give us some guidance. If you think that what we're doing makes sense, holding programs to a standard within 90 days, as opposed to once every up to ten years, you know, through a self-study, we would appreciate your guidance on that.

As I mentioned, we were not cited for this particular criterion five years ago. We had a clean review. This is our single citation for this review. I would ask you for guidance, however, because starting tomorrow morning, we have a three-day Standards Committee meeting here in Washington, D.C., and I'm going to be advising them based on your findings today.

CHAIRPERSON STUDLEY: First, we'll take

Committee questions for these representatives, and then I'm sure we will want to speak with the analyst again after that.

Susan, do you have other questions?

DR. PHILLIPS: Just one more follow-up question before the rest of the Committee. By the thresholds appearing in--these are the agency-defined thresholds, not the program-defined thresholds--by the agency-defined thresholds appearing in the procedures rather than the standards, what impact does that have on a site visitor being able to say in a team report that the standards are too low or too high or not being met? To what extent is that possible?

DR. BUTLIN: Sure. Well, we have a very comprehensive committee review structure at CCNE. Any substantive change notification that comes in goes through a Substantive Change Advisory Group, which is looking across the board at all substantive change notifications that come in from nursing programs, and is then advising the Board, and so certainly we send decisions back to the

program so that they know what they need to do if we accepted their improvement plan and so on in terms of the teams and the work of the team.

It's up to that team in light of that nursing program's mission, goals, and expected outcomes to determine whether that program is achieving its outcomes. I think what is an important message to convey here is that there are State Boards of Nursing that we work with. We have a very close relationship with the State Boards and the National Council on State Boards of Nursing, and every State in this country sets a different threshold.

And so, for example, the State of Pennsylvania used to have a very low threshold for licensure pass rates. I think it was 60 or 65 percent. Now they have one of the highest thresholds nationally for nursing. It's not unusual for a State Board to have an 80 percent threshold, and in the State of Alabama, for example, there's an 80 percent threshold on first-time takers, and I'll just use this State as an

example.

If a program falls to 79 percent for the licensure pass rate, the Alabama Board of Nursing could take away a program's approval and not have to consider repeat taker data, not consider whether this was a small population of four students who took the exam, one failed, therefore they had a 75 percent pass rate.

We think that CCNE has more of a common sense approach, which is that we look at trend data; we look at the numbers of students taking the exam in any particular year. We look at whether they have made adjustments and improved particular courses, provided some higher risk students with some remediation, additional help so that they could pass the exam.

And so we're looking at trend data; we're looking at repeat taker data. And we have some programs--there was recently a program in Wisconsin, and ironically she's one of our Standards Committee members, they had a goal of 100 percent pass rate, but they achieved a 95 percent

pass rate. They were disappointed in that, and it got up to our Commission, and there was a discussion. You know, they didn't meet their own goal of 100 percent, but, boy, 95 percent is pretty darn good and better than most of the other programs in the country. We didn't want to cite that program that got 95 percent because they didn't get 100 percent pass rate.

So, you know, it's what works in nursing, and what really assures that the quality of the nursing education programs that we're reviewing are producing effective practitioners, and that's the process that we have in place.

DR. PHILLIPS: Just one other clarification to make sure I understand how it works. The agency-specified thresholds occurring in the procedures manual means that when a program experiences a departure from those thresholds, under the substantive change provisions, it has to report that; 90 days happens; there's a response. So it's a self-report. When my thresholds go down, I have to tell you. And that's how the CCNE

monitors that compliance.

DR. BUTLIN: Correct, and teams also then cite programs when they fall below the expectations, and evidence of that can be seen in our team reports, action letters, and so on.

DR. PHILLIPS: I'm not sure I saw that there, but, okay. I understand.

CHAIRPERSON STUDLEY: Okay. I see Jill. Are there other questions for these representatives? Frank. Okay. Jill.

DR. DERBY: Well, my question may be for Susan because I just want to understand what the issue is. I understand that they have had thresholds, but in a different place than, in fact, is our expectation about where they need to be. Do I understand this issue correctly?

DR. PHILLIPS: I would say yes. You might want to speak to the staff.

DR. DERBY: Right, right.

DR. PHILLIPS: There is no provision in the statute about where it has to be done.

DR. DERBY: Okay.

DR. PHILLIPS: As far as I'm aware.

DR. DERBY: Right.

CHAIRPERSON STUDLEY: We'll have an opportunity to talk to the staff liaison for this entity again and to ask questions, if we want, of others from the Department.

Frank.

MR. WU: So I have a totally different question. There are some professional fields where there is more than one agency doing this type of work, and I thought I would take this opportunity to ask you what you think of the other agency, NLNAC, and if there is a rivalry or--

CHAIRPERSON STUDLEY: Frank. Frank, there's a little concern about whether that's a comfortable question to be asking before we have acted on, at least before we've acted on this agency.

MR. WU: All right. I'd be happy to hold the question and ask it after we've acted.

CHAIRPERSON STUDLEY: And your question yesterday was artfully put when you asked about the

universe.

MR. WU: Right.

CHAIRPERSON STUDLEY: This one seemed a little, got some, I could feel the energy.

MR. WU: I'll try to put it a little more artfully, but perhaps we could defer it.

CHAIRPERSON STUDLEY: Yes. And I am encouraged to mention that the other agency is on the docket today as well.

MR. WU: Yes.

CHAIRPERSON STUDLEY: So both more relevant but more sensitive.

MR. WU: Right, right. No, I'm aware of that.

CHAIRPERSON STUDLEY: Okay.

MR. WU: That's in part why I raised the question.

CHAIRPERSON STUDLEY: Are there any other questions for this agency? I would suggest, Jennifer, if you would be willing to come up and join us just in case we have some back and forth that we don't ask either of you to be jumping up

and down; is that comfortable for you? Thank you.

Susan, do you have--

DR. PHILLIPS: Jennifer, a bit of a different question on this was the location of this. If I understand it correctly, the desire of the Department is to get a view of the threshold attainment during the site visit, not as an after-the-fact monitoring function. Am I understanding that correctly?

DR. HONG-SILWANY: Yeah, I don't think it was a concern about how the agency does its monitoring. The agency was cited in the draft analysis because it wasn't clear to me or to the Department that they have, they defer to the program to identify their outcomes and their thresholds, but in the site visit reports, there didn't appear to be an assessment of what the threshold, the program-identified thresholds were.

Alongside that, they have agency-identified thresholds, but they're not part of their standards document, as they stated, so it just wasn't clear to me. So then I went through

their procedures manual, and I see "agency-identified thresholds." So the agency was prompted to clarify how do they use these agency-identified thresholds, which they do through a substantive change self-reporting mechanism. But that didn't resolve the issue on where the assessment is in a standard in terms of the program level outcomes.

I just didn't see it. There was a sample site visit report that the agency provided of a denial where they had made an assessment that licensure pass rates were too low. The State had already said as much to the program. I didn't see anything in the other site visit reports that made that assessment.

I certainly didn't see any assessment against agency-identified thresholds. So from naive eyes, it's just not clear. If I'm a consumer, if I'm in the public and looking at the agency's standards to see what their requirements are for student achievement, I had to kind of go back and forth with the agency.

We didn't mandate that they incorporate

their agency-identified thresholds into their standards. When they responded to us, they said that that was already in motion, that they had a current standards review process, and that they were going to incorporate their agency-identified thresholds into their standards, which would take care of the problem.

CHAIRPERSON STUDLEY: You just said, and this seems like an important piece, that the Department didn't mandate that they incorporate the agency-identified thresholds into the standards. Were you just--if you could explain what other ways would satisfy the clarity that you are looking for? You're saying that they chose that one, but that there were other options that they could have used to be clearer about how that assessment was done.

DR. HONG-SILWANY: Right. Since they were already assessing, deferring to the program to identify their outcomes and thresholds, there needed to be more detail in a site visit report, and perhaps more language in their standards, or written guidance to site visitors, site evaluators,

stating that there needed to be some kind of assessment regarding the level or the thresholds or the, some kind of assessment of what the program identified as their outcomes versus, you know, it's more of a description, this is what the program identified.

And there is certainly assessment of whether the program analyzed those data and used those data toward program improvement. It was just a lack of an assessment of essentially whether those identified thresholds were good enough in the context of the nursing programs that the agency accredits.

CHAIRPERSON STUDLEY: Go ahead.

DR. BUTLIN: There is a statement in Dr. Hong-Silwany's remarks to our response that the agency provided evidence of the agency's monitoring procedures, including substantive change notifications and Board action letters related to student achievement that demonstrate that the agency monitors programs under its student achievement standard and the agency's identified

thresholds.

And if we don't need--you know, I'm looking at the staff's final determination in the staff report, which is that the agency does not meet the requirements of the section. The agency must provide evidence of its revised student achievement standards.

So if it's not that we have to incorporate thresholds, I need some clarity about what we do need to do to change our student achievement standard. If you all look, we actually provided at least four team reports to you in our response, and I know that you have electronic access to those. If you look at Standard 4 in our team reports, you will see a very detailed and comprehensive analysis of what the programs outcomes were and whether they passed the test to have a met standard or a not-met standard--everything from licensure pass rates to graduation rates to employment rates, and I know that you have access to those materials right now.

We did originally provide an example of a denial because we thought that was a good example

of what happens. We actually deny programs often, which I don't think is a bad thing.

And we have clear and specific reasons for doing that, which are articulated to not only the program but later, after an appeal process is exhausted, is articulated to the public. And so I want to emphasize that our teams are looking very carefully at outcomes.

On average, I would say our 35 to 40 page team reports--you know, this isn't a checklist. This is a written narrative analysis that our teams produce. I would say that about ten pages toward the end of the document in Standard 4, as you have access to, is specifically on student achievement and an assessment of how the program is doing.

I want to also comment that we don't just say that a program needs to say what it hopes its pass rates will be and accept that. If a program says that it hopes that its pass rates will be 60 percent, and then they have 63 percent, that doesn't mean we accept it. Those still aren't very good outcomes from our perspective.

The other point I'd like to make is that we use annual data, and specifically data on licensure pass rates. We have an agreement with the National Council on State Boards of Nursing, which is the umbrella group to which State Boards belong, and we get the annual data, the national data, from the National Council.

We have a Report Review Committee that meets, and they look at all of the data across all programs nationally, and we documented and provided examples of letters that we sent to the programs where their pass rates were below 80 percent.

And we also provided as an example a response to such a letter that we received from a program this spring that detailed what their specific plan for getting those pass rates up above 80 percent. And, again, as I said, the regulation requires that our standards address success with respect to student achievement, not that they incorporate specific thresholds.

So we believe that the standards do address student achievement, and we also have

chosen to incorporate thresholds into our policies.

CHAIRPERSON STUDLEY: I think Dr. Hong-Silwany wants--did you want to say something, and then I have Art Keiser and Frank.

DR. HONG-SILWANY: Okay. Not to muddy the waters, I just want to be real clear. The issue is--you heard Dr. Butlin talk about the assessment. There is no doubt that evaluators do a thorough job. I went on a site visit myself. It's just not evident from the written site visit reports, from the documentation or from the written standards or from guidance to site evaluators that they're there to assess the program level outcomes and the thresholds that the programs have identified.

I didn't see it in a site visit report, and again I just want to emphasize in the agency's response to the draft, which the draft just asked to clarify this matter whether the evaluators are prompted to assess program-identified outcomes or whether the agency enforces the agency-identified thresholds, which are written in its procedures document. It wasn't clear to me.

In their response, they said that they are going toward a standards review process to incorporate those agency-identified thresholds right now. That they're commencing it in the fall, and that that is their plan, in which case I said that that's great, just submit the evidence of that, please, in the final, and that's why we're here. It wasn't--again, I just want to make sure that this wasn't a dictate from the Department. That was a route that the agency was going, as communicated in their response in the analysis in the staff report.

DR. PHILLIPS: Could I just--

CHAIRPERSON STUDLEY: Okay. Susan and then Frank and then--Susan, then Art, then Frank.

DR. PHILLIPS: A question for the agency. I'm not quite clear what prompted you to take on a revision of the standards. Could you clarify that?

DR. BUTLIN: Well, you know, like any good accrediting agency, I think we kept pace with the changes in the law, the regulations, over the years. We've taken actions over the years so we

wouldn't be before you with a dozen or more citations today. We've made appropriate revisions to policies and procedures.

We scheduled the standards revision specifically because of changes that are occurring in the nursing profession. There are different standards now for graduate nurses. We started in recent years, as you know, accrediting Doctor of Nursing Practice programs, and there have also been changes made by the profession in terms of what the expectations are for master's prepared nurses.

And so what really prompted our standards review process in year three, instead of in year five, I think it's pretty typical for an agency to review its accreditation standards every five years or sooner. We're doing it sooner. We're doing it in year three because of significant changes that are occurring in the nursing profession.

However, by design, we scheduled standards revision for this year because we also knew we were going to go before the Department, and we wanted to think ahead and be a responsive accrediting body so

that if there were any concerns about elements of our standards that we weren't aware of five years ago, we could act swiftly and responsively to change those in an expeditious fashion.

We know about the 12-month clock, you know, and it's hard to not be engaged in standard revision at all and to complete a standards revisions process and to make those standards go into effect for our constituency in less than 12 months. Any accrediting body would tell you that it takes at least a year, maybe close to two, to do that.

So it was by design that we did it, just to--Dr. Hong-Silwany is correct that our response offered to incorporate the thresholds, but I want to assure you that we would not be doing that if it weren't the Department of Education in our view telling us that that has to be done. We think that what we do works, and so while we did offer in our response to incorporate those thresholds, that would not be on the table for our Standards Committee.

Our Standards Committee has a lot of other really important business in terms of quality of education, nursing curriculum, resources, faculty qualifications, and so on, that is really at the forefront of our standards review process.

So our reason for responding that we would be capable of incorporating thresholds this year isn't because we're going to do that anyway as much as we wanted to be seen as an agency who is going to be responsive to the Department because that's been our practice. As Dr. Caldwell said, it is our full intention to be in compliance.

CHAIRPERSON STUDLEY: Art Keiser. Frank.

MR. WU: So this is I hope a less controversial question. It's one directed to, I guess, staff and to our Chair. To what extent do we as a body engage in giving advice and counsel to agencies? I know that a court would hesitate to offer advice about compliance, but I wonder if an agency comes before us and says they are interested in our view prospectively, what then do we do?

CHAIRPERSON STUDLEY: I'll start by saying

I think we can--we can go part way down that road, and there is, we are, we have a responsibility to the designated agency official to make a recommendation, but we also have policy responsibilities, and we have had some back and forth.

So I'm not sure how far you want to go down that road, but I also think it would be helpful for us to continue on this point. So think about whether you're opening up new territory.

Kay or Sally, would you like to add anything?

MS. GILCHER: I would just like to say that it would be the wrong message I think to say that were you to do "x," then it would be absolutely certain you are going to be found in compliance because we can't know that until we actually see and review the evidence.

CHAIRPERSON STUDLEY: Sally, is there anything you'd want to add? I think Kay makes a good point, that obviously we can't predict the Department's behavior or our own future decisions.

MS. WANNER: I agree. I mean the decision-makers are the Assistant Secretary and the Secretary on appeal.

CHAIRPERSON STUDLEY: Did you have something you wanted to raise on this point because I can come back to you?

MR. WU: No, no, no.

CHAIRPERSON STUDLEY: Okay.

MR. WU: It was just to get a sense of what we ought to be doing. Thanks.

CHAIRPERSON STUDLEY: Susan or Jill, you wanted--are your questions being addressed?

DR. DERBY: I think my question has been asked. Thank you.

CHAIRPERSON STUDLEY: So I do think you're hearing a sensitivity by some Committee members to phrases that catch our attention, in particular, like "the Department required us to do" or "a new interpretation."

What I believe we're hearing is that the Department asked you to clarify your treatment and the evidence of the application of agency-

identified thresholds, and that the accrediting agency, you, chose one of several different ways that might have satisfied.

We don't know whether a clarification would have ended the conversation because you chose another also satisfactory option, to change your rules, out of--I even hear you--out of, you know, let's go for the gold instead of a simple clarification if that's going to be the most impressive or high quality or certain way that we could do this.

But I appreciate you saying that the Department did not specifically require you to take that path in order to be before us today.

Does anybody have any questions or comments at this time either for the staff or for the agency? Jennifer, sure.

DR. HONG-SILWANY: If I just might add, to go back to the original citation, I think as a site evaluator, if I was a site evaluator for CCNE, given what's written into their standard and to the guidelines to the site evaluators, I would be hard-

pressed to make any more assessment in that I don't know that it's the issue with the site evaluators evaluating or assessing the program level outcome data because there is nowhere in their standard that would charge them with that.

So there is an issue there within the standards. So something--the agency is saying right now that they're not interested in using their agency-identified thresholds, where, well, there's still the site visit report is still bereft of detail in terms of an assessment of program level outcomes, and that is the real issue.

I just want to be clear on what the issue is for the citation. I don't know if that helps to clarify that, but the original citation was there just isn't enough detail in the site visit report in terms of an assessment of the program-identified outcomes, and I see that you have agency-identified thresholds; do they use these on a site visit report? Apparently they do not. That wasn't clear to me.

So, again, it was a clarification issue,

but as it stands, again, there is, we didn't see any evidence of an assessment of program-level outcomes at the site visit report level. So--

CHAIRPERSON STUDLEY: Let's hear from the agency, and then we'll see if we're understanding it.

DR. BUTLIN: Well, I mean, again, I would refer to you for those explicit details in the examples of the team reports that we prepared, and I'm pleased to hear that Dr. Hong-Silwany might be interested in serving as an on-site evaluator. If she were an on-site evaluator, she would be required to undergo a two-day training program face-to-face where we specifically discuss how you look at outcomes, expected outcomes, actual outcomes.

These are doctorally prepared nurses and academics as well as practitioners on our accreditation teams, many with experience in curriculum outcomes assessment, institutional assessment. We have a vice president for institutional assessment co-chairing our Standards

Committee, as well as a public member who is an attorney. So they're very interested in having the best standards possible.

But you can't just look at our standards and then be prepared to go on site and evaluate a program. We have a formal training program for that, and I also might add that last fall, while we did offer in June of last year that two-day evaluator training program, I did invite Dr. Hong-Silwany to attend that. It was local. It was in Reston, Virginia. She declined, which is understandable. It's not required for the staff analyst to observe a training program or a workshop on writing self-studies.

We did invite her to observe a workshop on writing self-studies last fall and again in the spring. We offer them twice yearly here in Washington, D.C., and again we have PowerPoints and specific guidance that we're giving to our programs on how to address student achievement in the standards as part of a comprehensive on-site evaluation.

But, you know, again, we are here in good faith. We value the Department of Education recognition process. We believe that we've been a very responsive agency and a high quality agency that is responsible for assessing quality in the largest health profession.

So thank you for this opportunity.

CHAIRPERSON STUDLEY: Susan.

DR. PHILLIPS: I'd like to propose a motion to move on.

CHAIRPERSON STUDLEY: I have one, one quick question. I have just a question for staff. An agency is not required to have specific thresholds of the quantitative type that the agency has. So is your--is the need for clarification, given what this agency has said about its training for site visitors, primarily for the benefit of the programs to know what conditions the agency will be applying?

I just heard the executive--Dr. Butlin tell us that this information is contained in the site visitor training and the materials for the

site visitors. I accept that on faith, that that is covered on that side. Is your concern about clarity that a program wouldn't know that those expectations would apply to them until the site visitor began to apply them? Is that where the shortcoming is in clarity?

DR. HONG-SILWANY: Yes. I mean that certainly is an issue. I think if I was a program, I would want to know what I'm being held to if the agency is applying its thresholds. I'd want to know at the time of my initial accreditation.

But the primary issue is that if the agency defers to the program to identify their outcomes, we still require under 602.16 that they make some kind of assessment of the appropriateness of those outcomes, and, again, I keep coming back to it, I know you're hearing a difference of opinion, but we just didn't see that reflected in the site visit reports nor in any of the guidance given to site evaluators.

And that's what I guess it comes down to, is it's missing that piece. It's not an issue of

whether programs can set their own outcomes. They can do that. We just want the agency to assess the appropriateness of those outcomes.

CHAIRPERSON STUDLEY: Thank you. Okay.

DR. BUTLIN: So I agree and heard Dr. Hong-Silwany say that it wasn't the Department's intent to say the only way we can resolve this is by having quantitative thresholds. However, if you look at the first page of the staff report, the recommendation page, it does say that the problem, point number seven, is that agency must provide documentation of its application of its revised student achievement standard to include a review under the agency's identified thresholds.

So if that's not saying that we have to incorporate thresholds, I'm not sure what it is saying. And perhaps that needs to be revised so that we would have a full array of options moving forward with our Standards Committee.

CHAIRPERSON STUDLEY: Kay. Go ahead.

MS. GILCHER: I just wanted to say that that citation is based on the response that you

made saying this is what you were going to do. So it's describing what you had said your response is, and therefore that is what is included. That's the kind of documentation we would expect to evidence that you had actually done what you said you were going to do.

CHAIRPERSON STUDLEY: I read it the same way. It's not setting the standard. It's the agency must document. It's agency chosen provision.

Susan, I put you off. You were ready to make a motion. Everybody ready for that? Go ahead.

DR. PHILLIPS: Two points of background on this. I'm actually going to proceed with a recommendation for full compliance movement. I do think that the agency meets the Criteria for Recognition. I also think that there is a need to clarify how the agency- and program-identified student achievement thresholds are reviewed in the site visit process.

But I'm currently not thinking that that

constitutes a lack of compliance with the Criteria for Recognition. So my motion for you to consider would be that I move that NACIQI recommend that the CCNE recognition be renewed for five years and that they clarify how student agency- and program-identified student achievement thresholds are reviewed in the site visit process.

CHAIRPERSON STUDLEY: Do I hear a second?

DR. DERBY: I'll second.

[Motion made and seconded.]

CHAIRPERSON STUDLEY: Okay. The motion has been made and seconded. Is there any discussion of the motion that's on the floor?

MS. GRIFFITHS: Yes, could she repeat it? Give it more slowly so we can get it in writing.

CHAIRPERSON STUDLEY: Is that not one of the standard?

MS. GRIFFITHS: No.

CHAIRPERSON STUDLEY: Okay. Could you repeat the motion so that we can put it up again?

DR. PHILLIPS: I move that NACIQI recommend that the CCNE recognition be renewed--

CHAIRPERSON STUDLEY: Slow, I think.

DR. PHILLIPS: It's the standard.

CHAIRPERSON STUDLEY: Okay.

DR. PHILLIPS: It's the standard second.

And that they clarify how agency- and program-identified student achievement thresholds are reviewed in the site visit process.

CHAIRPERSON STUDLEY: I'm pausing just a moment so we can actually see the language.

[Pause.]

DR. PHILLIPS: It's being suggested that I propose a friendly amendment to my own motion.

[Laughter.]

DR. PHILLIPS: And that is to simply have the final clause ending at five years, period. Have the final clause simply be an understanding for the agency to do that. It wouldn't require review.

CHAIRPERSON STUDLEY: You know, I, as we're just trying to sort that out, I do think that this agency is left with a request for clarification from the staff that because they

chose avenue A instead of B or C acceptable ones, that there is something hanging from the process.

So I'm wondering whether complete silence on that leaves them in a different position than an agency that had fully, you know, gone through all of that back and forth and been satisfied?

But we think you do have the option of just saying clarify with staff or we encourage completion of that one so that there's a difference between the end, period, and completion of that one outstanding item, but not such that they have to return on a 12-month basis. Just a thought. It's your motion so--

DR. PHILLIPS: That the agency clarify with staff how agency--I'm not asking for it to come back here.

[Pause.]

CHAIRPERSON STUDLEY: Okay. Is that the motion going forward? The motion was seconded. We were having discussion. Does any member of the Committee want to comment further on the motion on the floor?

Do we have the text?

Cam.

MR. STAPLES: Just a question because we haven't done this particular thing in my recollection. It's clear that the second part, that the first part is not contingent on the second part. In other words, we're recommending renewal for five years, and in addition to that renewal, this should happen. It's not as if the recognition should be delayed until the staff is satisfied with this completion of the second part.

I mean that's our recommendation; right?  
I just want to clarify that.

CHAIRPERSON STUDLEY: Is that the maker's intent?

DR. PHILLIPS: [Nods affirmatively.]

MR. STAPLES: Thank you.

CHAIRPERSON STUDLEY: Thank you. I'm going to call the question. All in favor please say aye.

[Chorus of ayes.]

CHAIRPERSON STUDLEY: Opposed?

DR. KEISER: Opposed.

CHAIRPERSON STUDLEY: The motion carries. That will be the NACIQI recommendation to the designated agency official.

Thank you very much. We appreciate your participation and your responses this morning and thank you, Jennifer, for--

DR. HONG-SILWANY: Thank you.

CHAIRPERSON STUDLEY: --for handling this agency. We appreciate it. Thank you.

DR. HONG-SILWANY: Thank you.

DR. BUTLIN: Now, I did prepare remarks regarding the three questions that you're asking of agencies. If you're interested, I'd be happy to address that.

CHAIRPERSON STUDLEY: Yes. Yes, we would.

DR. BUTLIN: Okay.

CHAIRPERSON STUDLEY: I didn't want to force anybody to do that. Thanks a lot.

DR. BUTLIN: In terms of Mr. Wu's question earlier, I would say that Dr. Sharon Tanner is a good friend and colleague from the other nursing

accrediting agency. We work collaboratively, and I wouldn't be able to comment on their review.

MR. WU: Thanks. I think that's all we need.

CHAIRPERSON STUDLEY: Yes, we would appreciate your comments on the questions.

DR. BUTLIN: The first question you're asking of agencies is what are the one or two most significant issues your agency faces and how have they changed since your last NACIQI review? I would say that the two areas in nursing that have had the greatest impact on CCNE accreditation activities, given that we only accredit baccalaureate and higher degree programs, is that the accreditation for the first time in the nursing profession of doctoral level practice degrees.

So the Doctor of Nursing Practice, we've now got just over 80 DNP programs accredited. As you know, pharmacy and physical therapy and many other health professions have moved forward to advance the practice doctorate, the advanced practice to the doctoral level.

Nursing has done that as well, and it is having a great impact on the nursing workforce nationally.

The second issue--

CHAIRPERSON STUDLEY: Excuse me. Could I--I think prompted perhaps by what you just said, Dr. Phillips just noted that you had requested an expansion of scope, and we didn't include that in the first part of our conversation.

So I'm just thinking that might be an appropriate way to use our time. How would you like to proceed?

DR. PHILLIPS: My apologies for omitting this. I need to add to the prior motion or add a new motion, that says I further move that NACIQI recommend that the Assistant Secretary revise the accrediting agency's scope of recognition as requested.

CHAIRPERSON STUDLEY: Is there a second?

MR. ROTHKOPF: Second.

[Motion made and seconded.]

CHAIRPERSON STUDLEY: Thank you, Arthur.

Discussion on that motion or questions to the agency on that subject since we didn't specifically address it? Okay.

All in favor of the expansion of scope motion please say aye.

[Chorus of ayes.]

CHAIRPERSON STUDLEY: Opposed?

[No response.]

CHAIRPERSON STUDLEY: Thank you very much.

Excuse me.

DR. BUTLIN: Thank you. I'm glad that you picked that up. I had assumed it was in there.

CHAIRPERSON STUDLEY: Right.

DR. BUTLIN: So the second significant issue is--there are many--but a second one is that the practice community has really called upon CCNE to develop a new accreditation process to accredit post-baccalaureate nurse residency programs for the first time in nursing's history. And so we are now accrediting year-long residencies in acute care settings.

That is a separate but parallel

accreditation process from what we do in educational program accreditation, and I know that the VA, for example, is very interested and has developed guidelines so that VA hospitals would develop year-long residencies that then would be eligible to pursue CCNE accreditation.

In terms of the second question, what are your agency's one or two thorniest challenges relating to the Criteria for Recognition? Well, the one that came to mind we've just discussed. It's staff interpretation of the regulation versus the regulation itself, particularly on the issue of student achievement, and I know, I've talked to many of my colleagues in the room and those not in the room, and the only way that many of us have been able to really understand what the Department's interpretation is, is to incorporate those thresholds.

So I'm not sure what the B or the C or the D options would be that would get through the process, but that continues to be an area that's discussed quite a bit in the accreditation and

higher education communities.

The third question is what are the one or two items you believe your agency does exceptionally well or that you approach from a distinct perspective that are worthy of consideration by others?

I listened with interest to Mr. Wu's request to Department staff yesterday where he asked if the Committee could get some feedback on how are we doing? Is the senior Department official actually upholding our recommendations or taking different types of actions?

And that's something that we really developed from our agency's beginning, a process for continuous improvement of the agency itself, and so one of the things that we do is we not only copy the Accreditation Review Committee on the Board of Commissioners' final action letter so they are aware of the action, I would say our Accreditation Review Committee is comparable to NACIQI in that it's a recommendation making body, and then the Board makes the final decision.

We copy that Committee on the accreditation action letter so the Committee can see is there good consistency in terms of what we're recommending to the Board and what the Board is ultimately finding. And, in addition, we copy the evaluation team on the accreditation action letter so the actual team can see whether there was consistency in the team's findings and the Board's action.

And furthermore, we have a tool that we call the Report Rating Sheet, and staff of CCNE in collaboration with members of our Committee actually evaluate on a Likert-like scale with written comments the quality of the accreditation team report. If there was a prescriptive statement, for example, if we tried to, if there was an inappropriate comment in the team report, we would edit that out, but we would also give that specific feedback to our evaluation team so they understand why we edited the report for their own improvement and development as evaluators. So I think that that's really a wonderful practice that

we've had since our inception.

And in addition to this, in terms of consistency in the accreditation decision-making process, we have at our Committee level panels, Panels A, B and C, and what we'll do each year is we'll assign a complicated review of a nursing program. In other words, one that is not clear-cut, one with all-met standards, no compliance concerns, and we'll assign a primary and secondary reviewer from each of the three panels for that program.

And then we ask each panel to come up with its recommendations, and then we have a plenary session. And the Committee talks, and they say, well, why did you cite them for this, and why did you not cite them for that? And I think that through that experience, it has really improved our internal consistency so we know that individual readers and panelists and then the Committee as a whole are really being consistent.

It would be an interesting exercise to do here actually, to assign half of you to an agency,

and the other half, and to come up and see if there is consistency in the process. But it's something that has worked--it's something that has worked well for us an accreditor. It's not something that anybody required to do, required CCNE to do. It's just something that we thought was really interesting and helped us validate our process internally. So thank you for inviting us to respond to those questions.

CHAIRPERSON STUDLEY: Thank you very much. Those are some interesting points. Appreciate it. Thank you very much.

**NACIQI Motion:**

**I move that the NACIQI recommend that the CCNE recognition be renewed for 5 years and that the agency clarifies with staff how agency-and program-identified student achievement thresholds are reviewed in the site visit process. We further recommend that the senior department official grant the agency's request for an expansion of scope to include the accreditation of doctoral programs.**

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ASSOCIATION FOR CLINICAL PASTORAL  
EDUCATION, INC. [ACPEI]

CHAIRPERSON STUDLEY: We will move now to the next agency scheduled for 9:45. It's the Association for Clinical Pastoral Education, ACPEI. Are there any recusals for this agency?

MS. GRIFFITHS: No.

CHAIRPERSON STUDLEY: And the primary readers are Dr. Phillips and Mr. Staples, and the staff reviewer is Mr. Bounds. Which of you would like to do the agency introduction? Cam.

MR. STAPLES: Good morning, and the agency coming before us today at this point is the Association for Clinical Pastoral Education, the accrediting arm, for petition for continued recognition. This Association accredits both clinical pastoral education centers and supervisory CPE programs located within the United States and territories.

The history of the accreditation of the Commission is that it was first accredited in 1969 by the Secretary of Education and has since been

reaccredited through 2007, the last accreditation for a five-year cycle that is winding up this year.

They accredit clinical pastoral education centers, supervisory CPE programs, totaling approximately 473 across the United States, and at this time I'd like to ask the staff to begin their presentation.

Thank you, Madam Chair.

CHAIRPERSON STUDLEY: Thank you very much.

Mr. Bounds.

MR. BOUNDS: Good morning, Madam Chair and Committee members. My name is Herman Bounds, and I will be providing a brief summary of the staff recommendation for the Association of Clinical Pastoral Education.

The staff recommendation to the senior Department official is to continue the agency's current recognition and require the agency to come into compliance within 12 months and submit a compliance report that demonstrates the agency's compliance with the issues identified in the staff analysis.

This recommendation is based on our review of the agency's petition, supporting documentation, and the observation of an accreditation commission meeting.

The outstanding issues in the staff analysis were in the following sections of the Criteria for Recognition: organizational and administrative requirements; required standards and their applications; required operating policies and procedures.

In brief, the outstanding issues in these sections consist primarily of the need for documentation regarding the agency's application of policies, as well as evidence of final revisions to policies in accordance with the response to the staff analysis.

The agency must also provide additional information and document that staffing levels for the administrative staff are adequate to carry out accreditation functions.

We believe the agency can resolve the concerns we have identified and demonstrate its

compliance in a written report within 12 months.

Therefore, as I stated earlier, we are recommending to the senior Department official to continue the agency's current recognition and require the agency to come into compliance within 12 months and submit a compliance report that demonstrates the agency's compliance with the issues in the staff report.

Thank you.

CHAIRPERSON STUDLEY: Thank you very much.

Are there any questions for Mr. Bounds at this point? Seeing none, we'll invite the agency to come forward. Thank you very much. Appreciate it. Good morning. Thank you.

MR. DURSTON: Good morning, Madam Chair and Committee. Good to be with you. I would like to address the fact that I am here on my own. We had planned for the Accreditation Commission chair also to be here, but within the last two months, she has had a cancer diagnosis and is undergoing treatment. So the chair-elect was unable to make this meeting at the last minute.

I want to thank Herman Bounds and Kay Gilcher for attending and observing our Accreditation Commission meeting in February and for the report which we have found very helpful and have started revising and implementing policies and will continue to do those in the next 12 months.

I have also to report to you the answer to the question around staffing. Our executive director retired as of last August, and I became the interim executive director, which as you can see involved two jobs: the associate director, which is what I was, and many of the functions of the executive director.

However, there were also other functions that were contracted out so that the load was not as great as it would have been otherwise. The permanent employment of a new executive director will take place within the next 12 months, too. It is unclear exactly when. The Association is going through a governance restructuring process that will be complete before that decision would be made.

Also I'd like to comment on the issue about the practitioners and educators on the evaluation policy and decision-making bodies. We had approached this with the idea that what we called a CPE supervisor, or a faculty member really, is, in fact, filling both of those roles because perhaps to be CPE supervisor also involves being a practitioner in an action reflection model of education.

However, in discussing this with the staff analyst, it's become clearer to us that in fact one of our categories of membership, which we call a clinical member, which is someone who has undergone a year's worth or four units of our education and then functions as a working chaplain in whatever setting, could, in fact, be designated for those bodies as a practitioner.

So we've learned something on the interpretation I guess of that particular standard and are ready now to create the policies and implement them, which will also take a lot of training of new members for our site teams since we

have not included clinical members on these before.

Those are the comments that I'd make at this point but certainly want to be available for any questions that you would have to clarify anything else.

CHAIRPERSON STUDLEY: Cam.

MR. STAPLES: Thank you. Welcome.

MR. DURSTON: Thank you.

MR. STAPLES: One of the questions that jumped out at me as I looked at the staffing question was you have, so for the last year, you've been doing two roles, and you have one administrative staff person to support you. You have, by my count, approximately 471 centers or other entities that you're evaluating in a ten-year cycle.

I don't understand how you can possibly manage to put together visits and reports and just manage the accreditation cycle with that level of staffing, and I'm probably not seeing the whole picture. You mentioned you contract out some things.

How does one administrative staff person with your part-time help manage that many accreditation visits?

MR. DURSTON: Well, we have actually, the executive director in the past has not--I shouldn't say in the past--but since 2003 when was the first time there was an associate director position, essentially the accreditation processes have been managed by the Commission with the support of the associate director, and so it wasn't considered that it would be necessary to have more help at this time other than another administrative assistant, which has now been approved by the Board, and the person will be starting on the fifth of July.

So we will have more support, and increasingly in this transitional period, my time is, again, there were a number of crises for the Association in the fall, and those are becoming less crisis, and so I will actually have more time in this next 12 months even given no executive director being found permanently during that time.

MR. STAPLES: Maybe I'm not just understanding how your process works. So you have, am I right about, I counted to 471, so it's about 40 or 50 reviews a year?

MR. DURSTON: Yeah, that's in--I'm not quite sure how that number was arrived at because really it's more like high 200s for accredited centers.

MR. STAPLES: And maybe that's good. The summary says you accredit 260 centers--

MR. DURSTON: Yes.

MR. STAPLES: --67 centers, five candidate centers, 23 accredited systems with 78 components, 30 satellites, and 70 unlisted programs referred to collectively as CPE centers. So I totaled those numbers, and maybe I shouldn't have counted the 78 components, but it's still 400 or so centers, CPE centers and regular centers, the way I counted.

But whatever the number, I mean I see the total here that you've listed. I guess I'm just-- there was a comment also by the staff review that you had deferred approximately 42 decennial visits

in the last few years, and I guess I was just concerned that that was based on inadequate staffing with just a part-time director--I mean you're split between two jobs--and one support staff. I don't know how you manage all these accreditation visits. I guess that's what I'm confused about. I don't know how you do your work.

Do you put together teams? You then have reports come in and you review all of those? And it seems like an awful lot for one person or one person with one support.

MR. DURSTON: Yeah, I think one has to see it as work that much of that work is accomplished by the Commission and by its--we have nine regions, each with its regional accreditation chair that serve on the Commission, and so then we have national site team chairs, and so a lot of that, of the actual review work, is done by site teams and reviewed in progression through regional and National Commission. I'm not sure how to compare that to other agencies perhaps.

MR. STAPLES: Okay. Let me ask you

another question that relates to the documentation of student achievement. There was some question about your recordkeeping. It was also unclear to me about whether you actually measured such things as licensure and certification data in your site reports. The reviewer found little evidence of that.

MR. DURSTON: Yes.

MR. STAPLES: And I was slightly concerned that the response to that being brought out was that you didn't consider that to be an important indicator, and yet that was one of the measures that you also required of the institutions that you accredit. So I guess I'd be interested in hearing how you--you said you were going to revise your documents, but your process doesn't seem to take that into account. So it's not just a matter of documentation.

It doesn't seem that your process really includes the outcomes measures that you say need to be accounted for by the centers.

MR. DURSTON: Yes. I think there is room

for improvement in the documentation by site teams of the student achievement data, and when I go back to see the examples that we submitted, they were inadequate to show what is done by the site team, and certainly that is going to go back into increased training for the compliance for the site teams to document more clearly that they have reviewed.

And licensure, in so many words, is not-- it's more a case of certification. When people pass through our programs and become the clinical member that I mentioned before, that becomes a-- they become eligible for certification by another organization called the Association of Professional Chaplains. So all of our centers do have the process in place for looking at what degree of certification, job placement, and so on.

I think where clearly we're not able to show sufficiently is that, in some cases, the site teams didn't fully document that they had looked at that information at the center. As you know, the only threshold that the Commission has chosen to

look at is the threshold of completion of program, and a 75 percent completion rate, which is basic, and we keep looking at how we might want to choose another threshold that has more directly to do with the learning outcomes that we want to promote.

So the quantification of around threshold and so on is not the main way that we have so far chosen to look at student achievement, but as I say, certification rates as chaplains is probably more important, as well as alumni surveys. So those would be the main ways in which we have done it, which we need to certainly document more in our site teams.

MR. STAPLES: I thank you. My last question, as I understand, your access to Title IV funds is not a concern of yours.

MR. DURSTON: Correct.

MR. STAPLES: So is this process--maybe you could tell me why, why would you submit yourself to this process without that necessity? Is there something? I mean is it--

MR. DURSTON: Well, as you noted, we've

been recognized since 1969, and we've actually had the insights of three different analysts over those years and, of course, changing regulations to some degree, and we've always learned from it.

We've always found that it's a way for us to be more responsible to our public, to keep tweaking what we do through external review. I think that's the main thing along with two very specific benefits for us, which would be the Department of State ability to sponsor international students, as well as the use by our students of the GI benefits.

MR. STAPLES: Right.

MR. DURSTON: And so those two things also are important for us.

MR. STAPLES: Thank you very much.

MR. DURSTON: Thank you.

CHAIRPERSON STUDLEY: Are there other questions? Susan?

DR. PHILLIPS: I just have two questions. One is for Kay, I think. I'm pursuing the question of the dual role of the practitioner, et cetera,

and so they have used so far the practice of considering that somebody could wear two hats, both as an educator and as a practitioner, and have defined that as, or have drawn into that people who, in fact, are both educators and practitioners, by definition. And I understand the regulation doesn't say that it has to be one body, but the guidelines suggest that under usual circumstances, this means a single individual fulfilling one defined category or role at a time.

And I'm wondering what would be an unusual circumstance? I'm trying to imagine in what instance somebody could be considered both a practitioner and an educator.

MS. GILCHER: That's a good question. We do have instances where there would be, as there are with this group, people who are in their professional life really doing both roles, and it would be acceptable for those individuals to be identified as in the accreditation process serving a practitioner role or serving an educator role, but that would need to be consistent so that they

know what hat they are wearing when they're involved in the accreditation process.

So it wouldn't be a matter of, well, this time you're this, and this time you're this, but there would be a clear designation so that they would be trained in those ways appropriate to that role.

DR. PHILLIPS: So an option for this agency then is not to necessarily swap out for different educators and practitioners, but they could keep the same educator practitioner people with designated hats?

MS. GILCHER: They could do that in that they do have clinicians. There is also a strong logic to their incorporating those people's perspectives into their accreditation.

DR. PHILLIPS: Got it. Okay. Second question--thank you--is for the agency. The review suggests that you've got a lot of policy work to do, a lot of procedural work to do. What's the plan for getting it done?

MR. DURSTON: Well, as I say, I think

we've already taken some of those issues and responded with some policies, and we're right at work already in doing the policy creation for the rest or revision for the rest of them, and plan to have those approved by the Commission and then by our Board before the end of the summer so that those renewed policies can be used and acted on and documented by the time the November Commission meeting happens so that we would then be able to produce a report within 12 months. That's what we're planning.

DR. PHILLIPS: Thank you.

CHAIRPERSON STUDLEY: Arthur.

MR. ROTHKOPF: I have some general questions about what you do. First question is how many students are now enrolled at institutions you've accredited? Just roughly how many?

MR. DURSTON: I can tell you it's about between seven and 8,000 students a year.

MR. ROTHKOPF: In any one year?

MR. DURSTON: In any one year. It could be for as short a period as three months, or we

also have residencies sort of as the allied health for a year at a time, but the shortest unit of training is three months, and then if someone becomes a faculty person or CPE supervisor, that's a three-to-five year process. So that, you know, just to give you an idea of how long different students might be trained.

MR. ROTHKOPF: That was really my second question.

MR. DURSTON: Okay.

MR. ROTHKOPF: What do you offer at the conclusion of the program? A certificate, a degree? What kind of a degree?

MR. DURSTON: For our teachers or CPE supervisors, they come into, they must have four units of CPE after showing their qualifications to become supervisors, which include a master's in theology of whatever background, plus they need, it's about a three-to-five year process to become the teacher. They get a certificate, first of all, as an associate supervisor, and then--which is a temporary status, but independent--and then the

final status or the end certification of CPE supervisor.

If it's a student that is not entering for training as faculty, then each student will receive a certificate from the center, and the units that they have earned over their lifetime are registered in the national office, and a transcript of those units can be requested at any time, and those transcripts then become part of the application process if the person becomes certified as a chaplain through the Association of Professional Chaplains.

MR. ROTHKOPF: And to become a chaplain, you've got to take--three months is enough or do you need--

MR. DURSTON: No. To become a chaplain, first of all, there would need to be a master's degree endorsement by a particular faith group to do that work, and also the, well, the certification by APC or one of the other certifying bodies.

MR. ROTHKOPF: And I guess my last question is over the last year, have you had

applications for accreditation from other centers or whatever the groups are, and if so, how many of those, and how many have applied and how many have been accepted and have any been turned down?

MR. DURSTON: Do you mean as new centers or as--

MR. ROTHKOPF: New centers. Well, new sites.

MR. DURSTON: New accredited--yes. Yes, we have. We have added, I'm not sure exactly what number, but probably about a half a dozen new centers in the last year. We've also lost one or two. Hospitals are where most of our centers are based these days, and they tend to be economically and for other reasons sort of critical places, but we still continue to receive more even in for-profit hospitals as well as not-for-profit for new centers, more requests.

MR. ROTHKOPF: And to follow up on that, who does the analysis of whether or not a center should be approved or not approved, and how is that process done?

MR. DURSTON: Well, if a center is choosing to become--if a prospective center is choosing to become a center, there are two main ways to reach that. One would be through a period of what we call satellite, which is, in a sense, borrowing the accreditation of an accredited center, and that accredited center is responsible for every aspect of what goes on until that satellite center applies for its own full accreditation.

The other way is what we call a candidacy route where there is a feasibility study completed by the candidacy center, and that candidacy then is awarded once a site visit has happened. Or once a site visit has happened, the candidacy center can potentially move towards being a fully accredited center and so on.

In the process, of course, there are site teams involved, the regional accreditation committees, and the Commission.

MR. ROTHKOPF: Thank you.

CHAIRPERSON STUDLEY: Are there other

questions? Are there any questions for the staff?  
Arthur, sure.

MR. ROTHKOPF: I guess I would ask you, Mr. Bounds, are you comfortable that the, with the current sort of temporary staffing arrangements, the temporary and potential staffing, that there is--some time in the next 12 months may be an executive director, may not be, that this is sufficient to assure that the accreditation process is being properly done, at least over this interim period?

MR. BOUNDS: I feel pretty comfortable. They've addressed--you know, they stated that they're going to be looking to hire additional personnel, but until they do that, I feel comfortable that they can carry out their accreditation functions. Their programs are small in respect to the number of students that are in a particular program as it relates to their accreditation process. And I do believe that they should be, they should be able to carry out their function until then.

MR. ROTHKOPF: In your judgment, is the funding there to take care of the additional staffing that they have indicated they want to put on? Is there committed funding for that?

MR. BOUNDS: Looking at their financial statements as they are right now, there is definitely adequate, adequate funding. It would have to be seen to make a determination whether, you know, they could support an increase in staff. I would assume so based on their current level, their current level of funding. It would be hard to make that determination right now, but based on what they have, based on their current funding levels now, they are adequate to do their accreditation function.

MR. ROTHKOPF: Thank you.

CHAIRPERSON STUDLEY: Any other questions? Do I hear a motion?

MR. STAPLES: Yes, Madam Chair, I'd make a motion that NACIQI recommend that the Association for Clinical Pastoral Education be continued to permit the agency--I'm sorry--that the recognition

be continued to permit the agency an opportunity to within a 12-month period bring itself into compliance with the criteria cited in the staff report, and that it submit a review within 30 days thereafter, a compliance report demonstrating compliance with the cited criteria and their effective application. Such continuation shall be effective until the Department reaches a final decision.

Although I jumbled it, that is our standard motion for this circumstance.

CHAIRPERSON STUDLEY: Is there a second?

DR. PHILLIPS: Second.

[Motion made and seconded.]

CHAIRPERSON STUDLEY: Thank you. Any discussion of the motion? Arthur?

MR. ROTHKOPF: Yeah. I have to say I'm not persuaded to support the motion as currently made unless, I'm just very concerned about the staffing in this period, and they say that something is going to happen over the next several months, maybe a year. I would say until there's

adequate staff in place, I would ask, offer a friendly amendment. If not friendly, I'd propose it that no new accreditations take place, no new organizations be accredited until the end of this period. And we have some language. We've done that in other situations.

I'd also ask that there be an understanding that before--that the staff report come back to the Committee and not just go on the Consent Calendar. So I'd ask Cam what you think of that?

MR. STAPLES: I think that's--frankly, I don't agree personally with that amendment. Obviously, I can be outvoted. I think if the staff felt that there wasn't--if our staff felt that there wasn't sufficient capacity. I mean I was concerned about it as well, but I don't see any reflection in the report from the staff that there is any inability on the agency's part to conduct their affairs right now, and I would be uncomfortable making a judgment that they can't accredit new programs, given that there is no

evidence their staffing is insufficient. So I wouldn't personally be comfortable with that amendment.

DR. FRENCH: Madam Chair, may I ask a question about that?

CHAIRPERSON STUDLEY: Sure.

DR. FRENCH: To follow up on Cam's, the second half of your question earlier, I don't think I heard the response. There was a deferment of I think of about 40 accreditations. What was the reason for that?

MR. DURSTON: We have a policy for postponement requests, and there were more than usual requests for postponement of ten-year review, and looking at, and I think the staff report makes that clear, too, that many of them did have issues leading to their requests, which had to do with inadequate staff support in the centers, in certain cases either because of a change of faculty and/or because of new ownership of a hospital, say, so issues like that that put the centers in a rather transitional period maybe sort of parallel to ours.

DR. FRENCH: But succinctly, was it, you're saying that it was their request? It was not your inability?

MR. DURSTON: There were a couple of Commission-initiated postponements of a year in the situation where in certain regions, the rotation for review made it, the load too big for that committee at that time. But that is a small, much smaller piece of it. Most came from postponements, yeah.

CHAIRPERSON STUDLEY: Any further discussion of the motion? Sally?

MS. WANNER: I just wanted to make one clarification. In the past, we have limited our recognition of agencies for new accreditation. That hasn't prevented them from accrediting. It simply limited our recognition of what they accredit.

A decision to tell an agency that it couldn't accredit anybody more is not something we've done before, and you know, it would simply be up to the agency to decide if they wanted, if there

was such a decision by the Department, did they want to continue their recognition or not. They could leave, you know, withdraw from recognition and accredit whoever they wanted.

CHAIRPERSON STUDLEY: I think that that may not have provided the clarification you were hoping for. Could you try that one more time, please?

MS. WANNER: Sure. I'll try again. The prior limitations that we've issued have not prevented agencies from accrediting new programs or new institutions.

What they have done is said that even though those agencies may accredit other new institutions and programs, we do not recognize that accreditation, and the consequence of that is that those new programs and institutions, while they might be accredited by the agencies, they could not receive Title IV funds or whatever Federal program.

CHAIRPERSON STUDLEY: Thank you. That was helpful. Okay. Any further discussion? There's a motion made and seconded on the floor. Seeing no--

Arthur.

MR. ROTHKOPF: Yes. I'd move to amend Cam's motion to say that during the period until a report is submitted back to NACIQI that the agency not be permitted to grant any new accreditations that would be entitled to Title IV funding. Is there language? What's the language?

CHAIRPERSON STUDLEY: Carol's suggestion is that no new accreditations be included in the agency's recognition. I think we have that language. So if that's what you're intending to--

MR. ROTHKOPF: Yeah. I accept that language so I make that motion.

[Motion made.]

CHAIRPERSON STUDLEY: Is there a second for the amendment?

[No response.]

CHAIRPERSON STUDLEY: Seeing none, the motion to amend the main motion fails, and the main motion is back on the floor. Is there any discussion of the motion made by Mr. Staples, seconded by Susan Phillips? Seeing no further

comment, all in favor please say aye.

[Chorus of ayes.]

CHAIRPERSON STUDLEY: Opposed?

MR. ROTHKOPF: No.

CHAIRPERSON STUDLEY: Thank you. The motion carries with one vote in opposition.

Is there anything else that you would like to add from the agency? The motion has carried as provided above.

MR. DURSTON: No, I think that's very helpful. I'd just like to re-stress that we do have already approved and beginning in July an extra staff person.

CHAIRPERSON STUDLEY: Thank you very much. We appreciate your coming before us.

MR. DURSTON: Thank you.

CHAIRPERSON STUDLEY: Thank you very much, Mr. Bounds, for your presentation and thank you to the readers.

**NACIQI Motion:**

**I move that the NACIQI recommend that the ACPEI's recognition to be continued to permit the agency an**

opportunity to within a 12-month period bring itself into compliance with the criteria cited in the staff report and that it submit for review within 30 days thereafter, a compliance report that demonstrating compliance with the cited criteria and their effective application. Such continuation shall be effective until the Department reaches a final decision.

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CHAIRPERSON STUDLEY: Given the time, I propose that we take the next agency now and take a break after that. Is that satisfactory to the Committee?

ASSOCIATION FOR BIBLICAL HIGHER EDUCATION[ABHE]

CHAIRPERSON STUDLEY: Then we'll proceed with the Association for Biblical Higher Education. I believe we have no recusals with regard to this agency. This is a renewal of recognition, and the primary readers will be Dr. French and Dr. Pepicello. So if you'll let me know which of you will do the honors? Thank you, George.

DR. FRENCH: Thank you, Madam Chair.

As you note, this is a petition for continued recognition for the Association for Biblical Higher Education.

The Association for Biblical Higher Education accredits and provides preaccreditation of bible colleges and institutes in the United States, offering undergraduate programs through both campus-based instruction and distance education.

The Commission of Accreditation of the ABHE appeared on the first recognized accrediting agency list in 1952. Since then, they have

received continuous accreditations. They appeared before the NACIQI--COA and ABHE--in 2006 at which time they sought an expansion in scope for master's and doctorate level programs.

The Secretary requested an interim report in 2007. That extension was granted. So they come before us today, again, seeking petition for continued recognition. They have 19 issues as identified by staff. One of the primary issues being 602.14, indicating the separation between COA and ABHE in identity. So with that, if my colleague doesn't have anything, I would turn it over to staff.

CHAIRPERSON STUDLEY: Thank you. Good morning.

MS. DAGGETT: Good morning, Madam Chair and members of the Committee. My name is Elizabeth Daggett, and I am providing a summary of the review of the petition for rerecognition for ABHE.

The staff recommendation to the senior Department official for this agency is to continue the agency's current recognition, revise the

agency's scope as requested, and require a compliance report in 12 months on the issues identified in the staff report.

This recommendation is based upon our review of the agency's petition and its supporting documentation as well as the observation of an on-site evaluation in October of 2011, and a meeting of the agency's Commission in February of 2012.

Our review of the agency's petition found that the agency is substantially in compliance with the Criteria for Recognition. There are some outstanding issues that the agency needs to address in the recognition areas of organizational and administrative requirements; required standards and their application; and required operating policies and procedures.

In brief, the issues concern the agency's conflict of interest policy; appeals panel selection and training; student achievement and student complaint standards; joint accreditation review policies and procedures; enforcement timelines and actions' standards review process;

substantive change policies and procedures;  
transfer of credit policy; and credit hour  
deficiencies and notifications.

Most of the outstanding issues require a  
demonstration of implementation of policy  
revisions.

We believe that the agency can resolve the  
concerns we've identified and demonstrate its  
compliance in a written report in a year's time.

Therefore, as I stated earlier, the staff  
is recommending to the senior Department official  
to continue the agency's current recognition,  
revise the agency's scope as requested, and require  
a compliance report in 12 months on the issues  
identified in the staff report.

Thank you, and I'm available for any  
questions you might have.

CHAIRPERSON STUDLEY: Does anyone have  
questions at this point for the staff? Bill.

DR. PEPICELLO: Just one. As I read it,  
it seems that the agency has already made progress  
on a couple of these fronts, but that they need to

wait for a meeting in order to actually approve what they've already done; is that correct?

MS. DAGGETT: That's correct. There are a couple of areas where their delegate assembly doesn't meet again until February so they don't have opportunity to enact any of those proposed revisions until that time.

DR. PEPICELLO: Thank you.

MS. DAGGETT: No problem.

CHAIRPERSON STUDLEY: Art.

DR. KEISER: I just have a technical question. The concept of changing scope of recognition, it just seems like it's rewording of the--it's not a scope change.

MS. DAGGETT: Well, yeah, that's why we referred to it as a revising it as requested. It's just a revision. There is no change in the scope, no expansion nor contraction.

DR. KEISER: They requested the change?

MS. DAGGETT: Yeah. Just to clarify their--

DR. KEISER: I still can't figure it out.

MS. DAGGETT: Okay.

CHAIRPERSON STUDLEY: Any other questions?

Thank you very much, Ms. Daggett.

We will now hear from the agency representatives. Thank you.

DR. KROLL: Good morning. Thank you for this opportunity to comment.

My name is Ronald Kroll. I'm the Director of the Commission on Accreditation. With me today are Dr. Clay Ham, who is the Chair of our Commission, and Dr. Randall Bell, who is the Director Emeritus. Dr. Bell retired at the end of April after 38 years with the Commission so while I have been transitioning into the role of director for about eight months, I may ask Dr. Bell to address any historical questions you may have regarding the Association.

The Association for Biblical Higher Education serves the constituency with a distinctive purpose. For 65 years, ABHE has been accrediting institutions of biblical higher education. We currently have 120 accredited and

preaccredited members in Canada, the U.S. and U.S. territories.

Over half of our institutions rely on ABHE accreditation for access to Title IV. ABHE appreciates the assistance of the Department, and particularly that of Ms. Elizabeth Daggett, as we work to clarify and revise our petition.

You have asked the agency to comment on three questions at this meeting, and I would like to ask Dr. Clay Ham to briefly address those at this time.

DR. HAM: First, challenging issues. Financial issues are a challenge for all institutions, but particularly for small ones which constitute a sizable percentage of our member schools. The current economic climate has increased the difficulty of ascertaining which financial challenges will self-correct in a year or two and which ones are more systemic or ongoing.

The Commission is challenged in making decisions about these institutions using conventional indicators which may better signal

financial decline than they do predict financial recovery.

Our challenge is to work with these institutions, many with distinct missions to maintain quality even as they work to strengthen their financial stability.

ABHE also faces the challenge of a significant leadership change with the retirement of Dr. Randall Bell after 38 years of service to the Commission. This transition has happened in the midst of our preparations for our review for USDE recognition. We joke among the Commission that Dr. Bell has retired one year too soon. Dr. Bell usually replies that he has retired one year too late.

But the fact remains that none of us on the Commission know of a time when the agency existed apart from Dr. Bell's leadership. And so ABHE moves into a new future under the capable leadership of our new director, himself no stranger to ABHE or accreditation.

Second, thorny issues. The expectation

that an institution can and will resolve its compliance issues within two years is particularly challenging for institutions in financial recovery. We struggle with determining what constitutes a return to compliance when an institution may be on a trajectory for financial health and stability, but is making slow progress and is realizing its financial capacity.

The staff analysis noted a particularly difficult example of this. We recently worked with an institution that had significant financial issues, but possessed a notable asset that if sold would restore financial stability.

Third, what we do well. ABHE does an exceptional job of assisting developing institutions working toward accreditation. We facilitate this through a process of consultation. Applicant and candidate institutions are expected to host a one or two-day staff consultation annually. This informs the Commission of the institution's progress in addressing standards and preparing for an evaluation team visit.

This helps institutions understand the challenges and processes they need to address, and it provides them a timeline for moving forward. This consultation process promotes an environment of support and encouragement for institutional improvement and assists the institution in understanding the benefits of accreditation for their students and their various constituencies.

I defer to our director to discuss specifics regarding our staff report.

DR. KROLL: The final staff analysis cites 19 areas where ABHE does not appear to satisfy the regulations. The ABHE Accreditation on Accreditation made several policy and procedural adjustments in April 2012 in response to the draft staff analysis. The final analysis acknowledges that these policies and procedural changes basically address the Department's concerns. However, the documentation at that time was based on old policies.

To satisfy nine of the 19 areas, we basically need to document implementation of the

new policies, and that will be fully accomplished by the conclusion of the February 2013 Commission meeting.

An additional seven areas require modest policy changes. These will be addressed at the Commission's Committee on Criteria meeting in September 2012.

One area requires a bylaws change, which will be addressed at the delegate assembly in February 2013. The two remaining areas require a more complete documentation which can be secured through review activities in this coming year.

Let me address three key issues and how ABHE has and is addressing those particular issues. First, ABHE has taken steps to establish independent status for the Commission. These include separate accounting and budgeting designated staff for the Commission, independent Commission authority over decisions and operations, and most recently, position descriptions and reporting relationships for the director of the Commission and the president of the Association.

A bylaws change is needed to designate the director of the Commission as hired by and responsible to the Commission. A proposal to that effect has been approved by the Commission and will be presented to the delegate assembly for a vote at the next annual meeting in February 2013.

Conflict of interest is another key area which was addressed. Past guidelines were limited and less specific than appropriate. The Commission has approved revisions that the staff analysis acknowledges as compliant with regulations. Implementation of revised guidelines and the use of validation forms for commissioners, evaluation teams, the appeal panel pool and staff have already begun and will be fully implemented by the February 2013 Commission meeting.

Training in new conflict of interest policy and procedures has also begun and will be fully implemented by February 2013 as well and will become part of the Commission's ongoing practice.

ABHE has historically provided training to appeal panel members only when an appeal panel is

formed. However, ongoing training for all individuals in the appeal panel pool will commence in September 2012. No one may serve on an appeal panel without completing the appropriate training.

The staff analysis noted adjunct consultants and Commission members serving on evaluation teams as late as spring 2012. No consultants or commissioners are scheduled to serve on fall 2012 teams and no consultants or commissioners will be used on future teams.

The Commission on Accreditation has been apprised of safeguards regarding proper use of recusals, and the minutes of the June 28, 2012 Commission meeting, which will occur in two days, and all subsequent meetings will document appropriate use of recusals.

A third key area is the assessment of student learning outcomes. The Department was not satisfied with the evidence provided. The teams and the Commission reviewed student learning outcomes and measures of student assessment. The Commission has established new protocols to

validate that student learning outcomes and measures for evaluating those outcomes are explicitly and consistently addressed in team reports and Commission deliberations for every comprehensive review.

These protocols will be implemented with the fall 2012 review cycle. Similarly, a new protocol has been designed to ensure that teams address USDE requirements including: student complaints; compliance with Title IV requirements; credit hour policies and measures; and the institution's public claims regarding its own performance.

These are not new review activities, but the protocol will ensure the consistent address of these issues in every comprehensive review of an institution.

I'm going to call on Dr. Bell to offer some comments in regard to ABHE student learning outcomes.

DR. BELL: It's good to be with you, and I've enjoyed listening to the conversations and

participating in these meetings for a good many years.

Back in 2009, ABHE's Commission recognized the need to strengthen and help our schools with the whole issue of providing evidence of student learning. So we began to lay the plans for a project, which was then culminated in 2010, and involved participation of a large percentage of our institutions.

We were fortunate to identify a faculty member on sabbatical who was very enthusiastic about student learning, and he managed to pull together a committee of six institutional effectiveness officers and chief academic officers to help him, and as a consequence of that project, we developed a model student learning assessment project that would help schools work through the assessment process, and the model envisioned a three-year cycle and a six-year cycle, and it identified eight content areas that our schools like to have all of their students achieve certain learning in, and then the model also identified

instruments that schools could use to assess student learning, and in addition for each of these eight areas, we developed learning rubrics that could be used to assess the student achievement in those eight areas.

And so we have included this as part of our self-study guide that students can use as an example to help improve their assessment of student learning. I cannot tell you how widely it's being used yet. We haven't explored that, but we think that we're giving our schools some good help in assessing student learning.

DR. KROLL: While I have additional information on response to the other areas, I would defer at this point to any questions you may have in the interest of time.

CHAIRPERSON STUDLEY: Are there questions for the agency?

DR. FRENCH: Yes, Madam Chair. A couple of questions. Thank you for the excellent presentation. A couple of questions. How often is the delegate assembly held?

DR. KROLL: The delegate assembly is held annually, and that is in February. We do that in conjunction with the Association's meeting and the primary Commission meeting of the year.

DR. FRENCH: So we are having to wait because a lot of the issues that we note of the 19 have to do with policy changes, and they have to be approved by the delegate assembly. I guess my basic question would be why wouldn't we have gone to the delegate assembly this past February instead of waiting until 2013?

DR. KROLL: Several of the issues that were addressed relate to particular nuances in addressing the USDE requirements, and some of those we did not clearly understand until we had had the draft report. So in response to that, the Commission took the actions that it could take in April at that particular point, and then there are a couple of issues that do require delegate assembly approval. Those issues must wait until February before we're able to enact that in the final form.

DR. FRENCH: Is there some sort of--there is no sort of body that could be constituted in between general delegate assemblies--between delegate assemblies?

DR. KROLL: Not in regard to areas that require a bylaw change.

DR. FRENCH: Right.

DR. KROLL: With regard to policy changes and things of that particular nature, we do have in our policy on changes regarding the standards and Commission policies, we do have a caveat in there that there can be an exception that is made with regard to compliance with regulatory requirements, and we have invoked that in regard to changes that were made in April so that that was done on an act and inform basis. The subsequent element to that is then that goes back to the membership for their comment.

DR. FRENCH: Right.

DR. KROLL: And any revisions or improvements to that. So those things have been enacted at this point.

DR. FRENCH: Great. The other question to the new executive director, I was a little confused when you were speaking of the financial issues. They didn't stand out for me in the report as having major financial issues, but I heard you speak of some of the--are you speaking of ABHE COA or are you speaking of those whom you accredit as having financial issues?

DR. HAM: No. I was speaking of schools that we accredit.

DR. FRENCH: Right. That's what I thought. Thank you.

CHAIRPERSON STUDLEY: Thank you very much, George. Any other questions? Bill.

DR. PEPICELLO: Yes, I note that you accredit 18 institutions in Canada. Could you enlighten us as to what are the benefits that your accreditation bestows either on institutions or students in Canada?

DR. KROLL: Because of the fact that we accredit institutions across North America, you'll find that particularly bible colleges and

seminaries have a lot of interrelationship with one another. So from the perspective of transfer of credit and particularly recognition in students that move on to graduate students, our accreditation is very helpful to those who are in Canada even though it does not provide institutional access to Title IV or those kind of things.

DR. PEPICELLO: Okay. Thank you very much.

DR. KROLL: Welcome.

CHAIRPERSON STUDLEY: Arthur.

MR. ROTHKOPF: Yeah. To pick up on that last point, what benefits do students receive, if any, if they go to a Canadian--Canadian students going to a Canadian institution? Do they receive anything like this, and is there any function or activity such as that which we're conducting here in the U.S. up in Canada?

DR. KROLL: Things are very different in Canada, in which there is provincial recognition for various different institutions, and largely

religious institutions are not part of that recognition process. So for a lot of the bible colleges and seminaries in Canada, the participation in U.S. accreditation is an advantage to them because of that recognition that is not available within the Canadian provinces.

As far as the benefit to students concern, largely what we find is the Canadian students seek to go to Canadian institutions. Sometimes those students will pursue graduate study at U.S. institutions, and that's where ABHE accreditation becomes particularly helpful to them.

MR. ROTHKOPF: Understand. To pick up another point, you talked a good deal about the financial concerns that institutions have. Over the last say five years have you found it necessary to withdraw accreditation from any of your institutions, and if so, roughly how many? I understand that may not be data you have with you, but just what's been the situation?

DR. BELL: We did withdraw accreditation from one institution. However, that institution

appealed the action and got busy and raised enough money to almost pay off all its debt. So it was then reinstated after the whole process was completed.

MR. ROTHKOPF: They can thank you for continued existence; right?

DR. BELL: Yes.

CHAIRPERSON STUDLEY: Any other questions for the program from the Committee members? Do you have any questions for the staff at this time? Art?

DR. KEISER: This is more of a general statement addressed to the staff. It seems like a lot of the smaller agencies are having a lot of concerns. Are we doing any kind of training or any kind of prerecognition awareness process to see because most of this stuff is checklists and not difficult to come into compliance with, but it seems we've had a number that these things should have been resolved before they started the process of recognition--rerecognition.

MS. GILCHER: Yes, we do provide training.

We had some training last summer, both face-to-face and by telephone. We will be doing additional training this summer. We also do, of course, have very detailed guidelines, which are, we think, helpful to agencies putting together their petitions.

We also--the staff are very available to agencies as they work through developing their petitions. Now, we will not say to an agency send us all of your policies and things in advance, and we'll let you know whether or not they're going to be compliant, and we can't do that. That would be doubling the workload for everyone. But there certainly is a lot of technical assistance that's provided at their request.

DR. FRENCH: Madam Chair.

CHAIRPERSON STUDLEY: George.

DR. FRENCH: I was wondering if a motion was in order?

CHAIRPERSON STUDLEY: It appears so.

DR. FRENCH: I move that the NACIQI recommend that the Association for Biblical Higher

Education recognition be continued to permit the agency an opportunity to within 24 months bring itself into compliance with the criteria cited in the staff report, and that it submit for review within 30 days--I don't think we want that one.

CHAIRPERSON STUDLEY: 12 months.

DR. FRENCH: The 12 month.

CHAIRPERSON STUDLEY: 12 months.

DR. FRENCH: The simple 12 month, but not the 30 day follow-up.

CHAIRPERSON STUDLEY: No, the 30 days is part of the standard motion.

DR. FRENCH: Standard motion. That would be my standard motion, Madam Chair, for review within 30 days thereafter, compliance report demonstrating compliance with the cited criteria and their effective application. Such continuation shall be effective until the Department reaches a final decision.

CHAIRPERSON STUDLEY: I think that's the one. There was also an application for revision of the scope. Was that the phrasing that you were

using?

DR. KROLL: That is correct. We are not seeking an expansion of scope, a revision of the scope statement.

CHAIRPERSON STUDLEY: Right.

DR. FRENCH: And I further move, Madam Chair, that the NACIQI recommend that the Assistant Secretary revise the accrediting agency scope of recognition as requested.

CHAIRPERSON STUDLEY: Thank you. Is there a second for that motion?

DR. PEPICELLO: Second.

[Motion made and seconded.]

CHAIRPERSON STUDLEY: Thank you. I heard Bill Pepicello first. Is there any discussion of the motion that's now on the floor made and seconded? All in favor, please say aye.

[Chorus of ayes.]

CHAIRPERSON STUDLEY: Opposed?

[No response.]

CHAIRPERSON STUDLEY: Thank you very much. Thank

you for your presentation and thank you for answering our particular questions, the general questions, as well as the specifics about your agency.

Thank you very much and thank you, Ms. Daggett.

**NACIQI Motion:**

I move that the NACIQI recommend that the ABHE recognition be continued to permit the agency an opportunity to within a 12-month period bring itself into compliance with the criteria cited in the staff report and that it submit for review within 30 days thereafter, a compliance report demonstrating compliance with the cited criteria and their effective application. Such continuation shall be effective until the Department reaches a final decision. I further move that the NACIQI recommend that the Assistant Secretary revise the accrediting agency's scope of recognition as requested.

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CHAIRPERSON STUDLEY: We will now take a break until 11:10 at which point we will have two further agencies, and for any late arrivals, we'll be proceeding without a break for lunch. So reconvene here at ten after 11.

Thank you very much.

[Whereupon, a short break was taken.]

CHAIRPERSON STUDLEY: We are reconvening from our break. Thank you all. I apologize for taking a little longer than I expected.

DISTANCE EDUCATION AND TRAINING COUNCIL

[DETC]

CHAIRPERSON STUDLEY: The next agency that comes before us is Distance Education and Training Council, DETC. The primary reader is Dr. Pepicello. You're on.

DR. PEPICELLO: Thank you very much.

This is a petition for continued recognition and an associated revision of scope. DETC has been recognized since 1959, at that time, under its previous name, the National Home Study Council. It currently is a gatekeeper for 13

institutions for eligibility for Title IV funds.

The last full review of DETC took place in December 2006, and in association with the current review, there was a review of a meeting of the agency's decision-making body in Farmington, Pennsylvania, on June 2 and 3, 2011.

At this time, I'll turn it over to Steve.

MR. PORCELLI: Thank you. Yes, I am Steve Porcelli of the Department's Accreditation Staff.

The staff recommendation to the senior Department official regarding the Accrediting Commission of the Distance Education and Training Council, or DETC, is to continue the agency's current recognition and require the agency to come into compliance within 12 months and to submit a compliance report that demonstrates the agency's compliance with the issues identified in the staff analysis.

In addition, Department staff recommends that the agency's scope of recognition be revised for clarity and consistency and to include the accreditation of correspondence education.

The staff recommendation is based on our review of the agency's petition, supporting documentation, and observation of the agency's Accreditation Commission meeting.

Our review of the agency's petition found that the agency is substantially in compliance with the Criteria for Recognition. However, there are two issues that the agency needs to address.

First, the agency needs to describe how it evaluates credit hour issues, and, secondly, the agency needs to document its final adverse action notifications. It is making some changes to that, and we just need some clarification.

In closing, we believe that these issues will not place its institutions or students or the financial aid that they receive at risk, and the agency can resolve the concerns we have identified and demonstrate its compliance in a written report in one year's time.

Therefore, as stated earlier, we are recommending that the senior Department official continue the agency's current recognition, revise

the agency scope and require a compliance report in 12 months on the issues identified in the staff report.

Thank you.

CHAIRPERSON STUDLEY: Thank you very much, Steve. Are there any questions at this time for the staff reviewer? Art.

DR. KEISER: Steve, on the issue of the credit hour recognition, didn't the credit hour rule just go into effect last July, and would an agency have had time to implement and be able to document those things perfectly?

MR. PORCELLI: In this particular case, they did have a school with an issue, and it was a related issue, and they just had their decision meeting last week to discuss how it was handled. So, yes, it's, normally they may not have time. In this particular case, they did have one case, and unfortunately they couldn't provide the documentation ahead of time because they just had their meeting last week.

DR. KEISER: But the rule didn't go into

effect until July 1 of last year. So it's hard--I would think it would be hard to hold a school accountable in terms of the report from something that technically they were on top of the issue, but it was hard to get that to demonstrate compliance in that short of period of time. It's not their fault because the rule just went into effect.

MR. PORCELLI: Right.

MS. GILCHER: There is a process that's working its way through. They were seven-eighths of the way through the process so the final documentation was needed to kind of close the loop, and in this case--and we would expect that if an agency had acted upon and was able to provide documentation, that they would do so.

DR. KEISER: But is it fair to cite them when, in fact, there's probably--they were lucky or unlucky, I don't know the case, to have an incident that occurred, but they technically could not have really complied even if they followed their policy. So it's not a lack of compliance; it's just a lack--it's a timing issue rather than a compliance

issue; isn't it?

MS. GILCHER: You certainly could make that determination if you chose to.

CHAIRPERSON STUDLEY: Any other questions or follow-up? Thank you, Steve.

Let's hear from the agency. Would the representatives please come forward to the table, and we welcome you to introduce yourselves. Thank you.

DR. MOTT: Good morning. My name is Dr. Timothy Mott, and I have the honor of serving as Chair of the Accrediting Commission for the Distance Education and Training Council.

I am one of four public members who serve on our nine-member Commission. With me is Mr. Michael Lambert, our Executive Director of DETC, and Elise Scanlon, our counsel.

Thank you for this opportunity to speak with you today in support of DETC's petition for continued Federal recognition. DETC has been recognized by the Department of Education since 1959 and by the Council on Higher Education

Accreditation or its predecessor agencies since 1975.

The Commission takes its responsibilities as a Federal-funding gatekeeper very seriously. The petition and exhibits that you have before you today represent many months of study and work on the part of DETC's Commission, staff and accredited institutions.

The Department's analysis of our work was very thorough, and we appreciate the technical assistance provided by the Department staff throughout the process. We also appreciate the Committee's review and consideration, and we welcome your questions.

First, I'd like to turn to Mike Lambert for additional opening remarks.

MR. LAMBERT: Thank you, Tim.

Good morning, everyone. It's a privilege to be here. I think this is probably my eighth or ninth time before this Committee since I started 40 years ago, and it's always a pleasure to come back.

You see in the report--which, by the way,

we accept and it was a fine report. We have no difficulty whatever demonstrating compliance today, if you'd like, but we do not have any trouble with showing the evidence that we are in compliance.

We're down to just two it looks to me like technical issues. One is notification of adverse actions, and the other is the credit hour situation. In both cases, they have been handled, and we have made the necessary corrections.

I should in closing say that the irony is, in my office, we actually tried desperately to make sure we were in compliance with the notification, and we were counting days, and a Federal holiday intervened, and the fact that we thought we had it, and we didn't, that's just life. I'll have to say that our Commission, our institutions, are totally committed to this process, totally committed to becoming the best we can be.

In fact, in the past two years, we had 13 meetings of the Commission to get ready for this day. Normally, in the good old days, we met twice a year. So we are here to answer any of your

questions, and to my right is Elise Scanlon, whom many of you know. I have learned in my old age never to go anywhere without her. So with that, I will just open this up to any questions you may have.

DR. FRENCH: Madam Chair.

CHAIRPERSON STUDLEY: Thank you very much. George.

DR. FRENCH: At the outset, I would just really like to recognize the leadership of this agency in taking the process so seriously. I do concur with Art, in some people, some of the agencies, that don't appear to have taken it as seriously, and I would just say congratulations, an excellent job, is my comment.

CHAIRPERSON STUDLEY: Thank you. Looking to see if there are any questions from the Committee members for you? Seeing none, any questions for the staff now that you've heard the presentation? Would you like to make a motion?

DR. PEPICELLO: I certainly would. I move that the NACIQI recommend that the DETC recognition

be continued to permit the agency an opportunity to within a 12-month period bring itself into compliance with the criteria cited in the staff report, and then it submit for review within 30 days thereafter a compliance report demonstrating compliance with the cited criteria and their effective application. Such continuation shall be effective until the Department reaches a final decision.

I further move that the NACIQI recommend that the Assistant Secretary revise the Accrediting Agency's scope of recognition as requested.

DR. FRENCH: Second.

[Motion made and seconded.]

CHAIRPERSON STUDLEY: Is there any discussion of the motion? Art?

DR. KEISER: Due to the timing of the first concern with the credit hour, I really don't think it's fair because it's not out of compliance, as it would be, because of the timing of the new regulation, and I'd like to see that one removed if possible.

CHAIRPERSON STUDLEY: I think it's--I'm trying to think whether the movant can subtract that from the motion or whether there's another way to amend it or otherwise see if there's interest in capturing that? Bill and Kay.

DR. PEPICELLO: Well, I was just going to say I don't know if we can do that in the amendment. I guess I would defer to the staff on that.

MS. GILCHER: Actually I was just pointing out that you had one over there.

CHAIRPERSON STUDLEY: Okay. Frank.

MR. WU: I'll go ahead and move that so as to make it move along faster, and I just wanted to add as a comment, I think it's great that when there's just clearly one or two minor issues, that we're doing it this way. I think that will really be much better.

CHAIRPERSON STUDLEY: So it's been--

DR. KEISER: I'd second that amendment.

[Amendment to motion made and seconded.]

CHAIRPERSON STUDLEY: --an amendment moved

and seconded to the original motion to delete the compliance requirement with respect to the credit hour provision.

Have I captured that? Unless you think it's a friendly amendment and would like to change your underlying amendment, but we can accomplish it this way as well.

DR. PEPICELLO: That's fine. Let's do that.

CHAIRPERSON STUDLEY: Robert's Rules.

DR. PHILLIPS: I think you can actually do it by simply specifying that with the reporting criteria cited in the staff report.

MS. GILCHER: You can restrict compliance to just one criteria.

CHAIRPERSON STUDLEY: Compliance with the notification criterion I think might be the change to the motion. I'm happy to do it either way. Why don't we just act on the motion since it's on the floor and we'd have to withdraw it?

So we have a motion to amend, to narrow the main motion to the single criterion related to

notification. Is there any discussion of the amendment?

DR. KEISER: He accepted that as a friendly amendment.

CHAIRPERSON STUDLEY: Okay. If you'd rather do it that way. Are you okay with that, Frank, as the movant?

MR. WU: Sure.

CHAIRPERSON STUDLEY: Okay. So we'll amend the language of the motion. Is there any discussion of that main motion? Yes?

MS. SCANLON: Madam Chair, I apologize. This may be irregular.

CHAIRPERSON STUDLEY: No, that's okay.

MS. SCANLON: But given that the motion, there seems to be some consensus that these are technical issues, we'd like to respectfully request that we be able to submit a compliance report in a shorter timeframe, perhaps within six months rather than 12 months.

CHAIRPERSON STUDLEY: My understanding, but I can ask the staff, is that you always have

the option of submitting sooner, that this is an outside period, but let's clarify that so that we all have that answer.

Kay.

MS. GILCHER: We would be prepared to review that within that six-month period of time, and it's fine if that's reflected in your motion.

CHAIRPERSON STUDLEY: I think the motion says "within 12 months," and I don't like to rule from the chair, but I think if we start getting more specific about that sort of provision within the motions, it will be confusing. It says "within 12," and the staff has told us that that's an outside limit, not a you must wait for 12 months, but appreciate the chance to clarify for you.

So as soon as we have language, I'll ask you to vote on it. I don't want to do it the other way around. Okay. I think the key words are "to bring itself into compliance with the criterion on notification," point being it's a single criterion that remains to be satisfied, and a report demonstrating compliance with that criterion and

its application will be our--that would then become our recommendation to the Department's official.

Any further discussion of the motion as it appears on the screen? All in favor, please say aye.

[Chorus of ayes.]

CHAIRPERSON STUDLEY: Opposed?

[No response.]

CHAIRPERSON STUDLEY: Thank you very much. Appreciate the work on behalf of the readers and thank you very much for coming before us and for your thoughtful participation in this process.

**NACIQI Motion:**

**I move that the NACIQI recommend that the DETC recognition be continued to permit the agency an opportunity to within a 12 month period bring itself into compliance with the criterion on notification cited in the staff report and that it submit for review within 30 days thereafter, a compliance report demonstrating compliance with the criterion and its effective application. Such continuation shall be effective until the**

Department reaches a final decision.

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NATIONAL LEAGUE FOR NURSING ACCREDITING  
COMMISSION, INC. [NLNAC]

CHAIRPERSON STUDLEY: We will move on next to NLNAC, the National League for Nursing Accreditation Commission. We have one recusal from among members of the Committee, and that is Art Keiser, who will not participate in consideration of this agency's action for reconsideration.

The primary readers are Cam Staples and Frank Wu. Would one of you please introduce the agency to us? Thank you.

MR. WU: Yes. So this is an agency that accredits a total of 1,226 programs. It serves in the Title IV gatekeeper role for 88 of those programs. Note that in nursing, however, various States have licensure requirements, and some of those requirements relate to a program being accredited by a DOE authorized agency. So they also perform that function.

This agency was formed in 1997 by the trade association NLN, and the primary issue we have before us--Cam and I have had a chance to

confer with staff, and we'll just cut right to the chase on this--there are two lawsuits currently pending. The issue here is the separate and independent requirement. That is the requirement that the agency be separate and independent, and the concern has to do with the relationship between NLN, the trade association, on the one hand, and NLNAC, the accrediting agency, on the other hand.

One of these lawsuits is pending in Georgia; another is pending in New York State. It appears there was some activity in May in the New York case. The Georgia case is stayed pending the New York case. But it's not clear to us on the record before us what activity actually occurred in New York State in May.

It's our understanding that the accrediting agency--the accrediting agency--does not take issue with the finding that it is not in compliance on separate and independent, and indeed the accrediting agency is in this legal dispute with the trade association that formed it precisely for this reason.

It is not exactly clear, though, from the record before us what the concrete details are of the dispute between these two bodies, and so that's the primary issue that we need to look at, whether the agency meets the separate and independent requirement, specifically vis-a-vis NLN, the trade association that formed it.

I would note, too, this is not a new issue. That issue has recurred since 1997. There's been significant back and forth on it between staff of NACIQI, on the one hand, and the agency on the other hand.

So to frame it in the simplest terms, as I understand it, staff and the agency are in agreement, more or less, and the agency is in this legal dispute in an effort to accomplish the goal as it sees it of becoming separate and independent.

I would ask if my co-primary reader has any further comments to add to that?

MR. STAPLES: I don't have much to add at this point. I think the ultimate issue--it may not be within our direct control or jurisdiction--that

the parties will have to determine their legal dispute, and then the Department will have to determine along with us whether the resulting separate and independent status of the accrediting agency is satisfied.

But we'll have obviously our discussion today, and then I think the question will be whether we think that we should give them additional time to come back and try to satisfy that requirement.

CHAIRPERSON STUDLEY: Thank you.

Chuck, we appreciate your presentation. Thank you.

MR. MULA: Good morning, Madam Chair and members of the Committee. My name is Chuck Mula, and I will be presenting a summary of the petition for continued recognition of the National League for Nursing Accreditation Commission, hereafter referred to as NLNAC, or the Commission.

The staff recommendation to the senior Department official is that he continue the recognition of the National League for Nursing

Accreditation Commission and that he grant the Commission its request to expand its scope to include its accreditation of clinical doctoral education programs.

The staff is also recommending that the senior Department official require the agency to come into compliance in 12 months and to provide a compliance report on the issues identified in the staff report.

This recommendation is based on my review of the agency's petition, the supporting documentation and observation of a decision-making meeting, and an agency record and file review at its Atlanta, Georgia location in spring 2012.

While my review of the National League for Nursing Accreditation Commission petition itself found the Commission to be substantially in compliance with the Criteria for Recognition, there are both minor and one serious critical issue that the agency needs to address.

The minor issues fall primarily in the area of the agency's required standards, their

application, and required operating policies and procedures.

The agency needs to provide adequate documentation demonstrating the application of its policies and procedures regarding the training it provides for public representatives serving on its appeal panel; its definition of distance education; its substantive change policy defining the circumstances under which it would cause it to require a program to undergo a new comprehensive evaluation; and accreditation action notification policies and procedures.

A more serious and specific concern is the agency's compliance with the Secretary's separate and independent requirements. While the Commission has demonstrated it has the requisite purpose required by 602.14(a)(3)(i), it does not meet the separate and independent requirements as described in the section.

Department has serious concerns that if NLNAC, as described in its response, continues to be subject to intrusive interference in its

operations by the National League of Nursing, NLN, or any other organization or individual or other than its own Board of Commissioners, it would severely affect the agency's compliance with the Department's conflict of interest and separate and independent requirements.

The Department's primary concerns relate to the provisions of NLNAC's bylaws that require the written consent of the NLN in order for the Board of Commissioners to amend the agency's bylaws itself, which must be changed in order for the Commission to be eligible for recognition.

Staff believes that this provision provides NLN with more authority over NLNAC than NLN would otherwise have by operation of law.

In the context of NLN's reported ongoing interference with the Commission's operating of the agency's accreditation business to the point that legal actions still continue between NLN and NLNAC, the presence of this bylaw prevents the agency from operating in a separate and independent manner required by Title IV statute and regulations.

The NLNAC's bylaws also specifically provide the NLN Board the authority to approve certain portions of NLNAC budget, including overhead allocations, repayment of debt, which violates the Secretary's requirements that there should be no review of the agency's budget by any other entity or organization; and that the NLN Chief Executive Officer shares authority with the NLNAC Executive Committee regarding the performance, evaluation and compensation of the NLNAC Executive Director.

The Department believes that the Commission should have complete control over its own spending, financial operations, and personnel decisions. Currently, the NLNAC bylaws require that the NLNAC Board of Commissioners to be accountable to the principal member, which is defined as NLN, for compliance with business practices, financial policies, human resources, and operating policies and all procedures that are established by NLN.

These provisions that require that the

NLNAC Board to be accountable to NLN are noncompliant with the Secretary's separate and independent definitions.

The Department is concerned that if NLNAC does not expeditiously amend its bylaws to address the Department's concerns regarding its compliance with the Secretary's separate and independent definition, the Commission's accredited institutions and the financial aid students receive would be placed at risk.

For the fiscal year 2011-2012, NLNAC is a gatekeeper for about \$76 million in Title IV funding.

As stated earlier, we recommend that the senior Department official require a compliance report and compliance within 12 months on the issues identified in the staff report.

Agency representatives are here for your questions today.

This concludes my presentation. Thank you.

CHAIRPERSON STUDLEY: Are there any

questions for Chuck Mula at this time? Obviously, you'll have a chance to ask him questions after you hear from the agency representatives, as well, if you'd like to. Okay. Thank you very much, Chuck.

Would the agency representatives please come forward? Good morning. Thank you very much.

DR. TANNER: Good morning, and thank you for the opportunity to be here.

I'm Sharon Tanner, the CEO of NLNAC, and with is Dr. Elizabeth Mahaffey, the Chair of our Board of Commissioners; and also Patrick McKee, our counsel.

I thank you for the opportunity to speak to you. I think the staff, Chuck Mula, summed up very well where we are and why we're here and the issues that we need to address.

I think it might be very helpful if we do separate the issues into major and minor. I thought that was very appropriate, and I would like to address the minor issues first, take the easy road before the hard road.

We appreciate the feedback from the staff.

The four--and they would be technical issues that we have--are not major; they've already been addressed. The first one about the training has already taken place. We just weren't clear that our public members would receive different training than anyone else serving on an appeal panel.

Our agency has been very fortunate. Over the last 15 years, we've had three appeals in 15 years. That's not something that happens very often, but it can happen and does happen, and we were very active and quick to respond to the change in regulations and totally redid our appeal policy in 2010, and you'll see our appeal panel members listed on our Web site.

So the only thing we need to very clear is that if you're a public member, you have to undergo additional training versus the training that someone who had already had our regular training on standards and criteria.

The definition for distance education has been amended. That's already in the glossary and already online. The sub-change policies have

already gone out for public comment. At NLNAC, when we make revisions to the policies, the Board, of course, acts on them first, and then they go out for public comment for 30 days, and then they are put into effect, and so that's already underway, which brings us to the two major issues of separate and independent, and I'm sure that you will have questions about that.

Let me say that the way that we move forward today, we are here to answer any questions you have. Certainly, we'll address Mr. Wu's questions about the action in May. This agency since it was created in '97 as an independent arm of the trade association has had a very successful history in accreditation.

We currently do accredit over 1,200 nursing programs, and we have 200 more in candidacy. I think we serve many purposes for States. We work very closely with the regulatory agencies, and we are the only nursing accrediting agency that serves all nursing program types.

We do serve as the Title IV gatekeeper for

diploma programs and practical programs and allow those students access to Title IV funds. We take our compliance extremely seriously, and I think you will see in the discussion that this agency has done everything possible with the full support of the Board of Commissioners to bring ourself into compliance.

And, yes, the lawsuits did come about because of this agency's intent to be fully compliant with the Secretary's requirements.

So thank you for the opportunity to make those comments, and I know you have questions.

CHAIRPERSON STUDLEY: Are there questions from the Committee? Would you like to start, Frank?

MR. WU: Yes. I'll go ahead and start with two questions. The first is what exactly is the nature of the dispute between these two entities, and the second is what is the status of that dispute?

DR. TANNER: I will answer what the nature of the dispute is, and then I will let Mr. McKee

address exactly what is ongoing. It's the reason that we brought Mr. McKee with us today because I knew that you would have questions, and I'm not an attorney. So I thought he could better answer your questions.

The nature of the dispute is exactly as Mr. Mula described it. We believe to be fully compliant with separate and independent that we should have as an agency total control of our administrative and financial operations, and also which means we would have to have our own bylaws. The bylaws that we now currently have were developed by NLN and given to us. We have not been able to amend or change those bylaws to bring ourself in compliance because we must have the approval of the trade association to do that.

So the nature of the dispute is that we wish to be separate and independent, and let me also speak a little bit to what Mr. Mula was talking about, the history of this issue. In '97, when we were formed, many of us, myself included, were here at this type of meeting. So some of us

have been with this issue a long time and do recall it.

The Department had the trade association come back repeatedly to show that the accrediting arm would be separate and independent, and it took several attempts to show that that had been done. So when he spoke to the long history, it is true that there was much discussion in those early years when NLNAC was formed.

However, we do function in terms of the accreditation decisions. There is no question, and I want to be clear about that, there is no question that there is no interference when it comes to the review of the programs and the accreditation decisions. This is more in the operations of the agency and the oversight into our finances and our administrative functions.

In terms of bringing you up to date of where we are, I'd like Mr. McKee to speak to that, please.

MR. McKEE: I understand Mr. Wu's question about what is the nature of these lawsuits to be

somewhat more specific, and I want to address those specific questions.

First, I do want to correct one thing in your original presentation. There are actually three pending actions in this situation. The first is an action pending in Georgia, and I will discuss that in a moment. The next is an action pending-- it's a mirror action pending in New York City. The third action is an action filed recently by NLN to dissolve the corporate structure of NLNAC and to bring it back into the corporate structure of NLN.

Now, let me address your specific questions. The nature of the action is we filed originally a suit in State court on State court theories. These theories, two theories: one, a detrimental reliance theory; the second is an undue influence theory.

The detrimental reliance equitable estoppel theory is simply this: when NLN appeared before this body back in '97, and thereafter, it made representations to this body that it would create NLNAC as a separate and independent body,

and that it would be autonomous. Based upon those representations, my client has expended extraordinary amounts of money, taken significant actions, hired staff, accredited institutions, in reliance upon those representations.

However, because at the time, NLN retained control over NLNAC by having appointed its Board and having its executive director be an employee of NLN, it imposed upon NLNAC bylaws and contracts that significantly contracted that separate and independent nature.

The contracts were contracts to purchase assets and to license intellectual property and to repay for subleased space. The contracts, because the contracts were entered into by NLNAC at a time when it was controlled by NLN, commits NLNAC to pay in excess of fair market value for the goods and services that are contracted for.

So those are the two causes of action: equitable estoppel and undue influence.

At the time the lawsuit was filed in Georgia, within a week, NLN filed a lawsuit for

breach of those contracts in the State of New York. We filed counterclaims. They filed counterclaims in the Georgia action for breach of contract. So you have, in essence, mirror image lawsuits in the two States.

In addition, in the State of Georgia, NLN removed the action to Federal court. Now, we filed an action to remand; that action is pending. And the reason why the Georgia action is pending is that the court in Georgia, the Federal court in Georgia, wanted to resolve the jurisdictional issue, which is obvious. Now, we have two actions--one pending in New York and one pending in Georgia--to determine whether or not he should proceed in Georgia or whether the New York action should proceed.

Now, while all of that was going on, right after the first of the year, NLN filed an action to dissolve the corporation NLNAC as its--they were and are the sole member of NLNAC--and New York law allows--New York law allows NLN as the principal member to file a dissolution action.

Now, you asked what happened in May?

Well, what happened in May was we argued on May 23 the dissolution action in the New York courts. That decision we expect to come out at any time. Once that decision is rendered, we expect that the court will give significant guidance with regard to how the other lawsuit may or may not unfold.

So we expect once the dissolution action decision is rendered, we will move pretty quickly in the other action in New York, and we expect that that action--discovery has already been done. The action would be either ripe for motion for summary judgment or for trial rather quickly.

MR. WU: If I may, I have just one follow-up question, and this question is just a neutral factual question. You shouldn't infer anything about it as to my thinking or anyone else's thinking on what the separate and independent rule requires.

From what you've just said, what I understand is that the agency has autonomy on the substance of accrediting decisions, that is NLN

doesn't interfere on accrediting decisions. You're nodding yes. Okay.

DR. TANNER: That is correct.

MR. WU: But there is a dispute over significant financial obligations, and it's your view that NLN is controlling or directing the agency as to contractual obligations, real property, and other financial matters, and now NLN is actively seeking to dissolve the agency. Do I have all that correct?

DR. TANNER: That would be correct, that because of the contractual agreement that we were entered into when we were formed in '97 and through those early years of dispute, it requires NLNAC to pay a substantial amount of its income to the trade association, much larger than anything you probably have ever heard of, and so, yes, that would be true.

Also wanting to have say in decisions, administration decisions, and day-to-day operations, and, yes, in real estate, that sort of thing. Yes, sir, you would be correct.

MR. WU: And also in personnel decisions; is that right?

DR. TANNER: Yes.

MR. WU: Okay. I see. Okay. I have no further questions, but I believe my co-primary reader has.

MR. ROTHKOPF: Do you have something to add to that?

MR. McKEE: Yes, I do. I wish to add one thing to that, and that is not only does NLN retain authority over the administrative and financial and personnel, but it also retains the authority to determine how the Board, the governing Board, is elected, and it also retains authority to dismiss the governing Board. So I don't think that that should be left out of the calculus.

MR. ROTHKOPF: Cam.

MR. STAPLES: Although all the intricacies of legal actions are very interesting, when I think about what our role is today, we're sort of in abeyance. I mean the dissolution action could cause your agency to cease to exist and, therefore,

there is no issue of recognition. That's a possibility.

The second possibility is you'll find some way of working out your difficulties. I mean this is a great example of why the courts aren't necessarily the best place to solve a problem, and I realize this is a problem of very longstanding with a lot of issues I'm sure we're not hearing about today. But I guess when I look at our role here, our real question is, is there any possibility--let's assume for sake of argument that the agency is not dissolved because otherwise that would be irrelevant--is there any possibility, within 12 months, given that you've been at odds since 1997, is there any likelihood that you will actually reach some resolution to the legal actions either by trial, which I'd be interested in whether that's a likelihood, or by settlement where you might actually settle this and come before the Department and us with a proposed plan that would bring you into compliance?

DR. TANNER: I think the answer to your

question is absolutely. The May action, we are awaiting the judge's decision, and that decision could come today.

And then is there a chance for settlement after that? Absolutely. Now, I cannot guess what the other agency, how they wish to move forward, but we are both separately incorporated nonprofit agencies who serve nursing education, and certainly Dr. Mahaffey can speak for the Board as the Board Chair, but I have every indication that there's not anyone who doesn't want this resolved as quickly as possible.

And I think clear, what I would call once and for all, if you will, that once these decisions are made, they won't--this conversation won't come back again. And that's what needs to happen, longstanding or not, and that's why my Board voted to go in this direction so that it could be permanently resolved and both agencies could move on and do the work they needed to do for their mission.

Dr. Mahaffey, would you like to speak to

that?

DR. MAHAFFEY: I just wanted to say that legal action was not the first way we tried to resolve this issue. We had several steps that we took so we could resolve it without legal action, but the Board did give our chief executive officer and our legal counsel the direction to move forward so that we could resolve it, but it wasn't the first action that we took.

MR. STAPLES: If I'm hearing you right, you're not suggesting that there will be a settlement. You're suggesting that you'll at some point have two cases that will wind up, and there will be some legal resolution, not that there's a likelihood that you'll actually negotiate an agreement?

DR. TANNER: No, I didn't imply that at all. The dissolution has already been to court. We've already had the hearing. The judge has to make a decision. So that one can't be settled if that's what you're asking me.

MR. STAPLES: No. I'm talking about

assuming you're not dissolved because otherwise it's irrelevant.

DR. TANNER: Okay. Assuming we're not dissolved--thank you.

MR. STAPLES: Is there any conversation? I'm not asking for details, but are you actually discussing settlement where it's likely that it could be resolved in the next several months? Because unless I'm mistaken, the court actions are unlikely to resolve in that time period.

DR. TANNER: Do you want to speak to that, Pat?

MR. McKEE: I actually believe that the court actions could be resolved in that period of time. However, without disclosing anything that's attorney-client privilege, certainly we believe that upon the decision in the dissolution action, the matter would be ripe for resolution by settlement.

MR. STAPLES: Okay. Thank you.

MR. WU: I have a question for the Chair. Do we have any third-party commentators on this

matter?

CHAIRPERSON STUDLEY: No.

MR. WU: I'm just thinking out loud here. I wonder if we should have a sense of what NLN has to say about all this, but if they choose not to appear and comment, that's their business.

I then have a question for this agency, which I would invite the agency to answer or not answer as it deems appropriate. The question is the other accrediting agency in the field of nursing, what is their relationship, if any, or the relationship of individuals affiliated with that accrediting agency with NLN?

Does the question make sense? So there is another accrediting authority that we've recognized in the field of nursing. I'm just wondering is there any relationship between that entity or officials associated with it and NLN that in any way affects your relationship with NLN or the controversies? And if it's not a question that you'd like to answer, you should not feel obligated to answer this question.

Basically, I'm asking is there something that involves the other nursing accrediting agency that is in the background here that we ought to be aware of?

DR. TANNER: I think I know what you're asking, but--and I hope it's a different question than you asked the other agency this morning. But as accrediting agencies, we certainly work together in many, many issues, and there are actually four nursing accrediting agencies because midwifery has been up in front of you and nurse anesthesia so there are a lot of us, but there are a lot of nursing programs, and our missions are very different.

They, as they spoke to this morning, they accredit baccalaureate and higher. We have a wider scope. We're a Title IV gatekeeper. So I would just say that we're all different. But I think what you're asking is about an issue that really generated much discussion by our Board and helped them to make a decision in the legal action, and that is the fact that the trade association does

not require their governing Board to be affiliated with programs that we accredit. I think that's what we're asking. Am I right about that?

MR. WU: So I infer that many of the members of NLN's Board are affiliated with programs accredited by the accrediting agency that was before us earlier; is that--

DR. TANNER: That would be correct, and we, of course, have a Board that--a 15-member Board--that all of the nursing education representatives are from nursing programs that we accredit, and the public members, of course, who can't be affiliated with nursing and nursing service representatives. But that is not true of the trade association.

So did I figure out your question?

MR. WU: Yes, and you need not add to that. Let me just restate the answer as I heard it.

DR. TANNER: Okay.

MR. WU: And I draw no inference from this. This is just a statement of the facts.

DR. TANNER: Okay.

MR. WU: So you have a Board, the members of which are, if they're not public members, associated with institutions that you accredit.

DR. TANNER: Right.

MR. WU: NLN, with which you have various disputes, has a Board, and it has some, perhaps many, members that are affiliated with institutions accredited by a different accrediting agency, not yours.

DR. TANNER: That would be an accurate statement.

CHAIRPERSON STUDLEY: I think to understand that, it would help me--I realize this is, you're speaking on behalf of a different but related entity--what is the mission or umbrella purpose of NLN?

DR. TANNER: NLN is a very--I almost said old, and that's not fair--longstanding agency that serves nurse educators. I've been, I was a member--I was a nurse educator for years and a dean and all those things--and their mission is to provide

nursing education opportunities and recognize the good work of nursing education.

They serve the faculties of the programs in a different way. They are truly a membership, a trade association. So we have very different missions.

CHAIRPERSON STUDLEY: So to follow my colleague and try and restate my understanding to see if it's accurate, NLN is an organization of individuals, of nurse educators, who may work for organizations, institutions, that make a decision about who will accredit their organization or program, a little like an organization of law professors who may be affiliated with any law school, but the law school if there were a choice of accreditors could choose the accreditor that it turned to.

So they are not--they may be, but they are not--they may be organizational representatives, they may be individuals, but they join NLN as individuals, not as, but not as corporate entities?

I don't want to overcomplicate. It's an

individual membership group.

DR. TANNER: I am not really the person to speak to their membership.

CHAIRPERSON STUDLEY: I understand.

DR. TANNER: But the nursing program may join and then the faculty are then members. Is that what you mean by "corporate"?

CHAIRPERSON STUDLEY: There may be institutional and individual memberships within the--

DR. TANNER: Absolutely. There's a variety of different kinds of membership.

CHAIRPERSON STUDLEY: Okay. And some people on their Board may be representatives of institutional members and others may be there as individuals. You don't have to answer that. I'm just thinking out loud. So that's why there may be different choices.

MR. WU: So Cam and I have conferred, and I think we're ready to make the standard motion. The rationale here is this body is not in a position to sort out the legal dispute between NLN,

on the one hand, and the accrediting authority, on the other hand, and until that's resolved, nothing more can be done. The agency agrees with the staff, and the two primary readers do as well, that under the current relationship of these entities, there is not compliance with the separate and independent requirement.

So everyone agrees with that except NLN, which is not here and is actively seeking to dissolve the accrediting agency in front of us. So we would propose just to do 12 months to see if this gets sorted out, either by resolution of dissolution action, which would make everything moot, or if the agency is not dissolved, presumably the agency and NLN in one or the other of the lawsuits or by some settlement discussion will see fit to take care of these issues, and in 18 months they will appear in front of us and indicate how that has been done.

Because as to the bodies now here, there is not any disagreement that separate and independent is not being complied with.

CHAIRPERSON STUDLEY: I appreciate that. I think a motion is a little bit premature at least until I see whether any members of the Committee have questions on other matters related to this agency that have not yet been addressed or for the staff. But I appreciate your letting us know that the primary readers have come to that position.

So, indeed, are there any questions from other members of the Committee for the agency representatives on any other subject?

I do have one, and it's an issue about student learning outcomes just because you have talked about in your licensure expectations referred to a standard of at or above the national mean. And I would just be interested in how you developed that standard and how you use it to think about continuous improvement of the field as well as individual institutions? Really just an invitation to talk about your particular approach to student learning outcomes.

DR. TANNER: Our agency, I think, has had a longstanding--we've taken the stance of learning

outcomes being the primary point of our assessment, and so they've been written into our standards and criteria for many, many years.

They are, of course, developed by the people that we serve. The committees just met. We're in the process of revision for the 2013 standards and criteria. We bring hundreds of people together, and by the way, they are on our Web site if you'd like to go see the proposed first draft of the 2013. They're already out.

We receive anywhere from a thousand to 2,500 sets of comments typically on a first draft of the standards.

CHAIRPERSON STUDLEY: Could you say that again? Roughly how many comments?

DR. TANNER: A thousand to 2,500. Yeah. But first round usually gets about a thousand, 1,100; second round usually gets about 2,000 sets of comments. There are a lot of people in this profession, and we invite students to comment, public, you know, the people served by the nurses that are prepared in the programs, and we get a

wide variety.

But because accredited programs tend to run a much higher mean, if you will, for licensure pass rate than the typical accredited/non-accredited, because not all nursing programs are accredited, by the way, the committee felt like that that was an admirable goal. We look at three-year trend data. We don't look at a single year unless, of course, a program has an action taken by the regulatory agency or has an unplanned substantive change in terms of a significant drop in the rate, and then that's monitored in a whole different way.

But they chose that in 2008, believing that if accredited programs were several points above the national mean, then certainly our programs ought to strive for that, the same with completion rates, the same with employer satisfaction, graduate satisfaction, and that sort of thing, and we give that data back to the programs every year.

You can go online and look at the data for

the last year. Because we do accredit so many nursing programs, we have very good data, and that way a program can compare itself either by State or by region or nationally and in the effort to continuously try to improve. We don't believe licensure rates are the end all to be all. We require programs to have very specific competency-based student learning outcomes.

Licensure rate certainly is one measure of preparation, and it is the gate into the profession to get a license, but we don't allow programs to use that as their only measure of learning. We hope that they strive for more than having their graduates pass a minimum competency exam in order to get a license. Certainly we hope that they do that.

Does that answer your question?

CHAIRPERSON STUDLEY: Yes, that's very helpful. Thank you. Sort of the ultimate Garrison Keillor, all children are above average--

[Laughter.]

CHAIRPERSON STUDLEY: --in the profession.

It's interesting to hear both of you. Are there any other questions?

I just want to make clear, you were also seeking an expansion of scope. Could you just briefly remind us what that's for and why you're seeking that expansion at this time?

DR. TANNER: For clinical doctorate, and we have, we wrote the--I shouldn't say we--the volunteers, the people that we serve, wrote the standards and criteria to accredit clinical doctorate programs in 2007. Those were put in place in 2008, and they have served us very well.

Of course, they're being relooked at and revised in the 2003, and so because nursing, as the other agency spoke to, and I thought did a beautiful job, talking about the changing landscape that we deal with, and all these new clinical doctorate programs are out there, and it's a new role, new place, new day for nursing education, and so we absolutely are involved in the accreditation of those practice doctorate programs.

CHAIRPERSON STUDLEY: Is this the DNP? Is

that what they're referred to?

DR. TANNER: Yes.

CHAIRPERSON STUDLEY: As Doctor of Nurse  
Practice?

DR. TANNER: Uh-huh. It is.

CHAIRPERSON STUDLEY: Okay. Thank you.

Seeing no other questions at this time,  
back to you, Frank, timely.

MR. WU: We make the standard motion for  
12 months.

CHAIRPERSON STUDLEY: Including the  
expansion of scope.

MR. WU: Yes, including the expansion of  
scope.

DR. FRENCH: Second.

[Motion made and seconded.]

CHAIRPERSON STUDLEY: Thank you, George.

Okay. Is there any discussion of this  
motion? I think since it's the standard motion,  
including the expansion of scope, we can vote on  
it. It seems that you are ready. All in favor  
please say aye.

[Chorus of ayes.]

CHAIRPERSON STUDLEY: Opposed?

[No response.]

CHAIRPERSON STUDLEY: Thank you very much.

DR. MAHAFFEY: Thank you, and we look forward to presenting our information when we come back in 18 months. We appreciate all the deliberation and your decision.

CHAIRPERSON STUDLEY: Thank you, and thank you for the clarifications, and thank you to the readers. We had the right team on this one.

**NACIQI Motion:**

**I move that the NACIQI recommend that the NLNAC recognition be continued to permit the agency an opportunity to within a 12 month period bring itself into compliance with the criteria cited in the staff report and that it submit for review within 30 days thereafter, a compliance report demonstrating compliance with the cited criteria and their effective application. Such continuation shall be effective until the Department reaches a final decision.**

CHAIRPERSON STUDLEY: With that, our review of agencies is complete for this meeting. We have just a few process items, and, Carol, is there anything that you want to say about the scheduling for the next meeting? Do you need people to get back to you about their availability, and is there anything else that you want to remind us of at this point?

I have just a couple of points before we close.

MS. GRIFFITHS: For the members and those in attendance, the next scheduled meeting is December 11 and 12, 2012. That was based on members' availability. Those dates were selected, and we have almost 100 percent planned to attend at this point in time.

As for the other things, I would remind members to--we're looking now--and start looking at spring 2013. So please don't forget to get those dates of availability in.

CHAIRPERSON STUDLEY: Right. Did I notice a form in our folder that requests those dates?

That's what I was thinking of. So please return those for the meeting further ahead since agencies do their planning based on--both the staff and the agencies plan around the dates that we set.

We have had suggestions both in this conversation and through our reauthorization conversation, some ideas that may or may not be reauthorization specific, some about the administrative process that we use, things that we can by regulation or conversation with the staff effect.

We did not plan a session here at this meeting for us to have a discussion about those, but we have recorded the ones that came up here. We're going back to our notes to look at other suggestions that have come up through the whole process of thinking about the HEA report to the Secretary about statutory changes.

There are also other suggestions that agencies made in their comments that fit in this category, and we are very mindful that there are things that we might be able to effect, suggest,

encourage, or change in our own practice and process, that that would make this overall process either go more smoothly, allow us to participate in just the right time with the right stage of information before us, and/or that might reduce the responsibilities or make our process clearer or make things go smoothly or with less burden on the agencies.

And all of those are appropriate as long as they are consistent with maintaining or increasing the quality of our oversight for the Title IV gatekeeping function.

We, in consultation with the staff and the General Counsel's Office, will work on ways to advise you of what those are, what we have thought about, and get your thoughts about which ones of them we want to proceed with, possibly with the idea of having, noticing a segment of our meeting in December where we could have a conversation about these ideas or take them with staff assistance to the point that we can actually have some options before us in December.

So I say that because we obviously want to observe the FACA requirements. We will not have off-line meetings of the group, but we may be able to solicit your comment or have a subcommittee do some homework to bring things to us in a way that we can have the most effective possible conversations and use some of this learning that has to do with improvements for the system that were not appropriate as part of our HEA reauthorization process.

Anybody have any either comments, questions on that or on anything else before we conclude our meeting for today? Any members of the Committee?

MR. ROTHKOPF: I just had a question.

CHAIRPERSON STUDLEY: Arthur.

MR. ROTHKOPF: Is there something that we received that I couldn't find on scheduling the next meeting in June of next year? Or did I misunderstand that.

MR. WU: It's a blank calendar.

MR. ROTHKOPF: I don't think I have--

MR. WU: It's inside the yellow folder.

CHAIRPERSON STUDLEY: Okay. If you don't have one of those, Arthur, we'll be sure to find out your schedule.

MR. ROTHKOPF: Thank you.

CHAIRPERSON STUDLEY: Anyone else on staff? Is there anything that we should be doing to appropriately wrap this meeting up? Any comments from any of the Committee members? Seeing none, I just want to thank you all again. I know this is a busy time of year. It's a big chunk of time, and the preparation is substantial to be able to do as thoughtful and thorough job as you all do.

So my thanks to the Committee members, my thanks to you who are here for your attention and interest, and symbolically to the others whom you represent who participated in this meeting.

And with that, this meeting is adjourned.

Thank you very much.

[Whereupon, at 12:25 p.m., the NACIQI meeting was adjourned.]