



May 7, 2026

VIA EMAIL
wsnowton@careertrainingcct.com

Ms. Wanda Snowton
President/Director
Center for Career Training
6500 Northwest Drive, Suite 355
Mesquite, TX 75150

***Re: Initial Accreditation Denied
Appealable (Not a Final Action)
ACCET ID #1670***

Dear Ms. Snowton:

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 Center for Career Training, located in Mesquite, TX.

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 (on-site visit conducted January 22-23, 2026), and the institution's response to that report, received March 25, 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.B. Institutional Management

The institution failed to demonstrate that it develops and effectively implements policies and procedures within an organizational framework that is clearly defined, understood, and effective.

The team report indicated that written policies and procedures were not provided for many areas, including scholarships, course development and design, instructor orientation and training, attendance monitoring, academic progress monitoring, and qualifications for the supervision of instruction.

In its response, the institution indicated that written policies and procedures are available and accessible to faculty and staff, providing copies of the policies that were not provided to the evaluation team. However, all policies included in the institution's response to this Standard were incomplete. The Director's Scholarship policy lacks specific eligibility

criteria related to qualifications and what constitutes financial difficulty. The Curriculum Policy does not specify the process for reviewing and/or revising curricula. The Supervision of Instructors Policy reads like a job description for an instructional supervisor rather than a procedure for conducting supervisory responsibilities. The Attendance Policy does not include a description of how students are informed, on a regular and timely basis, of their progress in meeting the requirements of attendance. Additionally, the policy indicates that “Make-up work must be supervised by the instructor and can be authorized in mitigating circumstances for the purpose of removing 5% of the absences,” which does not comply with ACCET Document 35 – Policy on Attendance Requirements. The policy is also inconsistent with the Attendance Monitoring and Documentation Policy found in the Orientation and Ongoing Training document. Further, the Satisfactory Academic Progress Policy does not specify a qualitative measure and instead refers to the catalog and course syllabi.

Therefore, the institution failed to demonstrate full compliance with Standard II.B. Institutional Management.

2. Standard II.C. Human Resource Management

The institution failed to demonstrate that it develops and implements written human resource policies and procedures relative to faculty personnel records and professional development.

The team report indicated that clear faculty personnel records and ACCET Document 21 – ACCET On-Site Visit – Personnel File/Qualifications Checklist were not provided, and that faculty listings in the catalog and on the organizational chart were inconsistent.

In its response, the institution provided ACCET Document 21 and several resumes and Faculty/Administrative Personnel Forms. However, the Document 21 provided does not include complete hire dates, work experience timeframes, or specific in-service and professional development details.

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

3. 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.

The team report indicated that records were incomplete and not maintained as detailed in the institution’s ASER.

In its response, the institution provided a photo of its filing cabinet and indicated that it does have an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner. However, documentation was not provided to evidence complete records.

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

4. Standard II.E. Communications

The institution failed to demonstrate that it ensures regular and effective communication among appropriate members of the institution on pertinent aspects of its operations.

The team report indicated that the on-site visit team observed inconsistent knowledge-sharing relative to institutional procedures, lesson plans, class schedules, and the attendance policy.

In its response, the institution indicated that the weakness will be a focus for improvement, and meeting minutes were provided for a meeting from October 30, 2025. However, sufficient documentation was not provided to demonstrate systematic implementation of effective communication procedures.

Therefore, the institution failed to demonstrate full compliance with Standard II.E. Communications.

5. Standard III.C. Financial Assistance/Scholarships

The institution failed to demonstrate that institutional scholarships are responsibly administered and are governed by a written policy and procedure.

The team report indicated that a policy for the institution's Director's Scholarship was not provided.

In its response, the institution provided the Director's Scholarship policy; however, it lacks specific eligibility criteria related to qualifications and what constitutes financial difficulty.

Therefore, the institution failed to demonstrate full compliance with Standard III.C. Financial Assistance/Scholarships.

6. Standard IV.A. Educational Goals and Objectives

The institution failed to demonstrate that its programs and courses have measurable educational goals and objectives or curricular content and learning experiences that are structured in a form appropriate for Interactive Distance Learning (IDL).

The team report indicated that program names and clock hours were inconsistent across various documents. Further, policies were not provided regarding course design and development or the IDL modality. The training schedule during the on-site visit was not clear, and IDL classes were not available for observation.

In its response, the institution provided updated sample syllabi to evidence the addition of course objectives. A Standard IV Curriculum Policy was provided; however, it does not specify the process to review and revise curricula. Sufficient evidence was not provided to address all areas of the weakness, including the inconsistencies with program names and clock hours, course design and development, the training schedule and lack of classes available to observe during the on-site visit, or IDL requirements per ACCET Document 25 – Policy for New, Revised, and Existing Programs/Courses. The Commission notes that a Word document was provided with various links to other documents; however, the links appeared as photos and could not be clicked, opened, or downloaded.

Therefore, the institution failed to demonstrate full compliance with Standard IV.A. Educational Goals and Objectives.

7. Standard IV.B. Program/Instructional Materials

The institution failed to demonstrate that program materials, syllabi, lesson plans, instructional guides, and texts demonstrate the appropriate scope, sequence, and depth of each program.

The team report indicated that lesson plans were not provided and that syllabi were inconsistent, incomplete, and unclear. Further, the team was informed that downloadable reference material is available via links with a code that the students receive from the institution; however, no such materials were provided to the team.

In its response, the institution indicated that course objectives are listed on each syllabus, and measurable educational goals have been added to all programs. A variety of sample syllabi were provided; however, they are inconsistent with regard to structure and formatting. Additionally, daily course outlines lack appropriate scope and depth and do not specify how lessons will be delivered.

Therefore, the institution failed to demonstrate full compliance with Standard IV.B. Program/Instructional Materials.

8. Standard IV.D. Curriculum Review/Revision

The institution failed to demonstrate that it has effective written policies for regularly monitoring and improving the curriculum.

The team report indicated that the involvement of subject matter experts in the development of curricula was not demonstrated, and meeting minutes did not indicate conversations related to curriculum development or revision.

In its response, the institution indicated that curricula are reviewed annually; however, documentation was not provided to evidence that curricula have been reviewed in the last 12 months. A Standard IV Curriculum Policy was provided; however, it does not specify the process for regularly reviewing and revising curricula.

Therefore, the institution failed to demonstrate full compliance with Standard IV.D. Curriculum Review/Revision.

9. Standard V.A. Instructional Methods

The institution failed to demonstrate that written policies and procedures are in place to ensure that the curricula are followed and consistently applied by all instructional personnel or that specific instructional methodology is used for classroom instruction.

The team report indicated that no written policies and procedures are in place to ensure that the curriculum is consistently applied by all instructional personnel. Further, only residential courses were being taught at the time of the visit; no IDL courses were offered. The institution did not demonstrate that a specific instructional methodology is used. The faculty teaching during the observation did not appear to have taught previously, as prior student feedback provided was only for the institution's Director.

Finally, the two courses observed by the team appeared to be for demonstration purposes rather than regularly scheduled classes. Further, no IDL courses were available for review or observation.

In its response, the institution described instructor qualifications, provided syllabi and lesson plans, and provided its Satisfactory Academic Progress Policy. However, the institution did not address the team's concern regarding instructors, methodology, or regularly scheduled classes.

Therefore, the institution failed to demonstrate full compliance with Standard V.A. Instructional Methods.

10. Standard V.B. Equipment, Supplies, and Learning Resources

The institution failed to demonstrate that equipment, supplies, and other learning resources support the goals and objectives of the programs offered.

The team report indicated that students did not have access to the equipment necessary for the learning process and preparation for entering the workforce upon completion. For

example, equipment such as scales, counting trays, capsule fillers, or medication containers was not available to students or observed by the team.

In its response, the institution indicated that some missing items have been replaced and that others have been ordered. A photograph of medicine bottles, a scale, and a counting tray was provided; however, sufficient evidence was not provided to demonstrate that adequate, appropriate, up-to-date, and functional equipment and supplies are readily available for instructor and student use.

Therefore, the institution failed to demonstrate full compliance with Standard V.B. Equipment, Supplies, and Learning Resources.

11. Standard VI.C. Instructor Orientation and Training

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

The team report indicated that no evidence was provided to demonstrate the onboarding process, regular internal training, or professional development opportunities for faculty.

In its response, the institution indicated that it has comprehensive written policies for the orientation and training of instructional personnel. A Supervision of Instructors Policy was provided; however, it reads as a job description for an Instructional Supervisor, without detailed procedures to guide oversight responsibilities. An Orientation and Ongoing Training policy was provided; however, no documentation was provided to evidence systematic and effective implementation.

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

12. Standard VII.A. Recruitment

The institution failed to demonstrate that its catalog is consistent with ACCET Document 29 – Catalog Guidelines and Checklist.

The team report indicated numerous areas of noncompliance with Document 29:

- The auxiliary classroom located at 6500 Northwest Drive, Suite 159, Mesquite, TX 75150 was not listed.
- A statement outlining institutional ownership was not included.
- A summary (by program) was not included regarding any conditions and relevant state requirements that may adversely impact the students' ability to benefit from training, sit for certification/licensure examinations, if applicable, and/or work in the field (e.g.,

felony conviction), in accordance with ACCET Document 30 – Policy on Recruiting, Advertising, and Promotional Practices.

- Admission procedures for students with special needs were not included, including a description of any special accommodation offered to facilitate enrollment and training.
- A non-discrimination statement was not included.
- The Credit for Previous Training policy did not include provisions that facilitate students transferring *from* the institution.
- Program names and clock hours were inconsistent and not aligned with ACCET’s Accreditation Management System (AMS).
- A statement regarding students’ right to access their records was not included.
- The Satisfactory Academic Progress Policy did not comply with ACCET Document 18 – Satisfactory Academic Progress Policy.
- The Attendance Policy did not comply with ACCET Document 35 – Policy on Attendance Requirements.
- The Leave of Absence Policy did not comply with ACCET Document 36 – Leave of Absence Policy.
- The breakdown of program fees did not include an itemized cost of books and supplies for each program. Further, payment periods or periods of obligation were not included.

In its response, the institution provided an updated catalog, indicating that it had been revised to meet the requirements of Document 29. It is noted that ACCET Document 29.1 – Enrollment Agreement Checklist was provided, not the corresponding Document 29. The Commission notes that while some revisions were made, many areas remain noncompliant:

- *Program names and clock hours remain inconsistent and are not aligned with ACCET’s Accreditation Management System (AMS).*
- *The Satisfactory Academic Progress Policy does not comply with ACCET Document 18 – Satisfactory Academic Progress Policy. The policy does not specify a qualitative measure and instead refers to the catalog and course syllabi.*
- *The Attendance Policy does not comply with ACCET Document 35 – Policy on Attendance Requirements. The Policy indicates that “Make-up work must be supervised by the instructor and can be authorized in mitigating circumstances for the purpose of removing 5% of the absences,” which is not aligned with Document 35.*
- *The Leave of Absence Policy does not comply with ACCET Document 36 – Leave of Absence Policy, which requires a written request for the LOA.*
- *The breakdown of program fees does not include an itemized cost of books and supplies for each program. Further, payment periods or periods of obligation are not included.*

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

13. Standard VIII.A. Performance Measurements

The institution failed to demonstrate that it has an educationally sound, written assessment system appropriately related to programmatic performance objectives.

The team report indicated that the grading scale, criteria, and weighting provided by program were inconsistent, and the means of assessment were not provided for the team's review. For example, the institution's catalog reflects a maximum numerical grade of 100, while the syllabi may reflect 300 or 150.

In its response, the institution provided a revised Grading Scale Policy; however, it is inconsistent and does not specify grading criteria or the weighting of performance measurements.

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

14. Standard VIII.B. Attendance

The institution failed to demonstrate that there are written policies and procedures for monitoring and documenting attendance.

The team report indicated that the institution's policy was not consistent with ACCET Document 35 – Policy on Attendance Requirements. Specifically, the policy did not include a method of tracking attendance that permits third-party review, an excused absence description, a make-up policy, or a description of how students will be informed, on a regular and timely basis, of their progress towards meeting the attendance requirements.

In its response, the institution provided its attendance policy, catalog, and class rosters for 10 classes. The attendance policy indicates that "Make-up work must be supervised by the instructor and can be authorized in mitigating circumstances for the purpose of removing 5% of the absences," which is not aligned with ACCET Document 35 – Policy on Attendance Requirements. The policy is also inconsistent with the Attendance Monitoring and Documentation Policy found in the Orientation and Ongoing Training document. Further, the class rosters provided include the same 11 students across three classes, all of which were scheduled for the same dates and times.

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

15. Standard VIII.C. Student Progress

The institution failed to demonstrate that student progress is documented consistently in accordance with established program outcomes.

The team report indicated that student files were incomplete and did not include evidence that progress is assessed on a regular basis.

In its response, the institution indicated that progress reports were not included in student files because all students exceeded the minimum 2.0 grade point average requirement. The institution indicated that progress will be reviewed for all students moving forward; however, documentation was not provided. A Satisfactory Academic Progress Policy was provided; however, it does not specify a qualitative measure and instead refers to the catalog and course syllabi.

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

16. Standard IX.D. Completion and Job Placement

The institution failed to demonstrate that it established and implemented written policies and procedures that provide effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and placement rates, as applicable; that the number of students who complete the programs and courses in which they enroll is consistent with the benchmarks established by the Accrediting Commission; and that the quality of such programs is validated by positive training-related outcomes consistent with the benchmarks established by the Accrediting Commission.

The team report indicated that the institution reported 0% placement rates for all programs for calendar year 2024 and partial year 2025. Further, completion rates could not be verified on-site due to incomplete student files.

In its response, the institution provided a Completer, Placement and Employment Guide for 2024 and 2025. The institution did not provide ACCET Document 28.1 – Completion and Placement Statistics for each program for calendar year 2024 and partial year 2025 to demonstrate improved outcomes. Additionally, the institution did not provide ACCET Document 28.2 – On-Site Sampling Verification Form for each cohort of each program for calendar year 2024 and partial year 2025 to verify placement outcomes.

Further, the institution provided placement documentation for “March 2026.” However, the graduates represented include 2023–2026 graduation dates. Further, insufficient information is provided to demonstrate training-related employment, per ACCET Document 28. By way of example, [REDACTED] is noted as a graduate of the Quality Assurance Technician program but holds a job title of Director of Dining Services, with no additional information to align responsibilities with the program objectives. Similarly, [REDACTED] is noted as a graduate of the Business Administration program and is listed as a Career

Coach. And [REDACTED] is recorded as a graduate of the Medical Billing and Coding program with a job title of "Tax Expert Remote."

Therefore, the institution failed to demonstrate full compliance with Standard IX.D. Completion and Job Placement.

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. Per Document 11, "An institution that is denied initial accreditation is not automatically eligible to reapply for accreditation. The institution must first seek and obtain the permission of the Commission to apply. Further, the institution may not reapply for accreditation until at least one year from the date of the Commission's final action. If the implementation of such final action by the Commission is delayed but ultimately upheld through legal remedies pursued in an appropriate court of law, the one-year minimum waiting period required prior to reapplication by the institution will begin on the date of the court's decision."

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.

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/hm

cc: Accreditation Group, US ED (aslrecordsmanager@ed.gov)
Mr. Matthew Chittum, Director of Career Schools and Colleges and Eligible Training
Provider Programs, TX Workforce Commission (career.schools@texas.gov)