

"I used to believe in forever, but forever is too good to be true"... -Winnie the Pooh

VT Advantage

Published by the Accrediting Bureau of Health Education Schools

7777 Leesburg Pike, Suite 314, North • Falls Church, Virginia 22043
703/917-9503 • 703/917-4109 (facsimile) • info@abhes.org • www.abhes.org

Spring 2007

Carol A. Moneymaker, Editor

REPORT FROM THE CHAIR



Mark L. Luebke,
ABHES Chair

The 4th annual National Conference on Allied Health Education held in San Diego in January was a tremendous success. My thanks and congratulations go out to the ABHES staff, particularly India Tips, Director of Accreditation Services, who coordinates the conferences, and to Karen McGrath, Conference Chair. The quality of our presenters was excellent and the support from our vendors and exhibitors all combined to make this a fantastic event. It was exciting to see how much ABHES and this conference has grown in just the last few years. Mark your calendars now to be in Orlando next year! See p. 7 for details.

I would like to welcome two new Commissioners, Dr. Kevin Kirk and Paul Mitchell who were elected by our membership at ABHES' Annual Membership Meeting prior to the conference. Their experience and talents will make a great addition to our Commission. I also want to thank you for your support in electing me to continue to serve on the Commission for another term. I was pleased to see the willingness of other highly qualified candidates to serve on the Commission and we appreciate their desire to serve. ABHES invites you and all members to get even more involved in all aspects of ABHES business.

Michael White, Director of Regulatory Affairs, unveiled a new initiative at our conference that will increase the value of ABHES accreditation and set new standards of quality and assessment for allied health. ABHES, the only accrediting agency recognized by the U.S. Secretary of Education as an institutional allied health accrediting agency, dually recognized to award programmatic accreditation, is beginning to develop program-specific standards to compliment the program standards already in place for Medical Assisting, Medical Laboratory Technology, and Surgical Technology – those programs for which it is recognized to award programmatic accreditation. Our agency welcomes and requests your assistance to help shape these standards and to assist with the evaluations of both institutions and programs. There is always a need for practitioners and educators in all disciplines, as well as experts in the use of distance education and academic degree programs to serve as evaluators, as well as advisors in the development of program-specific standards.

During this past year, the Standards Committee chaired by Jan Stanley, Keiser College, completed the most comprehensive reviews of ABHES standards in its history that resulted in the largest number of recommended enhancements to the standards. Although the recommendations were well thought out and prudent, I want to encourage each member to review all proposed changes provided to you in the future and respond to the Call for Comments. I can assure you that your voice will be heard and given consideration. This is your opportunity to help ABHES achieve its mission.

Read more about some of the issues mentioned above in this latest issue of The Advantage. I am looking forward to a great year ahead and wish all of you continued success in preparing your students for their future professions.

Mark L. Luebke, ABHES Chair

Table of Contents

Report from the Chair.....1
Word from Exec. Director.....2
Random Acts of Kindness.....2
New CCA President.....3
Infection Control.....4
Washington Update.....4
Credentialing Agency News...5
How is Rudi Doing?.....5
Commissioners & Staff.....6
CCC named to President's Honor Roll.....6
HEAL Coalition Plays Active Role in ICD-10 Debate.....7
2008 Conference Confirmed.7
2007 Conference Highlights. 8
New Staff.....10
New Commissioners.....10
Employers Hiring CMAs.....10
Externship Requirements.....10
Preparing for Site Visit.....11
Competency Standards.....12
Faculty Development.....13
Institutional Effectiveness.....14
Private Postsecondary Education Regulation.....15
Schedule of Events.....16
Keep ABHES Informed.....16

Routing List

- President
- Director
- Dean
- Faculty

Please provide any updates to address or contact information to info@abhes.org.



*Carol Moneymaker
Executive Director*

A WORD FROM THE EXECUTIVE DIRECTOR

The past few years have brought about a keen interest and concern relative to the relationship between accreditation and graduate credentialing. While credentials in many allied health programs are not required for graduates to work,

ABHES fully supports graduate credentialing, most importantly those credentials provided through recognized and accredited credentialing agencies.

Given an array of issues, including matters of confidentiality, it is many times nearly impossible for institutions to track the results of graduate credentialing, particularly when it is not required for employment; thus accurate reporting of the data to ABHES is unlikely. In its endeavor to support credentialing through its accreditation standards, yet respond to the growing concern relative to an institution's ability to track graduate credentialing results, in accordance with Chapter IV, Section B, of the Accreditation Manual, ABHES currently requires the regular review of the results of graduates' performance on only those credentialing and/or licensure examinations required for employment as a means of improving the educational process and employment opportunities for graduates. For annual reporting purposes, an institution is required to calculate these results using an ABHES-mandated formula. Different requirements are in place for surgical technology programs in which only credentialing results from a nationally recognized and accredited credentialing agency can be included in the calculation of outcomes for those graduates choosing to credential, whether or not the credential is required for employment (Chapter VIII of the Accreditation Manual).

The Commission will continue to discuss the role of accreditation as it relates to credentialing and its ability to work with its constituents toward a globally accepted method for tracking graduate results. Read more about ABHES' plans for programmatic competency standards, which surely will include discussion on credentialing, on page 12. In the meantime, ABHES urges its accredited institutions and programs to promote the benefits of graduate credentialing and to research available credentials to make the most informed decision on opportunities that exist for your students.

Carol A. Moneymaker, Executive Director



Random Acts of Kindness, ABHES Style

Attendees at ABHES' national conference in San Diego, California, were challenged to commit Random Acts

of Kindness. I, with my merry band of fellow exhibitors, collected "pocket change" from ABHES-accredited institutions and programs. The \$370 was then given to three volunteer schools that agreed to return and work with their students in committing random acts of kindness in their community and to report back as to what they did.

The recipient schools included, Pima Medical Institute, Albuquerque, New Mexico, Milwaukee Career College, Milwaukee, Wisconsin, and Arizona College of Allied Health, Phoenix, Arizona. The funds provided an opportunity to challenge the respective school's students to formulate ways to spend the funds as well as to raise the entire institutions' awareness of making kindness part of every day life.

The real challenge and reward was not just spending the money but to making the experience a real hands-on "up close and personal" experience from which all participants benefited.

We hope all career colleges will learn from this example of what good can be done with a little money and lot of imagination.

Full reports on the each school's Random Acts of Kindness were recently published in the Career Education Review.

Michael Cooney, Editor, Career Education Review

The Accrediting Bureau of Health Education Schools (ABHES) is the only agency specifically recognized by the U.S. Secretary of Education for the institutional accreditation of health education institutions. ABHES' recognition includes the programmatic accreditation of medical assisting, medical laboratory technology, and surgical technology, which allows graduates to sit for important credentialing exams.

The Career College Association Welcomes its New President, Harris Miller

I am very excited about the opportunity to lead the Career College Association (CCA), whose 1400+ members are preparing their students for the 21st Century Workforce. After 11 years heading the Information Technology Association of America (ITAA), many of whose members are “consumers” of career college products—hiring their graduates to compete globally—I am enjoying now being on the “producer” side, working with the institutions training and educating our future employees.

People are the iron ore of the information age. Ours is a service economy where the average American will enjoy multiple careers in his or her lifetime. Having skilled, up-to-date, professional training is essential. Continuing education and retraining are becoming the norm, and optimizing the three-legged stool of career colleges, community colleges, and traditional non-profits is the only way our country will grow the pipeline of trained workers necessary to remain an economic powerhouse.

As a national association representing the broad spectrum of career college education and training, CCA members see great value in our research, educational programs and conferences, committees and interest groups, and public policy and communications efforts. To deliver maximum value for our schools, the students they serve, the employers who hire them, and our country, we are creating new programs and enhancing our existing ones in the following ways:

- Expanding substantially our efforts to explain our sector to opinion leaders and our nation’s political leadership. Media coverage of our market is often negative in tone, or worse, nonexistent. CCA can help change that dramatically by delivering a positive, clear message on the value we provide for our students and the key role our schools play in postsecondary education. Explaining the critically important role of accrediting organizations such as ABHES will be a key element of our messaging as they provide the “Good Housekeeping Seal of Approval.”
- Broadening our government relations efforts to enhance our ability to impact federal and state public policy. This will require enhanced cooperation with our state association and accreditation colleagues. One example of this cooperation can be found at <http://www.career.org/ohio/>. This Web page, created in conjunction with the Ohio Association of Career College and Schools, provides information and resources to help overturn a decision by Governor Strickland (D-OH) to cut funding out of the College Opportunity Grant and the Workforce Grant Programs for career college students.

- Developing more educational programs through the use of the Internet and other means to provide valuable content to our members. We will reach out to organizations such as ABHES to provide information related to healthcare education and continue to strengthen our partnership.

The career college sector is growing, and allied health education is a leader in this growth. Many of CCA’s member colleges are also ABHES accredited institutions and programs, so we value our relationship with ABHES greatly and look forward to continuing to work closely together to address the needs of the health education community. Our member institutions will continue offering the highest quality healthcare education and exceeding the expectations of students, the government and regulatory agencies, and employers. Together we will help them achieve this.



Biographical information on Harris Miller:

Harris N. Miller is the newly named CEO/President of the Career College Association (CCA). For 11 years, Mr. Miller was President of the Information Technology Association of America (ITAA), the leading trade association representing the IT industry, as well as President of the World Information Technology and Services Alliance (WITSA), consisting of 67 IT

associations from around the globe. As ITAA’s President during a dynamic period of change, he regularly appeared on radio/TV and in numerous major and industry publications as a spokesperson on key industry issues such as IT workforce supply/demand, cyber security, government IT procurement, Y2K, and the interwoven global economy.

In 2006, Miller narrowly lost in his race for the U.S. Senate Democratic nomination from Virginia. Mr. Miller received his B.A., summa cum laude, in Political Science and in Philosophy from the University of Pittsburgh, which selected him in 2004 as its Legacy Laureate, and his M.Phil. in Political Science from Yale University. He served on the Board of Directors of ITT Educational Services, Inc. for six years and has served on numerous local, state and international non-profit boards.

For more information on CCA visit www.career.org
CCA holds its annual convention June 13-15 in New Orleans.
For conference information and registration visit
www.cca-convention2007.org

YOU'RE INVITED!!

JOIN ABHES, ACCSCT, AND ACICS - ALL TOGETHER - FOR A JOINT ACCREDITING RECEPTION ON TUESDAY, JUNE 12, 2007, 5PM-7PM, AT THE MARRIOTT HOTEL, NEW ORLEANS, LOUISIANA. THE RECEPTION IS BEING HELD THE EVENING PRIOR TO THE START OF THE CCA CONVENTION. THERE IS NO FEE, BUT REGISTRATION IS STRONGLY ENCOURAGED. VISIT WWW.ABHES.ORG TO ACCESS THE WORKSHOP REGISTRATION FORM.

Infection Control

A soon-to-be-published report of a dental patient-to-patient transmission of the hepatitis B virus (HBV) in an oral surgeon's office (The Journal of Infectious Diseases, Vol. 195, No. 9, May 2007) underscores the need for constant vigilance in infection control practices in the dental office and the healthcare community at large. While the Centers for Disease Control and Prevention (CDC) reports it found no deficiencies in infection control practices in the oral surgeon's office where the transmission occurred, nevertheless, this incident is a wake-up call and a reminder to the oral healthcare community of the need to employ cautious and meticulous behaviors in regards to infection control practices.

The Dental Assisting National Board, Inc. (DANB), recognized by the American Dental Association as the premier, national certification and testing agency for dental assistants, takes very seriously its role in measuring and promoting excellence in oral healthcare delivery nationwide. To that end, DANB offers the only national examination that assesses oral healthcare workers' knowledge-based competency in infection control and application of current and related Occupational Safety and Health Administration (OSHA) standards and CDC guidelines including (although not limited to) CDC Guidelines for Infection Control in Dental Health-Care Settings – 2003; OSHA Bloodborne Pathogens Standard; OSHA Hazard Communications Standard; and OSHA General Industry Standard. As a certification and testing agency, DANB's certification programs are accredited by the National Commission for Certifying Agencies (NCCA).

The results of a survey DANB conducted last year show the responsibility of infection control and OSHA compliance very often rests on the shoulders of at least one dental assistant in the dental office. When asked, "What duties other than general chairside or specialty assisting functions do you perform, if any?" a striking 60 percent of dental assistants surveyed nationwide said they performed infection control duties. In addition, 19 percent said they acted as an OSHA compliance officer for their employer's dental office. These responses clearly highlight and emphasize the need for dental assistants to be competent in infection control practices.

Due to its commitment to maintain and improve upon its high standards, DANB works closely with the Organization for Safety and Asepsis Procedures (OSAP) and enjoys OSAP representation on DANB's Infection Control Exam Committee. DANB's Infection Control (ICE) examination is a stand-alone exam and also one of three components of DANB's Certified Dental Assistant (CDA) exam that includes ICE, Radiation Health and Safety (RHS), and General Chairside (GC) Assisting. DANB's ICE, alone or as part of the CDA exam, is required or recognized by 36 states as meeting dental assistant requirements.

The ICE exam initially was developed in 1991 and is updated by content and psychometric experts annually. Some of those experts include or have included John Molinari, PhD, James Cottone, DMD, MS and Charles Palenik, MS, PhD, as members of DANB's infection control committee appointed by OSAP. The exam is made up of 100 multiple-choice questions and as stated earlier, is devised to measure knowledge-based competency. The topic areas it covers include:

- Patient and dental healthcare worker education
- Standard/universal precautions and the prevention of disease transmission
- Maintaining aseptic conditions
- Performing sterilization procedures
- Environmental asepsis
- Occupational safety

Dental assistants who pass this test are well-versed in infection control practices and have demonstrated the intellectual ability to integrate their knowledge into the workplace.

Needless to say, the oral healthcare community has done a tremendous job in limiting the transmission of diseases. The current challenge is to fight off any tendency towards complacency. With the rise of new diseases and the increase in drug-resistant organisms, infection control must remain a top priority for all in the dental profession.

Article provided to ABHES by the Dental Assisting National Board, Inc., April 2007

Washington Update

Higher Education Reauthorization in Process

There have been seven extensions of the Higher Education Act (HEA) since it was set to expire on September 30, 2003 with the most recent one being the Third Higher Education Extension of 2006, which extended the HEA until June 30, 2007. Both sides of the aisle have introduced a number of bills including H.R. 5 that would halve the interest rate on subsidized student loans, S. 485 and H.R. 890, the Student Loan Sunshine Act that would "shine a bright light" on the incentive-based relationships that exist between lenders and institutions, and S. 572 and H.R. 1010, the Student Aid Reward Act, that would provide additional Pell Grant funds to schools that switch to the Direct Loan Program. The Senate is now drafting its version of the reauthorization of the

HEA based on S. 1614, last year's Senate bill, and plans to mark it up in late April. The House appears to be starting from scratch. The House Education and Labor Committee is holding regular hearings and has asked the education community to submit reauthorization proposals. While it is possible to have a reauthorization of the HEA in 2007, the first order of business for the education committees is the No Child Left Behind Act, which is up for reauthorization and will likely be very contentious. Maybe 2008!

Negotiated Rulemaking Drawing to an End

The Department of Education (Department) is required to undertake negotiated rulemaking to carry out changes made by an

See "Washington Update," pg. 13.

Credentialing Agency News

AMT Certification Exams Now Available Electronically

(Rosemont, IL) American Medical Technologists (AMT) has announced that it will make computer-based versions of their certification examinations directly available to the career institutions whose graduates challenge the exams in pursuit of AMT professional credentials. The exams will be made available inside the institutions, on their own computers, through arrangements with Pearson VUE, AMT's computer-testing provider.

Up to now, institutions have had two options: sending students to an off-campus Pearson VUE test center or having one of AMT's proctors administer paper and pencil examinations in the school. Many institutions have continued with the traditional paper and pencil examinations due to a desire to have the exam take place within the confines of the school to help ensure high student participation levels.

According to AMT Executive Director Christopher Damon, JD, "Probably the biggest benefit to the certification applicant is that he or she will know immediately upon completing their computer examination whether or not a passing grade was achieved. This is not possible with the traditional paper and pencil examination."

The American Medical Technologists (AMT) will host its 69th Annual Meeting in Orlando, Florida, on July 9-14, 2007. Visit www.amt1.com for additional information.

There are flexible options for institutions to choose from in structuring their relationship with Pearson VUE as a test center. For example, a school may opt to restrict the administration of AMT exams only to its own students, or a school may opt to offer public

testing to the surrounding community as well as their students. Pearson VUE requires that an application be completed to determine if they meet the equipment and facility requirements to become a test center.

Institutions interested in establishing a relationship with Pearson VUE should contact Sandy Major at 757-464-5099 or sandra.major@pearson.com. Or, you may simply complete the application at www.pearsonvue.com/pvtc/americas

The American Association of Medical Assistants (AAMA) will hold its 51st Annual Convention in Louisville, Kentucky on September 7-11, 2007. Visit www.aama-ntl.org for more details.

NBSTSA Names New Executive Director

The National Board of Surgical Technology and Surgical Assisting (NBSTSA) announced the selection of Ronald Kruzel, CST, MA, as its new Executive Director. Mr. Kruzel assumed the position on March 1, 2007. His background includes serving as the Executive Director of the Accreditation Review Committee for Surgical Technology (ARC-ST) and surgical technology program director at Simi Valley Adult School and Career Institute. His work with the NBSTSA includes membership on the Certified Surgical Technologist (CST) Exam Review Committee and as an active member and president of the California State Assembly.

The NBSTSA is a private, not-for-profit credentialing body for surgical technologists and surgical assistants and is accredited by the National Commission for Certifying Agencies (NCCA). The NCCA is the accrediting body of the National Organization for Competency Assurance (NOCA) which accredits certification programs based on the highest quality standards in professional certification. The process ensures that programs adhere to modern standards of practice in the certification industry. Graduates of surgical technology programs accredited programmatically by ABHES enjoy the privilege of sitting for the CST exam.

Pharmacy Technician Certification Accredited by the NCCA

The Pharmacy Technician Certification Board (PTCB) announced on December 15, 2006, that the National Commission for Certifying Agencies (NCCA) has granted accreditation to PTCB's National Pharmacy Technician Certification program for demonstrating compliance with the *NCCA Standards for the Accreditation of Certification Programs*. PTCB joins an elite group of 72 organizations with 176 programs that have received and maintained NCCA accreditation.

The PTCB has certified over 250,000 Pharmacy Technicians since its inception in 2005. ABHES currently accredits 55 campuses offering a Pharmacy Technician program.



How is Rudi Doing?

As some of you may know, Rudi Nichols, formerly ABHES' Coordinator of Institutional Reporting, moved to Atlanta, Georgia in January. In February, Rudi accepted a position as Campus Director at Ross Medical Education Center located in Decatur, Georgia, where she continues to be committed to the allied health education field. So, while Rudi is no longer a member of the immediate "ABHES family," we want you to know that she remains connected to ABHES through her new position. She is extremely grateful for this new opportunity and to ABHES for all the invaluable years of experience. Rudi wants to thank the ABHES membership for all the well wishes and looks forward to "getting connected" again soon!

ABHES Commissioners and Staff

Commissioners

Mark Luebke, Chair

Elected Member (2007-2010)
Vice-President, Pima Medical
Institute Mesa, AZ
mluebke@pmi.edu

Guy Euliano, Past Chair

Elected Member (2005-2008)
Tri-State Business Institute
Erie, PA
geuliano@tsbi.edu

Carole Schanel, Treasurer

Elected Member (2005-2008)
Director of Accreditation &
Licensing
Corinthian Colleges
Santa Ana, CA
cschanel@cci.edu

Linda Swisher, Ed.D., Secretary

*Elected Member (2007-2010)
Program Director (Retired)
Sarasota County Technical
Institute
Sarasota, FL 34242
Lwswisher@aol.com

**Michael P. Covone M.Ed, RT(R),
CT**

Appointed Member (2006-2009)
Assistant Professor
Pennsylvania College of
Technology
Williamsport PA
mcovone@pct.edu

Terry Humphrey, CST

Appointed Member (2006-2009)
Instrument & Equipment
Coordinator
Baptist Medical Center
Jacksonville, FL
terry.humphrey@bmcjax.com

Dr. Kevin L. Kirk

Elected Member (2007-2010)
President
Community Care College
Tulsa, OK

Paul Mitchell

Elected Member (2007-2010)
President/CEO
Ross Education LLC
St. Clair, MI

**Marie H. Paulson RN, BSN, MS,
CNOR**

Appointed Member (2005-2008)
Perioperative Specialist
Kaiser Permanente Foundation
Hospitals
Pasadena, CA
mpaulsonrn@cox.net

Colleen M. Rupp

Appointed Member (2005-2008)
Campus President
Keiser College
Melbourne, FL
colleenr@keisercollege.edu

Sandra Yelverton, Ed.D., Ed.S

Appointed Member (2006-2009)
Education Administrator (Retired)
Alabama Department of
Education
Montgomery, AL
sandrayer1611@knology.net

* The elected public commission-
er designation was eliminated in
2005; therefore, to transition, Dr.
Swisher, originally elected as a
public member, was reappoint-
ed in 2007 and upon completion
of her term an elected member
will replace her.

Staff

**Carol Moneymaker, Executive
Director**

cmoneymaker@abhes.org

**Christopher Eaton, Associate
Executive Director**

ceaton@abhes.org

**Eileen M. Brennan
Director of Accreditation
Development**

ebrennan@abhes.org

**Tony Filipe
Director of Institutional
Compliance**

tfilipe@abhes.org

**Shelley Newham
Office Manager**

snewham@abhes.org

**Amy Rowe
Accreditation Specialist**

arowe@abhes.org

**Nicholas K. Smith
Accreditation Coordinator**

nsmith@abhes.org

**India Y. Tips
Director of Accreditation
Services**

itips@abhes.org

**Michael D. White
Director of Regulatory Affairs**

mwhite@abhes.org

Community Care College Named to President's Honor Roll

Community Care College has been named to the first-ever President Bush's Higher Education Community Service Honor Roll. This distinction recognizes the college's students, faculty and staff for helping to build a culture of service and civic engagement in the nation. Community Care College is one of eight in the state to receive the honor, and the only career college. Other colleges named are: Rose State College, Oklahoma City Community College, Southeastern Oklahoma State University, Oklahoma, University of Oklahoma College of Dentistry, Redlands Community College and Rogers State University.

"We have a very charitable team of employees and students that volunteer their valuable time to local charities and worthwhile causes year after year." We are proud to accept this award from President Bush and look forward to continuing volunteering efforts in the community," said Dr. Kevin Kirk, President of Community Care College. More than 500 colleges and universities applied for the Honor Roll in its inaugural year. A full list of winners is available at nationalservice.gov along with descriptions.



"In conjunction with the Honor Roll announcement, we released a comprehensive study that shows college student civic engagement rising significantly in recent years. The 'College Students Helping American' study showed that student volunteering increased approximately 20% from 2002 to 2005 and that 3.3 million college students serve each year," stated David Eisner, CEO of Corporation for National and Community Service in a letter written to Community Care College.

Community Care College has been institutionally accredited by ABHES since 1998.

HEAL COALITION PLAYS ACTIVE ROLE IN ICD-10 DEBATE

The Higher Education Allied Health Leaders (HEAL) Coalition continues to work with its members regarding proposed changes that could have a significant impact on institutions with Medical Coding and Billing programs. The changes, which implement the tenth International Classification of Diseases protocol (ICD-10), will result in the creation of nearly 200,000 billing codes nationwide.

“We are concerned that some institutions will not have enough time to update and adjust their programs to reflect this nearly ten-fold increase in billing codes,” HEAL Coalition Executive Director Tom Netting explained, adding: “Because action will likely occur this year, we need to make sure that the Administration considers the ‘human’ element – and all the re-training needed to absorb the new billing codes – when developing the ICD-10 timeline.”

Regulatory Action Pending

The 109th Congress adjourned in December without agreeing to health IT legislation, thus postponing action on the deadline for a nationwide conversion to the ICD-10 system. Because Congress was unable to complete action on the Health IT legislation, the Administration is currently drafting a proposed rule that may require conversion to the ICD-10 protocol by October 2010. However, a growing consensus suggests that the deadline would impose unrealistic demands on the health education field and should be postponed until 2012.

The HEAL Coalition has already engaged in discussions with key officials within the Centers for Medicare and Medicaid Services (CMS) and the Office of Management and Budget (OMB) regarding ICD-10 implementation. As part of a broader group of providers and related medical organizations, HEAL has been well-placed to contribute to the impact which a new coding system will have on the schools who train the students participating in Medical Billing and Coding programs.

Board Chair Mary Lyn Hammer praised HEAL's efforts to draw attention to this issue: “The strong relationships HEAL has among health policy-makers within the legislative and executive branches will ensure that the interests of our participating schools will be heard. We will continue to work with key stake-holders in both health and higher education in order to represent the interests of allied health schools in this important debate.”

Study Demonstrates Coders' Importance

A recent study by the American Health Information Management Association (AHIMA) illustrated both the value which quality medical coders provide to the health profession and the importance of allowing time for an adequate transition to the ICD-10 billing protocol.

More than half of all medical offices surveyed for the study (53%) reported coding positions that had gone unfilled for at least four months; nearly one-quarter (23%) had coding positions open for at least seven months. But the AHIMA study also found that those coders hired received competitive salaries – more than four-fifths (82%) of coders with at least three years' experience made at least \$30,000.

“The AHIMA survey results confirm what our member institutions have told us: Medical Coding and Billing is a worthwhile profession – but at a time when qualified coders are in short supply, schools will need time to train their personnel on the new ICD-10 billing protocol,” Executive Director Netting stated, adding “I have no doubt the proprietary sector will be ‘first to market’ with a new ICD-10 curriculum – but it will still take time to make the appropriate changes in their textbooks and course materials.” To read the journal article summarizing the AHIMA study, visit http://www.ahima.org/emerging_issues/CodersWanted.pdf

HEAL Closely Monitoring Health Legislation

The opening weeks of the 110th Congress have seen action on other issues of interest to allied health schools, as bills regarding the standards of radiologic care were re-introduced, along with several other pieces of legislation relevant to HEAL member schools. In addition, Executive Director Tom Netting has met with Rep. Cliff Stearns (R-FL) regarding legislation he has previously introduced – the Allied Health Reinvestment Act, which authorizes grants and loan forgiveness to allied health students – and the need for such legislation to provide parity between proprietary and traditional schools with regard to the availability of grant funding.

“ICD-10 is the tip of the proverbial iceberg with regard to legislative and regulatory measures that have the ability to impact allied health schools and their students,” Netting observed. He summarized HEAL's philosophy as “informing policy-makers in Washington about the ways our member schools are training a new generation of front-line health care staff, and engaging them on the ways to promote the proper training and retention of quality allied health professionals.”

We are pleased to share this important information with ABHES-accredited institutions and programs and appreciate the relationship our organizations have developed. If you are interested in joining us, would like more information regarding the HEAL Coalition, or wish to learn more about the ICD-10 issue, contact Executive Director Tom Netting at (202) 626-8553.

ABHES Confirms 2008 Conference

The Accrediting Bureau of Health Education Schools (ABHES) is pleased to announce that the 5th Annual National Conference on Allied Health Education will be held at Disney's Coronado Springs Resort in Orlando, Florida. The Conference is scheduled for **Thursday-Friday, January 31 - February 1, 2008**. The discounted sleeping room rate for attendees will be \$139 per night. As in the past, our workshops and annual membership meeting will be held just prior to the start of the Conference.

The Resort is one of the largest single-level hotel convention centers on the East Coast. The Resort is located in the heart of Walt Disney World, near Epcot, The Disney-MGM Studios, Disney's Animal Kingdom Theme Parks and the Magic Kingdom Park, and offers complementary transportation to many of the parks. The Resort is situated on a 15-acre lake, complete with a marina and recreational facilities. It offers a 3,000 square foot state-of-the-art fitness center, a refreshing feature pool and jacuzzi, plus five additional courtyard pools. Golf is available at any of the five championship courses.

Visit www.abhes.org for additional information soon.

NATIONAL CONFERENCE ON

Highlights from the 2007 Conference

The 4th annual National Conference on Allied Health Education held in San Diego, California, on January 25-26, 2007, was an extraordinary success! From the fun-filled opening reception, to the keynote address by Jody Urquhart whose company, I Do Inspire, is dedicated to helping health care professionals soar above the madness, to several vibrant breakout sessions, the conference proved enlightening and enjoyable. ABHES was honored to have Dr. Jack Yena, Chairman of Johnson & Wales University, as the luncheon speaker during which time he described his insights on creating a recipe for success at institutions.

The awards ceremony, an annual highlight for the ABHES conference, brought laughs and tears as outgoing commissioners were bid a fond farewell as was long-time employee Rudi Nichols who has relocated to Georgia and has begun a new career (read more about Rudi on page 5). ABHES paid homage to its dedicated volunteers and friends, including Evaluator of the Year, Fred Freedman, and presented Dr. Harry Meyers, former ABHES commissioner and chairman, with the Distinguished Service Award. Moving comments from the winner of the Master Teacher Award, Shirley Jelmo, medical assisting program faculty at Pima Medical Institute, rounded out the professional sessions.

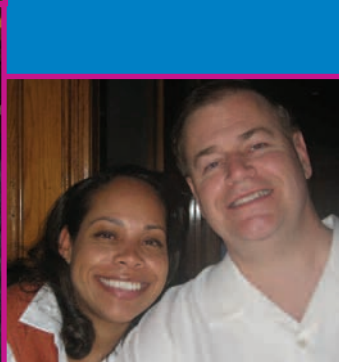
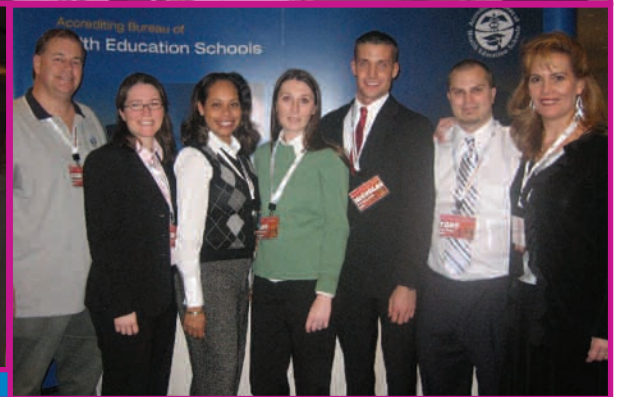
The closing wine and cheese reception was a great end to a fun-filled and informative few days!

The Commission and staff wish to thank everyone who supported ABHES by attending, presenting, exhibiting and/or sponsoring an event at the conference. We look forward to seeing you all again at next year's conference, scheduled January 31-February 1, 2008, in Orlando, Florida. More information on the 2008 conference can be found on p. 7.

Photos provided by Michael Cooney, Career Education Review, and Rudi Nichols.



ALLIED HEALTH EDUCATION



ABHES WELCOMES NEW STAFF



Shelley Newham



Eileen Brennan

ABHES is pleased to welcome Shelley Newham and Eileen Brennan to the staff. Shelley, who began working for ABHES on February 27, serves as Office Manager. Prior to joining ABHES, Shelley was employed by a small construction company as the office

manager/project manager. Her responsibilities for ABHES include overall management of general office operations, computer and database maintenance and staff support. Shelley holds a bachelor's degree from Savannah College of Art and Design.

Eileen, who joined ABHES on April 2, serves as Director of Accreditation Development. She was previously employed by the Accrediting Council for Independent Colleges and Schools (ACICS) where she served as Associate Director of Quality Assurance for several years and, in the 1990s, as a Senior Accreditation Coordinator. In between her tenures with ACICS, Eileen worked as an Education Analyst for the Maryland Higher Education Commission. Among her responsibilities at ABHES are: evaluation of various institutional substantive change applications, including ownership and new campuses; approval of contractual training and teach-out agreements; and liaison to the Council on Higher Education Accreditation (CHEA) and the Association of Specialized Allied Health Professionals (ASAHP).

Additionally, Michael White, former ABHES commissioner and more recently its Regulatory Affairs advisor, assumed a full-time staff position in March as Director of Regulatory Affairs. Michael will continue with the work he began in his role as advisor to ABHES, including monitoring of state and federal legislative matters impacting healthcare education and accreditation as well as his most recent project of drafting required programmatic standards (see article on p. 12) and he has assumed the role of counsel to ABHES on legal matters. A former attorney and psychologist, Michael has worked in private career education since 1997 and served on the ABHES Commission between 2004-2006.

We welcome all to their new roles with ABHES.!

WHY MORE EMPLOYERS ARE HIRING CMAs

Even before the American Association of Medical Assistants (AAMA) adjusted the eligibility requirements for the AAMA CMA Certification/Recertification Examination to better meet the human resource needs of the current health care environment, more employers of allied health personnel were preferring or even insisting that their medical assistants have the AAMA Certified Medical

See "Employers Hiring CMAs" pg. 11.

NEW COMMISSIONERS JOIN ABHES



L to R: Paul Mitchell, Dr. Kevin Kirk and Mark Luebke

At the January 2007 Annual Membership Meeting, Mark Luebke was re-elected to the Commission for a three-year term and is joined by two newly elected commissioners, Dr. Kevin Kirk and Paul Mitchell.

Dr. Kirk is President of Community Care College and Clary Sage College both located in Tulsa, Oklahoma. He is responsible for the daily operations of both campuses and brings over 30 years experience in higher education, health care, and business.

Mr. Mitchell is President and Chief Executive Officer of Ross Education, LLC, the parent company of the Ross Medical Education Centers. He has been an executive with Ross for 21 years functioning in a variety of capacities including Director of Technical Education and Vice President for Government and Industry Relations.

Congratulations to all and our thanks to the others who ran for this important election.

Reminder of Externship Requirements

ABHES standards are designed to ensure that externships are educational experiences that are provided for specific, clearly identified curriculum and course objectives. Moreover, the standards require that qualified individuals supervise externship experiences and evaluate students on externship. In short, externships that satisfy program requirements are courses like any other in so far as requirements for syllabi, faculty qualifications, and student evaluation.

All accredited institutions and programs should carefully review their externship policies and procedures. It is important to note that the U.S. Department of Education has recognized that externships that meet accreditation requirements may be exempt from the Department's regulations under 34 CFR 66.85 regarding contracting out of education, as described in an ABHES notice dated October 4, 2006 (visit www.abhes.org, historical links, Clarification from the Department of Education - Externships).



Things You Should Do, But Often Forget, When Preparing for an ABHES Site Visit

While every site review is similar, remember that reviewers are human and, as such, subject to bad hair days, personal and professional issues and the very same things that can make your day a tough one. A prepared and relaxed school staff that is friendly, knowledgeable, and able to assist the reviewers can do wonders for a visit. Some thoughts on preparation:

1. Be positive to staff about the upcoming review. Impart upon your staff that this is a great opportunity to conduct a self-evaluation which can ultimately improve your institution or program and, most importantly, help them do their job!
2. Assign staff to review accreditation standards. While all staff should be made aware that an accreditation visit will be occurring (reviewers like to talk to lots of staff and students), not all staff have to be familiar with all the standards. The staff responsible for implementing the standards (the most important being Chapter IV of the Accreditation Manual as it applies to all institutions and programs) should know, and be prepared to discuss them with the reviewers.
3. Conduct mock reviews asap. The institution needs a base level for a strength and weakness analysis as to its readiness to receive and perform favorably during a site review. Conduct mock reviews at minimum annually and immediately upon notice of a site visit. Do not hold your initial mock review just before the reviewers arrive as it is probably too late and your staff may say the strangest things when the stress levels are high (e.g., "I never heard of that policy").
4. Once weaknesses are known, prepare an improvement plan and conduct portions of the mock review again. Some part of the mock review will likely need work. Management must be positive and follow up on and correct issues!
5. Assign high value to reviewing the documentation process. Most visits "go bad" when schools are unable to provide documentation to support compliance. Take heed, "Document-document-document. If it is not documented, it didn't happen." If you think the review team will overlook that hard-to-explain student file...think again.

6. Organize documentation so that the reviewers can easily find it. While the reviewers are generally very professional and will try to accommodate each school's interpretation of "organization", arrange your documentation in a way that will logically support the review and allow for the least amount of questions.
7. Details count. Make sure the ABHES Meeting Room List is strictly adhered to and is organized in the meeting room by number. Provide the review team with a working area large enough to spread their materials out, while displaying the requested items on a separate table(s). Attention to details prior to the visit will ensure review teams can complete their tasks quickly and efficiently.
8. Shout it out. Tell all school stakeholders that you are having an accreditation site visit. Stakeholders include students, faculty, administrative staff, advisory board members, externship site supervisors, and employers.
9. Debrief. Once the review is over spend time with all the institutional participants - ask them for their reactions, impressions, suggestions. Incorporate the good ones (and there always are) and fold them into your procedures manual because:
10. There will always be another site review: Start planning the calendar-ing and preparation for the next site review immediately after the last one. Time marches on and before you know it, another letter from ABHES will be on your desk announcing another site review. Keep in mind ABHES also conducts unannounced site visits regularly.

There is always something to learn in our area of higher education and ABHES site visit reviewers have the same attitude as the agent had in the movie Jerry McGuire. They need you to, "Help them to Help you!"

Joanne Rose-Johnson, President, Educational Advisors, Inc.

Employers Hiring CMAs, cont'd from page 10.

Assistant® (CMA) credential. Understanding why employers are aggressively recruiting Certified Medical Assistants is of the utmost importance for a medical assistant's entry into and advancement within the allied health work force.

First of all, the United States continues to be one of the most litigious nations in the civilized world. Disputes that used to be settled by discussion and mediation are now being referred to attorneys and ending up in courts of law. Lawsuit mania is particularly acute in the world of health care. Patients have come to view health care providers as guarantors of a positive outcome, and any less-than-optimal result often leads to litigation.

Because of this unfortunate state of affairs, health care providers have had to fortify themselves against malpractice suits and other legal perils. Employers of allied health professionals have correctly concluded that having credentialed personnel on staff will lessen the likelihood of a successful legal challenge to the quality of work of the employee. Thus, in the realm of medical assisting, the CMA credential has become a means of protecting against potential plaintiffs who might seize upon the fact that the employer (whether a physician, a physician's corporation, a group practice, or a clinic) is utilizing unlicensed allied health personnel. (Medical assistants currently are not

licensed in most states, although some states require education and/or credentialing as a legal prerequisite for the performance of certain duties.)

Another major influence dominating the American health care scene is managed care. The cost limitations imposed by managed care organizations (MCOs) are causing mergers and buyouts throughout the nation. Small physician practices are being consolidated or merged into larger providers of health care, and the resulting economies of scale are—supposedly—making the delivery of health care more cost-effective. Human resource directors of MCOs place great faith in professional credentials for their employees (including physicians), and therefore are more likely to establish certification as a mandatory professional designation for medical assistants. All indications are that the managed care revolution has not yet run its course; consequently, the requiring of the CMA credential by employers is likely to accelerate.

In addition to these factors, state and federal laws—especially certain provisions of the Occupational Safety and Health Act (OSHA) and the Clinical Laboratory Improvements Act (CLIA)—are making mandatory credentialing for medical assistants a logical next step in the hiring process. Although OSHA and CLIA do not per se require medical assistants to be CMAs, there are various components of these statutes and their regulations that can be met by

See "Employers Hiring CMAs" pg. 12.

ABHES to Establish Program-Specific Competency Standards



Until recently there has been little attention to licensing or credentialing in most allied health fields. In most of the country, employers have been free to hire whoever they wish for allied health occupations. State regulations limiting who may work in a given capacity were often general in nature, if they existed at all. For the most part, schools offering allied health education programs found their graduates competing with on-the-job trainees for jobs, and the schools' primary concern was simply to make sure that graduates were better prepared for work than those with no education at all.

This state of affairs has changed in recent years, and the changes are likely to accelerate in the future. In this era of cost consciousness in health care, employers can no longer afford to make hiring mistakes even for entry-level positions. They are increasingly looking for assurances that those they hire are prepared with the knowledge and skill needed to perform on the job. Significantly, employers have learned that they can limit their liability risk for errors in patient care if they can establish that they only hire those who meet specific criteria. In addition, state legislatures are increasingly responding to pressures from insurers and trade associations to set criteria for entry into various allied health fields.

As both employers and states scramble to show they have "tough" criteria limiting who can work, private allied health schools are becoming frequent targets. The most common concern regarding private schools comes in the form of discrimination favoring regional accreditors over national accreditors. For very good reasons, most private allied health schools are nationally accredited. Public community colleges and public technical schools are invariably regionally accredited, and they represent powerful economic and political forces in their states and communities. When employers and legislators want to make a show of setting limits on who is eligible to work, they often end up favoring or even requiring regionally accredited education. This meets their need to look like they have adopted a meaningful standard, and it has the support of the large public school segment, which has increasingly supported discrimination against private schools and their accreditors as a way to limit competition.

In response to the trend, the commissioners of the Accrediting Bureau of Health Education Schools (ABHES) have decided to take affirmative steps to strengthen the position of private allied health

schools accredited by ABHES in the battle for graduates' eligibility to work. Since ABHES is in a unique position as the only agency specifically recognized by the United States Department of Education to accredit institutions that offer predominately allied health education, the Commission has decided to strengthen both the perception and the reality of ABHES' expertise in evaluating allied health education by enacting specific competency standards for each allied health field.

To understand what this means, one need look no further than ABHES' current treatment of Medical Assisting programs. In addition to the general evaluation standards of Chapter IV of the Accreditation Manual that all programs at an institution must meet, Medical Assisting programs must demonstrate compliance with the medical assistant specific provisions of Chapter VI. Experience has shown that these specific content standards for medical assisting programs provide employers, credentialers, and even legislatures with the assurance they need that ABHES-accredited medical assistant programs meet high standards of educational quality. Discrimination against ABHES accredited medical assistant programs by employers, credentialers, and legislatures is nearly nonexistent and certainly less than in other fields.

In the coming months ABHES intends to promulgate similar program-specific standards for other allied health programs. The intent is to develop clear, easy to understand standards that are directly related to the competencies needed by graduates. As is already the case in medical assisting, medical laboratory technology, surgical technology, and diagnostic medical sonography, the new program-specific standards will make life easier for schools by giving better guidance on what is required of an accredited program and ensuring more consistency in the evaluation process. The new standards will be a win-win for schools; on the one hand de-mystifying accreditation and on the other increasing the value of ABHES accreditation in the marketplace for graduates and ultimately for the schools.

The ABHES Commission and staff are excited and optimistic about the future of private allied health education and believe the development of program-specific standards will do much to secure the future of ABHES-accredited allied health institutions and their graduates.

Any questions or comments regarding these matters may be addressed to Michael White, mwhite@abhес.org.

Michael White, Director of Regulatory Affairs

Employers Hiring CMAs, cont'd from page 11.

demonstrating that the medical assistants in the clinical setting are certified. Furthermore, private sector bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the National Committee for Quality Assurance (NCQA), often look favorably upon (although do not mandate) such professional credentials as the CMA to verify the competence of medical assistants.

All in all, the AAMA Certified Medical Assistant® (CMA) credential is assuming increasing importance in the eyes of all types of

employers of medical assistants. By offering the CMA designation to worthy medical assisting candidates, the American Association of Medical Assistants is providing a valuable service to the medical assisting profession, employers of medical assistants, and the American public. Indeed, the Certified Medical Assistant® is becoming the allied health professional of choice for ambulatory health care delivery settings.

*Donald A. Balasa, JD, MBA,
AAMA Executive Director, Legal Counsel*

What is Faculty Professional Development?

Faculty members of ABHES-accredited institutions and programs are required to annually document continued professional development (see IV.L.5.a. of the Accreditation Manual). To ensure the professional development activities are meaningful, a development plan for each faculty member is also a requirement. These plans might appropriately include activities typically offered through faculty in-service sessions, i.e., teaching and classroom management skills, but the primary focus of each plan should be to enhance the instructor's scholarship and professional awareness.

As the plans must be reviewed by a supervisor and updated on an annual basis, a sensible time for the employee and supervisor to review the plan is on the employee's anniversary date, or even better, during the employee's scheduled performance evaluation. Tailored to the individual faculty member's needs and desires, the plan directly benefits the instructor and ultimately serves students by ensuring they continually receive quality instruction that is current and relevant to their academic and professional aspirations.

In order for the plan to be viewed by the instructor as an opportunity and by the administration as an effective means to ensure that the faculty member continues to demonstrate excellence, below are three guiding principles to be followed when developing a plan:

1. Explain Why the Plan is Appropriate.

It should be clear to anyone reviewing the plan that it will be effective to the professional needs and desires of the individual. The simple way to do this is to provide in the plan itself, an explanation as to why the instructor plans to participate in the proposed activities. The faculty member should be able to answer, why at this time, the planned activities are suited to his/her needs as an instructor. For example, if the individual is a current practitioner and fairly new to the field of teaching, perhaps the plan will focus on opportunities that will provide fundamentals on instruction or classroom management. Conversely, if the individual is a veteran teacher but has not been practicing in the field for a number of years, the plan would likely include continuing education or atten-

dance at seminars or workshops relevant to the discipline in which the individual instructs.

2. Keep It Simple.

An instructor's enthusiasm and good intentions should not be allowed to develop into unrealistic goals. If several intended actions are listed in the plan and are unfulfilled, at a minimum, it would appear that little deliberate thought was given in developing the plan; but worse, it could appear as failure to meet one's objectives. Accomplishing the two or three proposed activities in a plan is more readily recognized as a substantial achievement than seeing completed only a couple objectives from a lengthy list.

3. Be Specific.

The proposed activities should be clear and concise, and include the scheduled dates. Avoid ambiguous statements, such as, "attendance at an allied health workshop."

Reminders!!!

Write the plan in future tense, as it is a proposed "plan." There is no reason to list accomplishments achieved prior to the date of the plan. These will already be documented.

Be able to evidence that the plans are reviewed by appropriate supervisory personnel and updated on an annual basis by each faculty member. The simplest means to demonstrate compliance with this requirement is to include signature lines in the (plan) form so that both the faculty member and the supervisor sign and date it upon review.

Make sure credit is received for promoting excellence in the quality of faculty through their continual professional growth accomplishments. Do not forget to file documentation, i.e., certificate of attendance, to support activities completed in the plans. It is recommended that these documentations be immediately submitted rather than waiting for the scheduled review of the plan, by which time, the required documentation has often been forgotten or lost.

Eileen Brennan, Director of Accreditation Development

Washington Update, cont'd from page 4.

amendment to the HEA. The Department was required to carry out negotiated rulemaking to implement the changes made to the grant and loan programs with the enactment of the Higher Education Reconciliation Act of 2005 (HERA). Consequently, the Secretary established four committees to carry out negotiated rulemaking on loan issues, general provisions issues, the ACG and the National SMART Grant Programs, and accreditation. Secretary of Education Margaret Spellings established a committee on accreditation even though there were no statutory changes to accreditation, and Congress is watching to make sure that the Secretary does not propose regulations that go beyond her authority. Thus far, only the general provisions committee has reached consensus. If consensus is not reached, the Department may propose regulations that may be of concern to many members of the higher education community. For instance, the Secretary has pro-

posed regulations that would prohibit the denial of transfer credit based solely on the accrediting agency of the sending institution. The Secretary is also proposing regulations that would require institutions to develop performance outcomes measures by which it may be compared to other institutions. We have a while to see what the outcome will be because the Department will have to first propose regulations and provide at least a 30-day comment period. Final regulations will be published by November 1, 2007 with an effective date of July 1, 2008.

Investigations into Student Loan Industry

There has been a great deal of focus on the student loan industry by the Department of Education, Congress, and a number of Attorneys General beginning with Attorney General Andrew Cuomo of New York. The thrust of the investigations, the legis-

See "Washington Update," pg. 15.

Measuring Your Institution's Effectiveness: Where We've Been/ Where We're Going



The Council on Higher Education Accreditation states that the quality of an educational process is related to the appropriateness of its objectives, the effectiveness of the use of resources, and the degree to which these objectives are achieved. Without a clear statement of what the education is expected to provide, it's not possible to determine how good it is. Thus the process of setting goals and using data to form

assessments in an ongoing cycle of goal setting and planning establishes an institution's effectiveness. An institution's Institutional Effectiveness Program (IEP) fulfills several purposes:

1. Assisting the institution in achieving internal effectiveness through establishing goals for short- and long-term successes.
2. Assessing progress, the need for change and continuously reviewing the process so the institution can make timely changes based upon valid information.
3. Communicating key information regarding the institution's goals, its degree of effectiveness, and how it plans to enhance overall quality.
4. Measuring how the IEP meets the expectations and requirements of state boards and ABHES to demonstrate regulatory compliance.

The IEP requires an institution to look at its past, present, and future and to continuously ask:

Where have we been?

This data becomes the baseline for gauging and demonstrating improvements.

Where are we now?

Current data demonstrates how you will measure change from the baseline data using the comparison to identify changes needed.

Where do we want to go?

A look towards the future for goals to improve or enhance processes and/or programs.

OUTCOMES ASSESSMENT

Possible areas for assessment include (though not limited to):

- Currency and Relevance of Programs/Curriculum
- Student Learning Outcomes
- Career Success (Graduate initial/long-term employment)
- Academic Climate (Participatory Learning)

- Implementation of Technology
- Faculty Development
- Student Support Activities
- Employer/Community Needs Met

Goals or outcomes are set, responsibility assigned, action outlined, and measurement defined. At the end of an established period, a review of the data collected will demonstrate how well the predetermined goals were met in each category and needed changes identified.

The following illustrates an example of IEP implementation:

ADMISSIONS GOALS

Outcome: Increase re-starts (re-admitted) students by 30%.

Measurement: Total number of withdrawn, terminated students applying for re-admission per quarter.

Action: Enhanced follow-up of withdrawn or terminated students via phone, mail, and electronic correspondence.

Area(s) addressed: Retention, Graduate Satisfaction.

Result: Evaluated quarterly and end of year.

ACADEMIC GOALS

Outcome: Achieve 80% pass rate on certification exams.

Measurement(s): Testing agency Reports

Action: Include test prep in each course leading to certification, install test-practice software, organize test-study groups.

Areas addressed: Learning Outcomes, Placement, Graduate Satisfaction

Results: Evaluated mid-year and end-of-year

CAREER SERVICES GOALS

Outcome: Achieve placement rate of 70-75%.

Measurement: Placement data from the bi-weekly placement coordinator report.

Action: Arrange guest speakers and mock interviewers from the business community for the professional development class to help students in career readiness. Strengthen placement orientation. Maintain accurate and current jobs log/file. Conduct Career Days for potential employers. Participate in community development activities/events. Implement an Alumni association and mentor program.

Area(s) addressed: Retention, Placement, Graduate Satisfaction, Employer Satisfaction, and Learning Outcomes.

Results: Evaluated mid year and end of year.

FINANCIAL SERVICES GOALS

Outcome: Achieve a minimum of 90% completion in new student aid processing prior to a start.

Measurement(s): Weekly Financial Aid Report and Weekly Admissions Status Report.

Action: Review weekly report and address areas at the weekly financial aid meetings.

Area(s) addressed: Processing and Operations.

Result: Evaluated every six weeks.

ADMINISTRATIVE GOALS

Outcome: Achieve a minimum score of 85% student satisfaction on the latest student satisfaction survey.

Measurements: Quarterly student evaluation reports.

Action: Monitor in management meetings making changes as appropriate.

Area(s) addressed: Operations, Retention.

Result: Evaluated quarterly and end of year.

Always keep in mind that the results of an IEP are never really final. An effective IEP is constantly reviewed and used in evaluating the effectiveness of each program and the overall operations at the institution. "If you don't know where you are going, how can you expect to get there?" --Basil S. Walsh

For further information on IEP development, the Institutional Effectiveness Program Training Manual may be found on the ABHES website.

Dr. Sandra Yelverton, ABHES Commissioner

Washington Update, cont'd from page 13.

lation that is being introduced, and the regulations that are being proposed concern the development of preferred lender lists and the provision of lender inducements to secure access to placement on preferred lender lists and ultimately access to loan applications. Questions have been raised about lenders who have provided expense-paid trips, meals, entertainment, gifts, and staffing. Other questionable practices found during the investigations are revenue arrangements where lenders are paying institutions a percentage of revenue from loans originated at the institution and lenders' use of financial aid administrators and other institutional employees on advisory boards. Lenders and institutions have reached settlement agreements and some Department of Education officials are on leave because they were holding stock in financial institutions. It is difficult to predict where this will lead, but it will ultimately change how loans are marketed by lenders.



Dr. Sharon Bob
Powers Pyles Sutter & Verville, P.C.
Washington, DC
202-872-6772
Sharon.Bob@ppsv.com

The Sunset of Private Postsecondary Education Regulation in California

As of this writing, it appears that California's Private Postsecondary and Vocational Education Reform Act (Act) will become inoperative on July 1, 2007. According to a letter dated February 15, 2007, from Barbara Ward, Chief of the Bureau for Private Postsecondary and Vocational Education (Bureau), this means that as of July 1 the approval or registration from the Bureau will no longer be needed to operate a private postsecondary educational institution legally in California. The letter cautions, however, that while the Board ceases operations on July 1, the Act remains in effect until January 1, 2008. Thus, failure to comply with the provisions of the Act is grounds for discipline under existing law and may affect licensure under future law.

Many of the implications of the cessation of the Bureau by July 1 and the potential repeal of all regulation under the Act on January 1 are unclear. For example, a number of other state boards or agencies recognize approval by the Bureau as a contingency that allows graduates of private postsecondary programs to license or credential. In the Bureau's absence, there are concerns how these boards and agencies will respond to graduates from programs that were approved before July 1, and there are even more troubling questions about any program that might begin operations after that date. Private postsecondary schools in California are well advised to proceed cautiously. The California Association of Private Postsecondary Schools (CAPPS) has been deeply involved in the issues surrounding the sunset of laws regulating the sector and is a resource for more information. <http://cappsonline.org/index.shtml>.

In her letter of February 15, Ms. Ward seemed to reassure California schools that the situation with the Bureau and California regulations would have no adverse effect on Title IV eligibility. However, the response from the United States Department of Education cited by Ms. Ward contains a number of cautions, and every private postsecondary school in California participating in federal student aid programs would be well advised to read that letter, found at the Bureau's website, http://www.bppve.ca.gov/sunset_updates.htm, and to take appropriate steps to satisfy itself regarding continuing eligibility.

The cessation of the Bureau and even the repeal of the Act on January 1, 2008, does not in itself adversely effect ABHES accreditation of California schools or programs. ABHES standards do not require licensure or approval by a state agency as a condition for accreditation; rather, it requires that a school be properly licensed, chartered, or approved to provide education under the laws or regulations of the state, for which California will likely have none. ABHES standards also require a school or program to comply with all applicable local, state and federal laws. Therefore, California schools need to continue to comply with the Act unless and until it is repealed and to monitor any other existing laws as well as any interim regulations or emergency legislation that may occur in order to assure that they continue to meet all legal requirements governing their operations.

May 18-19, 2007

Commission Meeting
(Chicago, IL)

MAY 20, 2007

Programmatic Accreditation
Committee Meetings (MA, MLT, DMS)
(Chicago, IL)

MAY 25, 2007

Self-Evaluation Report Deadline
(2nd Travel Cycle 2007)

Application for Accreditation Deadline
(Initial Applicants)

JUNE 5-6, 2007

Preliminary Review Committee
Meeting
(Falls Church, VA)

JUNE 11, 2007

Accreditation Workshop,
New Orleans, LA
(9 am – 5 pm)

JUNE 12, 2007

Distance Education Evaluator
Training,
New Orleans, LA (8 am – 12 pm)

Surgical Technology Programmatic
Training & Assessment
New Orleans, LA (8am – 12pm)

Joint Accrediting Reception
(ABHES, ACCSCT, ACICS)
(5:00 pm – 7:00 pm)

JUNE 13-15, 2007

Career College Association (CCA)
Convention
New Orleans, LA

JULY 4, 2007

Observance of Independence Day
(Office Closed)

JULY 14-17, 2007

Commission Meeting,
(Alexandria, Virginia)

JULY 23, 2007

Second Travel Cycle Begins

Self Evaluation Report (SER) Mailing
(Institutions being visited 1st Travel
Cycle 2008)

JULY 23, 2007

2006-2007 Annual Report Posted
(www.abhes.org)

AUGUST 17, 2007

Self-Evaluation Report Deadline
(Initial Applicants Only)

MONDAY, OCT 15, 2007

Second Travel Cycle Ends

FRIDAY, OCT 19, 2007

2006-2007 Annual Report Deadline

MON-TUES, NOV 12-13, 2007

Preliminary Review Committee
Meeting (Falls Church, VA)

NOV 16, 2007

Application for Accreditation Deadline
(Initial Applicants)

NOV 22-23, 2007

Thanksgiving Holiday (Office Closed)

DEC 8-11, 2007

Commission Meeting (Alexandria, VA)

FRIDAY, DEC 14, 2007

Self Evaluation Report (SER)
Deadline
(Recycle Applicants)
(Institutions being visited 1st Travel
Cycle 2008)

DEC 24-28, 2007

Holiday Break (Office Closed)

*A special thanks to
Dr. Evelyn Presley,
President of Central
Florida Institute, for her
continued assistance in
editing the Advantage!*

Keep ABHES Informed!

Please send any updates for contact information, including e-mail address, to Shelley Newham at snewham@abhes.org. We want to make sure that everyone needing to see important updates from ABHES is receiving them. If your e-mail address has changed within the past year and you have not been receiving notices from ABHES electronically, it is likely you are no longer in our system. Also, while we send all important notices by mass e-mail, please be sure to visit regularly www.abhes.org to keep current.

Also, as your institution or program has news to share, we want to hear about it. Submit any news-worthy information or articles to Carol MoneyMaker, Executive Director, at cmoneymaker@abhes.org for possible publication in The Advantage. ABHES publishes its newsletter twice annually, normally during the months of April and October. We look forward to hearing from you!
