September 4, 2026

VIA EMAIL

[redacted]

Mr. Louis Nkrumah
Director
Eferon Solar Solutions
910 Bergen Avenue, Suite 201
Jersey City, NJ 07306

Re: Reaccreditation Denied – Appealable (Not a Final Action)
ACCET ID #1609

Dear Mr. Nkrumah:

At its August 2026 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny reaccreditation to Eferon Solar Solutions, located in Jersey City, NJ.

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 June 4–5, 2026), and the institution's response to that report, received July 29, 2026. It is noted that a few of the weaknesses cited in the team report were partially addressed in the institution's response to that report. While the institution referenced numerous revised policies, procedures, planning documents, and other corrective-action measures, it did not provide sufficient supporting documentation to demonstrate their implementation, communication, monitoring, or effectiveness. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures relative to the following findings:

1. Standard I.B. Core Values and Ethics

   The institution failed to demonstrate that it establishes core values that support the institution's mission and are consistent with the Principles of Ethics for ACCET institutions.

   The team report indicated that the institution did not demonstrate that it had established core values, as required by the Standard. The core values originally provided by the institution were inconsistent with the list provided to the team on-site. Further, evidence was not provided to demonstrate that the institution regularly reviews its core values or that core values are communicated to faculty, staff, and students.

   In its response, the institution indicated that it reconciled the inconsistent versions of its core values and adopted a formal annual review process to assess their continued relevance, alignment with the mission, and communication throughout the institution. The institution provided a copy of a poster that includes core values, as well as a copy of the Core Values Review policy. However, no documentation was provided to demonstrate systematic and effective implementation of the policy, nor was evidence provided that revised values have been shared with faculty, staff, or students.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

2. Standard I.C. Planning

The institution failed to demonstrate that it utilizes a strategic planning process, consistent with its scope and size, to establish an institutional effectiveness plan that supports the institution's mission.

The team report indicated that the institution did not demonstrate that plans are reviewed at least annually, updated regularly, and implemented to improve the effectiveness of the institution. The plans did not include specific and measurable objectives, along with corresponding operational strategies, projected time frames, required resources, and appropriate methods for subsequent evaluation that are utilized to measure progress in achieving the established objectives, as required by the Standard.

In its response, the institution included updated planning documents and a formalized planning policy and procedure. However, no documentation was provided to demonstrate that the revised plans have been implemented or shared with relevant faculty and staff.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

3. Standard II.A. Governance

The institution failed to demonstrate that it has a clearly identified and accountable governance structure, appropriate to the size of the institution and consistent with ACCET requirements, that delineates authority for the approval of institutional policies and responsibility for the overall direction and effectiveness of the institution.

The team report indicated that the institution's certificate of approval from the New Jersey Department of Education and Department of Labor and Workforce Development expired on February 28, 2026. Given that the institution submitted its ASER on April 16, 2026, an already expired certificate was included as an exhibit. Further, the institution did not demonstrate that it has an accountable governance structure that ensures the integrity and capability of the institution and its compliance with statutory, regulatory, and accreditation requirements, as required by the Standard.

In its response, the institution provided a current state certificate of approval and indicated that it has established a formal governance structure defining ownership, delegated authority, management responsibilities, meeting schedules, compliance monitoring, and records retention. While the Governance Charter and Delegation of Authority policy was included as an exhibit, the institution failed to provide evidence of its implementation, communication, or training for faculty and staff.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

4. Standard II.B. Institutional Management

The institution failed to demonstrate that its management is responsible for developing and effectively implementing policies within an organizational framework that is clearly defined, understood, and effective.

The team report indicated that most policies and procedures in the student catalog reference only the Solar Energy Technician program. The institution provided the team with a five-page, incomplete employee handbook, while a more comprehensive handbook was previously provided. Further, only a Staff Professional Growth and Development Policy was provided as the Administrative Operations and Procedures Manual.

In its response, the institution indicated that it established a comprehensive policy development, review, and approval process and provided updated operational policies, an employee handbook, and a student catalog. The institution provided a copy of the policy and a copy of the institution's student catalog. However, no documentation was provided to demonstrate the implementation of the revised documents or evidence of communication and training for faculty and staff.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

5. Standard II.C. Human Resource Management

The institution failed to demonstrate that it develops and implements written human resource policies and procedures and makes them readily accessible to all personnel. These policies and procedures ensure that qualified and capable personnel, at appropriate staffing levels, are effectively utilized and evaluated at least annually. These policies and procedures address the recruitment, selection, hiring, orientation, supervision, evaluation, retention, training, and professional development of all personnel.

The team report indicated that ACCET Document 21 – ACCET On-site Visit – Personnel File/Qualifications Checklist was not provided ahead of the visit (as required in ACCET Document 8.1 – Preparation Checklist for ACCET Program Visit) or on-site when requested. Employee handbook acknowledgment forms were not provided for any employee, as required by the institution's policies. Moreover, evidence was not provided to demonstrate that staff have engaged in professional development in the past 12 months. Further, the institution indicated that employee performance evaluations are conducted annually in September; however, evidence was not provided to demonstrate annual reviews for any employee.

In its response, the institution indicated that it developed formal human resource policies addressing recruitment, hiring, orientation, personnel file documentation, annual evaluations, professional development, and employee turnover monitoring. While a copy of the Employee Handbook was provided, no documentation was provided to demonstrate implementation or evidence of communication of the revised manual to faculty and staff.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

6. 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 while the Office Administrator/Assistant provided all records, the institution did not clarify who is responsible for creating, maintaining, and periodically auditing these files. Student records were found to be incomplete, inconsistent, and disordered. Evidence was not provided to demonstrate that the institution has an established system by which records are (a) stored and secured to ensure ready access and review, (b) protected from unauthorized access, and (c) protected from undue risk of loss. The institution indicated that "Student records are maintained in a secure digital student information system (SIS) or database." The team found that no such SIS exists. Further, the institution did not identify how long it retains student records.

In its narrative response, the institution acknowledged that it does not have a Student Information System (SIS) to manage student records electronically. The institution indicated that responsibility for student records had been formally assigned and documented, that existing student records had been audited and reconciled, and that recordkeeping procedures had been revised. However, no supporting documentation was provided to substantiate these assertions.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

7. 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, including the delivery of quality education, training services, and student services.

The team report indicated that no documentation was provided demonstrating that the institution communicates new or revised policies/procedures to faculty and staff.

In its narrative response, the institution indicated that it adopted a formal communication procedure describing how new and revised policies are communicated through staff meetings, email, policy manuals, orientation, acknowledgment forms, and communication logs. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

8. Standard II.G. Emergency Preparedness

The institution failed to demonstrate that it has a comprehensive emergency response plan that includes guidelines for responding to emergencies arising from a variety of circumstances, such as fire, weather, lockdown, violent or suspicious behavior, or medical emergencies.

The team report indicated that the institution's emergency preparedness plan does not provide the required short- and long-term flexibilities and does not demonstrate how the emergency response procedures minimize disruption to operations and educational delivery.

In its narrative response, the institution indicated that it revised its emergency preparedness plan to address immediate, short-term, and long-term emergencies, business continuity, stakeholder communication, evacuation, recovery, staff responsibilities, and periodic drills and reviews. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

9. Standard III.B. Financial Procedures

The institution failed to demonstrate that it assesses its finances at adequate intervals, at least quarterly, that written policies and procedures exist for proper financial controls and supervision of financial management staff, and that tuition charges are applied fairly and consistently.

The team report indicated that the institution's current tuition rates and fees are included in the enrollment agreement. However, the enrollment agreement provided to the team was not present in any student files reviewed during the visit. Based on the team's review of the institution's Cancellation and Refund Policy, it was found to be mostly consistent with ACCET Document 31, but not with the institution's operational and enrollment processes. A sample refund calculation was provided, but a refund calculation worksheet or process was not evidenced. Further, based on a review of selected student files, the institution's record-keeping did not demonstrate that student files (a) are up to date, (b) itemize tuition and all fees, and (c) identify the date, amount, and method of all payments. Additionally, the institution did not provide ACCET Document 50FR ahead of the visit or when requested to do so on-site.

In its response, the institution indicated that it revised its financial management structure and procedures, established a documented annual budgeting process, standardized enrollment agreements and published tuition information, corrected cancellation and refund procedures, reconciled student financial records, and completed the required ACCET financial review checklist. The institution provided an Annual Budgeting Process Chart, a Refund Procedures Chart, a Financial Management Structure Chart, and a blank Student Financial Ledger Chart template. However, no documentation was provided to demonstrate the implementation of the revised policies or the communication and training

of staff. Further, the institution did not provide a completed ACCET Document 50FR, as required, nor did it provide evidence of completed refund calculation worksheets to substantiate the implementation of its revised financial procedures.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

10. Standard III.C. Financial Assistance/Scholarships

The institution failed to demonstrate that it ensures that any student financial assistance programs, including federal and state financial aid programs, institutional scholarships, and externally funded scholarships, are responsibly administered, governed by written policies and procedures, and in full compliance with relevant statutes and regulations.

The team report indicated that the institution's Director is responsible for administering and tracking public and private funds to cover the cost of tuition for students. However, sufficient evidence was not provided to demonstrate how funds are requested or acquired. Invoicing procedures were not clear or evidenced, and the institution did not demonstrate how the funding sources cover the tuition for students.

In its narrative response, the institution indicated that it developed a formal policy and procedures for requesting, approving, disbursing, reconciling, and documenting workforce development and other third-party funding. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

11. Standard IV.A. Educational Goals and Objectives

The institution failed to demonstrate that its programs and courses have appropriate and measurable educational goals and objectives. The curriculum content and learning experiences are preplanned and present a sound, systematic, and sequential learning experience for students.

The team report indicated that the institution provided a Program Verification Chart that included a Photo Voltaic (PV) Renewable Energy Technician Hands On program that currently has a pending application status in AMS. While the chart indicates a status of "Haven't started," a last graduation date of 6/15/2022 was recorded.

Further, the team found that the approved Solar Energy Technician program is the same program as the Photo Voltaic Renewable Energy Technician indicated on the institution's Program Verification Chart as having two enrollments.

In its narrative response, the institution indicated that it reconciled program names and approval records, standardized program information across institutional documents and systems, confirmed the status of approved programs, and developed complete curriculum and program documentation for each offering. However, the institution failed to provide

sufficient supporting documentation to demonstrate that these discrepancies had been resolved or that institutional records accurately reflect approved program offerings and operations.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

12. Standard IV.B. Program/Instructional Materials

The institution failed to demonstrate that its program materials, including syllabi, lesson plans, instructional guides, and texts, demonstrate the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives.

The team report indicated that sufficient evidence was not provided to demonstrate the development of syllabi and lesson plans, including when and how they are made available to instructors and students. The team found that instructors are developing lessons based on personal previous teaching experience. Evidence was not provided to validate the use of the course syllabus and the two lesson plans provided by the institution.

Further, evidence was not provided of instructional materials used in the institution's approved programs or to demonstrate that the institution has a process for selecting instructional materials. Moreover, the student catalog includes a Computer Access & Software Piracy Protection Policy. The policy requires students to use school computers responsibly by avoiding software piracy, unauthorized access, and misuse of equipment. While the institution has a few computer stations for students to use, it did not demonstrate that computer usage is a component of academic programs. Computers remained off and unused during the on-site visit.

In its narrative response, the institution indicated that it established a standardized syllabus and lesson-plan development process, completed materials for all approved programs, inventoried instructional resources, and approved formal procedures for selecting, reviewing, and updating instructional materials. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

13. Standard IV.D. Curriculum Review/Revision

The institution failed to demonstrate that it implements effective written policies to regularly monitor and improve the curriculum.

The team report indicated that evidence was not provided to demonstrate systematic and effective implementation of the Curriculum Review and Revision Policy provided by the institution.

In its narrative response, the institution indicated that it revised its curriculum-review policy, completed comprehensive reviews of its active programs, established annual review

schedules and tracking systems, and incorporated input from instructors, students, graduates, employers, and an industry advisory committee. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

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

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

The team report indicated that the institution did not provide evidence that all equipment and supplies indicated on program inventory sheets were available to faculty and students, but rather indicated that several items were on order. As such, systematic and effective implementation of the Equipment and Supplies Management Policy was not evidenced.

In its response, the institution indicated that it completed inventories of equipment, supplies, instructional materials, and computer resources. The institution indicated that it has established procurement, inspection, maintenance, repair, replacement, and inventory procedures, and has documented the resources available for each program. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

15. Standard VI.A. Qualifications of Instructional Personnel

The institution failed to demonstrate that its instructional personnel possess the appropriate combination of relevant educational credentials, specialized training and/or certification, work experience, and demonstrated teaching and classroom management skills, which qualify them for their training assignments.

The team report indicated that evidence, such as a policy or job descriptions, was not provided to validate the requirements for faculty indicated by the institution. While the team found that instructors appear to possess the necessary qualifications to teach, documentation was not provided.

In its narrative response, the institution indicated that it established minimum faculty qualification requirements, standardized job descriptions, completed a review of instructional personnel files, corrected deficiencies, and implemented procedures and checklists to verify and monitor qualifications. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

16. Standard VI.B. Supervision of Instruction

The institution failed to demonstrate that individuals with relevant education and experience in instructional delivery and management supervise instructional personnel and 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 evidence was not provided to demonstrate good practice in the evaluation and direction of instructors. Regular classroom observations are not conducted at least annually or in accordance with the institution's policy.

In its response, the institution indicated that it revised its instructional/supervisory policies and established procedures for classroom observations, student feedback, and performance evaluations. Retroactive and future evaluation dates were provided; however, the institution failed to provide any supporting documentation.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

17. Standard VI.C. Instructor Orientation and Training

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

The team report indicated that regular and relevant in-service training and/or professional development of instructional personnel were not provided.

In its narrative response, the institution indicated that it developed a comprehensive instructor orientation process, checklist, required materials, teaching methodology training, professional development tracking, and an annual development requirement. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

18. Standard VII.A. Recruitment

The institution failed to demonstrate that all advertising, promotional materials, and representations made by or on behalf of the institution for recruiting purposes, including web content, catalog, and social media postings, make only justifiable and provable claims regarding the courses, programs, costs, location, instructional personnel, student services, outcomes, and other benefits.

The team report indicated that a written policy on advertising and recruitment was not provided. The student catalog was found to be mostly consistent with ACCET Document

29; however, some discrepancies were noted. ACCET Document 29 was not provided ahead of the visit or when requested on-site. Additionally, a review of the institution's Instagram profile found that the institution promotes free programs, including hospitality, ESL, and cybersecurity, unrelated programs not approved by ACCET.

In its narrative response, the institution indicated that it reviewed and corrected promotional materials, established written advertising and recruitment policies, implemented approval and social media monitoring procedures, revised the catalog, and trained staff on applicable requirements. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

19. Standard VII.B. Admissions/Enrollment

The institution failed to demonstrate that its written policies for admissions and enrollment are clearly stated, defined, and in compliance with statutory, regulatory, and accreditation requirements.

The team report indicated that evidence was not provided to demonstrate that the institution's enrollment process is preplanned, effective, and regularly monitored by the institution to ensure its integrity. No executed enrollment agreements were included in the student files reviewed by the team. Additionally, ACCET Document 29.1 was not provided either in advance of the visit or upon request on-site.

In its response, the institution indicated that it established detailed admissions and enrollment policies, corrected entrance exam language, standardized the enrollment agreement, and developed file review and monitoring procedures. However, no supporting documentation was provided to evidence a revised policy or its implementation. Further, the institution submitted a version of ACCET Document 29.1 – Enrollment Agreement Checklist that identifies "gaps" in the document, demonstrating further non-compliance with ACCET requirements.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

20. Standard VII.C. Transfer of Credit

The institution failed to demonstrate that it has written policies and procedures that ensure the fair and equitable treatment of students relative to the transfer of credit to and from the institution.

The team report indicated that the institution has not established and implemented a fair and equitable policy regarding the transfer of credit, as required for vocational institutions per ACCET Document 16 – Transfer of Credit Policy.

In its narrative response, the institution indicated that it developed a formal transfer of credit policy addressing eligibility, evaluation criteria, documentation, limits, appeals, tuition adjustments, and communication processes with students and staff. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

21. Standard VII.D. Student Services

The institution failed to demonstrate that student services are provided consistent with the mission and programmatic learning objectives of the institution and include such services as student orientation, academic and non-academic advising, tutoring, job placement assistance, extracurricular activities, and housing, as applicable.

The team report indicated that the institution noted that a variety of professional development, personal, and wellness support services are provided; however, evidence was not provided to demonstrate that these services are offered.

In its narrative response, the institution indicated that it formalized its career and placement support services, developed utilization records and reporting systems, and documented tutoring, advising, workshops, career preparation, and employer connections. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

22. Standard VIII.A. Performance Measurements

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

The team report indicated that sufficient documentation, such as a written policy, sample student assessments, and grade reports, was not provided to evidence the systematic and effective implementation of a sound, written assessment system.

In its narrative response, the institution indicated that it established a written assessment policy, standardized grading & weighting scales, documented assessment methods, created review/quality assurance procedures, and developed systems for maintaining records. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

23. Standard VIII.B. Attendance

The institution failed to demonstrate that it establishes and implements written policies and procedures for monitoring and documenting attendance.

The team report indicated that the institution's attendance policy is consistent with ACCET Document 35 as written, but not in practice. Individual student attendance is documented on work activity attendance forms that the team found were specific to a Work First New Jersey Program. The institution did not demonstrate that it has its own attendance tracking forms. Hours per calendar day are reported via the work activity attendance forms; however, attendance rosters or class sign-in sheets were not provided for the team's review. Additionally, the institution's leave of absence policy is not consistent with ACCET Document 36.

In its narrative response, the institution indicated that it revised its attendance and leave-of-absence policies, developed standardized attendance forms and tracking procedures, organized attendance records, clarified substitute instructor responsibilities, and trained staff on documentation requirements. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

24. 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 established by the institution.

The team report indicated that progress report and monthly progress report forms do not substantively assess student progress. Assessments or other performance measurements were not provided to verify student progress, consistent with the progress report forms. Additionally, evidence was not provided to demonstrate that students are notified of their progress. ACCET Document 18.1 was not provided in advance of the visit, as required, or when requested on-site.

In its narrative response, the institution indicated that it developed standardized progress reports, required student and instructor signatures, established student notification procedures, implemented SAP monitoring, and created documentation and retention requirements. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

25. 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.

The team report indicated that ACCET Document 49.1 – Notice to Students: ACCET Complaint Procedures was not displayed at the institution. Further, only one completed student survey was provided, which does not demonstrate that the institution regularly assesses, documents, and validates student satisfaction relative to the quality of education, training, and student services provided.

In its narrative response, the institution indicated that it corrected the posting of ACCET complaint procedures, revised its grievance policy, developed a comprehensive student satisfaction survey, and established procedures for survey administration, analysis, reporting, corrective action, and follow-up. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

26. Standard IX.B. Employer/Sponsor Satisfaction

The institution failed to demonstrate that it establishes and implements written policies and procedures that provide an effective means to regularly assess, document, and validate employer/sponsor satisfaction relative to the quality of the education and training provided.

The team report indicated that feedback from agencies that fund the training of students and employers who hire graduates is not documented or utilized to improve the education, training, and student services of the institution.

In its narrative response, the institution indicated that it developed employer and funding agency satisfaction surveys, established administration and reporting procedures, created a feedback log, and formed an industry advisory committee to provide ongoing input. However, the institution failed to provide any supporting documentation to validate these claims.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

27. Standard IX.D. Completion and Job Placement

The institution failed to demonstrate that it establishes and implements 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.

The team report indicated that incomplete and inaccurate completion and job placement statistics were provided; therefore, the accuracy of reported completion and placement rates was not evidenced.

In its response, the institution indicated that it reconciled and corrected completion and placement data, established formal tracking, verification, documentation, and review procedures, expanded career and placement services, and documented the placement of eligible Solar Energy Technician graduates. However, the institution failed to provide sufficient documentation to demonstrate implementation, effectiveness, or compliance with the Standard.

Therefore, based on the record before the Commission, the institution failed to demonstrate compliance with this Standard.

Denial of Reaccreditation:
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 reaccreditation 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.

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/dr

cc: Mr. Eric Taylor, Director, Office of Licensure, Department of Labor and Workforce Development, Training Evaluation Unit ([redacted])