



May 7, 2026

VIA EMAIL
mabelloso@urbeadvance.com

Ms. Maria Belloso
President
Be Advance
11430 NW 20 Street, Suite 140
Sweetwater, FL 33172

**Re: Initial Accreditation Denied
Appealable (Not a Final Action)
One-Year Restriction on Reapplication Waived
ACCET ID #1666**

Dear Ms. Belloso:

This letter is to inform you that at its April 2026 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Be Advance, located in Sweetwater, FL, and voted to waive the one-year restriction on reapplication and to allow the institution to reapply for initial accreditation at any time, with an initial application fee at the member rate.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted February 18-19, 2026), and the institution's response to that report, received March 31, 2026. It is noted that a few of the weaknesses cited in the team report were met or partially addressed in the institution's response to that report. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures and, therefore, failed to demonstrate that it meets all eligibility requirements for accreditation, as required in ACCET Document 1 – The Accreditation Process, as noted below.

1. Standard II.C. Human Resource Management

The institution failed to demonstrate that it implements written human resource policies and procedures to ensure that personnel are effectively evaluated at least annually.

The team report indicated that, at the time of the visit, not all staff and faculty had been evaluated within the past 12 months as required by the Standard. Specifically, none of the three instructors had been evaluated. Moreover, it was unclear when many staff and faculty began working at Be Advance or transitioned from URBE University, another entity under the same ownership.

In its response, the institution indicated that several employees originally worked for Be Advance Corporation during its early community-service phase, prior to the formal establishment of Be Advance Institute. During that period, the organization provided community workshops, conversational English sessions, and educational support activities that were not part of a structured academic program. It noted that, as the scope of services expanded, the corporation established Be Advance Institute and developed a

structured Intensive English Program. Some personnel continued working with the new entity. It added that a formal annual evaluation system was implemented as part of the initial accreditation process. This included completion of current evaluations for all active personnel, inclusion of evaluation forms in each personnel file, establishment of an annual evaluation schedule, and administrative training on ACCET personnel documentation requirements. The response indicated that all personnel files now contain the required documentation, and the institution has established procedures to ensure ongoing compliance.

The institution provided a copy of its policy on employee annual evaluations and a copy of the same ACCET Document 21 – Personnel File/Qualification Checklist included in the original team report. However, no documentation was provided to demonstrate the systematic and effective implementation of the corrective actions noted in the response.

Therefore, the institution failed to demonstrate full compliance with Standard II.C. Human Resource Management.

2. Standard II.D. Records

The institution failed to demonstrate that it has an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner, and that is readily available for access and review by appropriate parties.

The team report indicated that ledger cards and attendance records were not readily available to the team. In addition, the team found inconsistencies in some attendance records, e.g., [REDACTED] was marked absent on two national holidays, while [REDACTED] and [REDACTED] were marked present on the same days.

In its response, the institution indicated that it implemented a new Student Information System, Populi, before the evaluation visit. It noted that Populi enhances attendance tracking and ensures easier access to records. The institution also noted that it revised its attendance policy to ensure that holidays occurring during the academic week are recorded as “excused.” The response stated that all faculty completed training on attendance procedures; a copy of the training PowerPoint and the updated attendance procedures were included as exhibits. However, no documentation was provided to demonstrate the systematic and effective implementation of the new Student Information System or the updated attendance policy and procedures.

Therefore, the institution failed to demonstrate full compliance with Standard II.D. Records.

3. Standard II.G. Emergency Preparedness

The institution failed to demonstrate that its emergency preparedness plan is appropriately communicated to staff, faculty, and students and provides for short-term and long-term flexibility as necessary for student, faculty, and staff safety and the minimization of disruption to operations and educational delivery.

The team report indicated that the institution's emergency preparedness plan covered multiple emergency situations, but it did not provide for short-term and long-term flexibility as necessary for student, faculty, and staff safety and the minimization of disruption to operations and educational delivery.

In its response, the institution indicated that it has implemented an alternate instructional site plan, which was provided as an exhibit. The updated plan indicates that if there is an emergency that keeps the school closed, students will relocate to the Miami Public Library in Doral, Florida, to ensure continuity of instruction. The plan also includes the use of remote instruction if in-person classes at the library are not feasible. However, an institution must receive ACCET approval prior to offering interactive distance learning. In addition, the response did not include evidence that the updated plan has been shared with staff, faculty, and students.

Therefore, the institution failed to demonstrate full compliance with Standard II.G. Emergency Preparedness.

4. Standard III.B. Financial Procedures

The institution failed to demonstrate that it implements cancellation and refund policies that comply with accreditation requirements.

The team report noted that the institution's policy is not prorated through at least 50% of program completion, as required by ACCET Document 31.ESOL – Cancellation and Refund Policy. Additionally, withdrawal requests must be submitted in writing in order to receive a refund, contrary to ACCET Document 31. The team further noted that the institution's enrollment agreement did not clearly specify which fees are non-refundable. Finally, the team found that refund calculation worksheets were not utilized, as required by ACCET policy.

In its response, the institution indicated that the refund policy and enrollment agreement were updated to ACCET standards. It stated that withdrawal requests are no longer required to be made in writing. It also noted that a calculation worksheet will be used to make refund calculations, and a sample refund calculation worksheet was provided, showing a hypothetical refund. Further, a copy of the institution's updated policy was provided, along with a sample blank enrollment agreement. However, the response did not demonstrate that the policy has been implemented, as no completed enrollment agreements were provided, nor was any documentation provided to show that the updated policy had been shared with current students or that training on the new policy had been conducted with staff. In addition, the institution's revised policy allows an additional 10% of unearned tuition to be retained, up to a maximum of \$1000, which is non-compliant with ACCET Document 31.ESOL – Cancellation and Refund Policy.

Therefore, the institution failed to demonstrate full compliance with Standard III.B. Financial Procedures.

5. Standard VI.B. Supervision of Instruction

The institution failed to demonstrate that, at least annually, qualified supervisors conduct and document an in-class observation, and review that classroom observation with the instructor, to include any administrative responsibilities as applicable to the institution and any collected student feedback.

The team report indicated that the institution had no written policy determining when, how often, and by whom the instructional staff should be observed. The report noted that when the instructional personnel were asked, they were unsure how they were observed. The report stated that while completed observations were available, there was an issue with the dates of an observation for instructor [REDACTED], which was signed before the date of the observation.

In its response, the institution indicated that it has taken steps to improve faculty observation and evaluation procedures. It stated that the previous combination of informal and formal conversations caused some confusion among faculty, so the institution has conducted updated training on classroom observation and created a faculty observation policy to clarify the process. The new policy requires that faculty receive a copy of their observation. A copy of the training PowerPoint was included as an exhibit. However, the institution did not address the timing concerns regarding [REDACTED] observation. In addition, the institution did not provide evidence of faculty attendance at the training, copies of completed observations, or a schedule of future observations to demonstrate systematic and effective implementation of its revised classroom observation policy.

Therefore, the institution failed to demonstrate full compliance with Standard VI.B. Supervision of Instruction.

6. Standard VI.C. Instructor Orientation and Training

The institution failed to demonstrate that it implements a written policy for the effective orientation and training of instructional personnel to ensure consistent and effective instruction.

The team report indicated that the institution had no policy for the orientation of instructional personnel. One instructor indicated to the team that they completed paperwork upon hiring and received the teaching materials but received no formal training or initial observations.

In its response, the institution indicated that although all current faculty have been with the institution for some time, they have completed a newly developed Faculty Orientation Training. This orientation is delivered as a course in the institution's LMS and includes tasks requiring faculty to acknowledge various policies and procedures. It also provides an introduction to instructional expectations, curriculum materials, classroom procedures, and observation processes. However, while the response included screenshots of sample pages of the course and the new orientation policy, no documentation was provided to demonstrate that current or new faculty have completed the course as presented.

Therefore, the institution failed to demonstrate full compliance with Standard VI.C. Instructor Orientation and Training.

7. Standard VII.A. Recruitment

The institution failed to demonstrate that its advertising and promotional materials, including web content, catalog, and social media postings, make only justifiable and provable claims regarding the courses, programs, and other benefits.

The team report indicated that the institution's current catalog included misrepresentations of its curricular offerings, e.g., "Continuing Education Opportunities" or "Language Proficiency Certification," which were not being offered by the institution at the time of the evaluation visit. The team report also stated that the institution's website contained a number of broken links.

In its response, the institution indicated that it conducted a thorough search using the terms "Continuing Education Opportunities" and "Language Proficiency Certification" to ensure that all instances have been removed, providing a list of terms and phrases that were removed as a result of this search. In addition, the institution stated that it has verified that all links on the website are now functional. However, while the language noted in the list reflects the team's citations, a copy of the revised catalog was not provided. As a result, the Commission could not verify that the language had been removed. In addition, as of the date of the Commission's review, the website still had broken links. For example, at the bottom of the home page, all links under "Information" referred to an expired domain.

Therefore, the institution failed to demonstrate full compliance with Standard VII.A. Recruitment.

8. Standard VII.B. Admissions/Enrollment

The institution failed to demonstrate that its written enrollment agreement clearly identifies the rights, obligations, and responsibilities of all parties and that all costs are stated in clear and explicit language.

The team report indicated that the institution's enrollment agreement did not include a section on deposits and balances. It also noted that the payment section referred to financial aid, but the institution does not participate in any financial aid programs.

In its response, the institution indicated that language related to financial aid was removed from the enrollment agreement, and the enrollment agreement and refund policy were updated to match ACCET standards. A copy of the updated enrollment agreement was provided as an exhibit. However, the updated agreement notes that all fees and tuition are due before the start, "unless other arrangements are made." While it may be inferred that other arrangements are a payment plan mentioned further in the agreement, this is not clear to prospective students. In addition, the first page of the agreement includes a "Program" section, listing Undergraduate, Graduate, Transfer, and Re-entry, but the institution does not offer undergraduate or graduate-level programs.

Finally, no examples of executed enrollment agreements were provided to demonstrate implementation of the updated agreement.

Therefore, the institution failed to demonstrate full compliance with Standard VII.B. Admissions/Enrollment.

9. Standard VIII.A. Performance Measurements

The institution failed to demonstrate that it implements performance measurements that are written, periodically evaluated, and updated to ensure instructional effectiveness.

The team report indicated that the institution did not provide a rubric for its level placement exam or a written policy describing how students are placed following the results of this test. Further, the team noted that the placement examination lacked a speaking component.

In its response, the institution indicated that it has created a formal Student Orientation and Placement Policy, which includes a scoring rubric that defines placement into the six proficiency levels. The exam now includes a speaking component to assess oral proficiency. The policy included a standardized process for assigning students to the appropriate level, to be documented in Populi. The new policy and scoring rubric were attached as exhibits; however, the institution did not provide documentation to demonstrate the systematic and effective implementation of the institution's new policy and rubric.

Therefore, the institution failed to demonstrate full compliance with Standard VIII.A. Performance Measurements.

10. Standard VIII.B. Attendance

The institution failed to demonstrate that it establishes and implements written policies and procedures for monitoring and documenting attendance to ensure that student attendance and participation are consistent with accreditation requirements, including, at a minimum, the required student attendance rate established by the Accrediting Commission.

The team report indicated inconsistencies in written attendance policies across documents. The Student Handbook stated that students must attend at least 80-85% of classes per level. Other documents stated that 80% was necessary. The Student Handbook also stated that three unexcused absences would result in a written warning, and five unexcused absences would trigger an academic probation. The institution did not provide evidence that these policies were communicated to and implemented by instructional staff. Finally, on the first day of the visit, a class scheduled to start at 17:00 started at 17:30, with no prior notice.

In its response, the institution indicated that it has revised its attendance policy to address the concerns identified by the team. The updated Attendance Policy established a minimum attendance requirement of 80% for each level. It noted that this requirement was

updated across all institutional documents, including the Student Handbook. In addition, the response stated that the revised policy removed conflicting language related to unexcused absences and replaced it with a framework based on overall attendance percentage, excused absence criteria, and maximum consecutive absences, with defined consequences. The response further noted that attendance is now tracked daily by instructors using both digital and paper-based systems, with weekly reporting to the Academic Director. The response included a copy of the updated policy; however, no documentation was provided to demonstrate the policy's systematic and effective implementation.

Therefore, the institution failed to demonstrate full compliance with Standard VIII.B. Attendance.

11. Standard VIII.C. Student Progress

The institution failed to demonstrate that it effectively monitors, assesses, and records the progress of students utilizing an educationally sound and clearly defined assessment system.

The team report identified issues with three students who were repeating level A2. Their files included Academic Improvement plans, which stated that they were repeating due to low attendance in the course. However, the students' recorded attendance showed that their attendance was above 80%. The same students were observed in a lesson using B1 course material, though the record indicated that they were repeating level A2.

In its response, the institution indicated that it has implemented a revised Satisfactory Academic Progress (SAP) Policy to ensure clear, consistent, and enforceable standards for level advancement, under which students are required to meet both a minimum 70% final grade of 70% and 80% attendance to progress to the next level. The policy also explicitly states that students must progress to the next level if completed with a passing grade. A copy of the policy was included as an exhibit. However, the response included no documentation to demonstrate the systematic and effective implementation of the revised policy. Further, it did not address the issues cited in the original team report regarding the three students repeating levels.

Therefore, the institution failed to demonstrate full compliance with Standard VIII.C. Student Progress.

12. Standard IX.A. Student Satisfaction

The institution failed to demonstrate that it establishes and implements written policies and procedures that provide an effective means to regularly solicit, assess, document, and validate student satisfaction relative to the quality of education, training, and student services provided through interim student evaluations and a final evaluation upon completion of the term of enrollment.

The team report indicated that the institution was not conducting interim student satisfaction surveys, as required by the standard.

In its response, the institution provided documentation of interim student satisfaction surveys. However, the institution did not provide a policy to indicate when the survey will be administered to students. Further, the institution did not provide documentation of a review and analysis of surveys to demonstrate that student feedback is utilized to improve the education, training, and student services provided by the institution.

Therefore, the institution failed to demonstrate full compliance with Standard IX.A. Student Satisfaction.

Denial of Initial Accreditation: Since denial of accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The complete procedures and guidelines for appealing the decision are detailed in ACCET Document 11 – Policies and Practices of the Accrediting Commission, available on our website at www.accet.org.

Appeals Request: To initiate an appeal, the institution must file a written request for an appeal to the Accrediting Commission, **within fifteen (15) calendar days** after receipt of this letter. The request for an appeal must include the electronic submission of the following documents: (1) a signed affidavit by an authorized representative of the institution, indicating that a notice of the denial of accreditation, has been disclosed to all current and prospective students **within seven business days** of receipt of the decision, prominently published on the institution's website, and posted in a conspicuous place at the institution, to include, at minimum, the admission office and the student lounge or comparable location, notifying interested parties of the Commission's adverse action; (2) a teach-out plan in accordance with ACCET Document 32 – Teach-Out/Closure Policy, to ensure that students are afforded an opportunity to successfully complete their training in the event of the institution's closure; and (3) verification that the institution has no outstanding financial obligations owed to ACCET.

The documentation should be compiled as a single .pdf file. Each exhibit should be distinctly labeled, numbered, and sequenced. Please insert bookmarks for each exhibit and ensure that the compiled response is uploaded using the following link:

Appeals Request Upload link: <https://www.dropbox.com/request/owwNFFSirPC8ai6OKh25>

Appeals Fee: Upon receipt of the complete request for an appeal, as described above, an electronic invoice in the amount of \$9,500 will be issued. Payment is due upon receipt to initiate the appeal.

Appeals Brief: If an appeals request is received, an upload link will be provided for submitting the appeals brief documentation electronically.

In the event of an appeal, a written statement outlining the grounds for the appeal and supporting documentation must be submitted to the ACCET office within sixty (60) calendar days of receipt of this letter. The documentation should be compiled as a single .pdf file, beginning with the written rationale, followed by the main narrative update, and then the supporting documentation. Each exhibit should be clearly labeled, numbered, and sequenced. Please include bookmarks for each exhibit. If an appeals request is received, an upload link will be provided for submitting the appeals brief documentation electronically.

The appeal process allows for the institution to provide clarification regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny accreditation, which is the last date of the Commission meeting. The appeals panel may only consider whether the Commission's denial of accreditation was supported by the evidence that was before the Commission when it acted. The Panel may not consider evidence that occurred after the date of the Commission action, except as indicated below. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III.A. Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III.A. Financial Stability, with the institution's non-compliance with Standard III.A. the sole deficiency warranting a final adverse action.
- The financial information was unavailable to the institution until after the Commission's decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process.
- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

The grounds for appeal shall be that the Commission's adverse decision should be reversed as erroneous on the basis of the record before the Commission at the time of the decision. The appeals process does not allow for consideration of changes to the effective date of the decision to deny or withdraw accreditation. Additional evidence, if any, may be submitted in the appeals brief if the original evidence on the record at the time of the Commission's decision was erroneous. After the submission deadline for the written statements of the grounds for appeal and exhibits, no additional written information and/or exhibits may be provided, unless they are received by ACCET at least two weeks prior to scheduled hearing, and the institution can show, to the satisfaction of the Appeals Panel Chair, that such information was not available before the initial submission date and failure to make a timely submission was beyond the institution's control. An exception may be made for information and/or exhibits pertaining to findings of violation of Standard III.A. Financial Stability.

Initial applicants are advised that, in the instance of an appeal following a denial of accreditation, in accordance with ACCET policy, the institution may not make substantive changes to its operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

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It remains our hope that the accreditation evaluation process has served to strengthen your institution's commitment to and development of administrative and academic policies, procedures, and practices that inspire a high quality of education and training for your students.

Should you have any questions or need further assistance, please contact the ACCET office at info@accet.org or 202-955-1113.

Sincerely,



Res Helfer
Executive Director

RH/sf

cc: Accreditation Group, US ED (aslrecordsmanager@ed.gov)