



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING  
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VIA EMAIL & FEDERAL EXPRESS  
(rc@ibipr.com)

Mr. Rodulio Caudales, President  
Industrial Biotechnological Institute  
Road 871, Barrio Volcan  
Bayamon 00960  
Puerto Rico

***Re: Initial Accreditation Denied  
(Appealable, Not a Final Action)  
ACCET ID #1304***

Dear Mr. Caudales:

This letter is to inform you that, at its August 2011 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Industrial Biotechnological Institute, located in Bayamon, Puerto Rico.

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 8-9, 2011), and the institution's response to that report, dated July 29, 2011. It is noted that a few minor weaknesses cited in the team report were adequately addressed in the institution's response and accepted by the Commission. 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 – A: Mission Statement

The institution failed to demonstrate that the education and training provided are consistent with its mission statement, nor did the institution justify a needs assessment or market experience to establish a basis for the education and training delivered by the institution.

The team report indicated that the institution's published mission statement is to "...*promote interdisciplinary education in the areas of Applied Science and Technology, Allied Sciences to Medicine, Environmental Sciences, Energy, Engineering, Biotechnology and Education related to Science and Technology.*" However, at the time of the visit IBI was only offering two programs (Operators in Biotechnological Industries and Veterinary Technician, the only one of which had current students). The institution's mission further claims, "*Industrial Biotechnological Institute pursues its mission based on these fundamental beliefs: excellence, innovation, accessibility, comprehensiveness, leadership, entrepreneurship, and effective liaison with the global community, industry and governments.*" However, during

the on-site team review, the team found no evidence that those elements listed in the “fundamental beliefs” were key drivers in the operation of the institution or its delivery of education and training. By way of example, the institution cites “accessibility” as a fundamental belief; however the on-site review team found significantly low enrollments (4 total) with a declining enrollment trend over the past two years. The institution offers no scholarships or financial assistance, nor is their facility accessible to all students as the elevator was inoperable during the time of the visit. It is further noted that the on-site review team found the institution to offer a number of additional programs, including: “seven other vocational programs, on-line courses, travel courses, advanced training, and summer camps;” however, none of these programs were listed in the institution’s application for initial accreditation, raising serious questions relative to the integrity of information provided by the institution, and undermining the review by the on-site team. Further, no documentation of needs-based assessment or market experience, or measurement of success in meeting its mission statement was supplied to the team during the on-site visit.

In response, the institution indicated that it has revised its mission as follows: “*Our mission in the Industrial Biotechnology Institute is motivated and promotes quality-oriented continuing education and training in the areas of Biotechnology and Allied Sciences to Medicine,*” but provided no evidence to document the process it went through to undergo this change or how it was communicated to students and the public at large. The institution further indicated that their facilities included two stairways and one elevator; however, no evidence was provided to indicate that the elevators had been repaired and were functional. Additionally, the institution failed to provide a job needs assessment or labor market analysis to validate the outcomes of the institution’s mission and programs. Therefore, compliance with this standard has not been demonstrated.

## 2. Standard I – B: Goals

The institution failed to demonstrate that its broad institutional goals support the mission and outcomes of the institution.

The team report indicated that the institution’s goals were not aligned with the ACCET-reviewed programming offered by the institution, citing several programs and related sectors, such as engineering, environmental science, energy, banking and commerce, that are outside of the scope of education and training provided by the institution. Additionally, the team noted that a number of goals were so broad as to be essentially misaligned with the institution’s mission and educational outcomes. Further, no documentation was provided to evidence the process of annual review by the institution’s president was systematically and effectively implemented.

In response, the institution indicated that it had revised its institutional goals to eliminate references to the sectors outside of the scope of the ACCET-reviewed programming, yet of the four goals established only one directly references its support for the education and training objectives of the institution, while the other three goals relate to civic duty.

Additionally, the institution's response failed to include any documentation to evidence the systematic and effective review of the institution's goals, much less any compelling documentation of implementation. Therefore, compliance with this standard has not been demonstrated.

3. Standard I – C: Planning

The institution failed to demonstrate that its one year and long range planning documents support its mission and facilitate the accomplishment of its institutional goals. Additionally, the plans did not include required resources and did not clearly articulate projected time frames for each objective.

The team report indicated that the institution's business plan highlighted objectives, responsible staff and assessment tools used to measure the implementation of its objectives; however, required resources were not included and specific time frames were inconsistently assigned to objectives. Further, as the institution's mission statement and goals are not reflective of the focus and scope of the institution, the team could not determine how the plans facilitate the accomplishment of IBI's mission and goals.

In response, the institution provided revised planning documents; however these documents do not reflect the institution's revised goals or mission and lack a coherent structure. The institution did not clarify whether the document reflected all programs offered by the institution or just the ACCET-reviewed curriculum. Additionally, the document contained objectives that supported the former broad institutional goals, and not the updated and revised institutional goals submitted in its response to the team report. Therefore, compliance with this standard and systematic and effective implementation of the institution's revised mission and goals reflected in a coherent planning document has not been demonstrated.

4. Standard II – B: Operational Management

The institute failed to demonstrate that written policies and procedures are clearly defined, understood and effective in implementing the day-to-day activities of the institution at all levels.

The team report indicated that policies and procedures had not been systematically and effectively implemented noting, by way of example, that two recent hires were given policies and procedures manuals written in English whereas they only spoke Spanish and thereby unnecessarily limiting their effectiveness in contributing to the institution's operations.

In response, the institution indicated that the policies and procedures manuals are available in Spanish and provided a copy. They further contend that policies and procedures are enforced; but that additional training is necessary for both of the new hires. However, the institution failed to submit documentation to evidence the training provided or planned for

the newly hired employees. Therefore, compliance with this standard has not been demonstrated.

5. Standard II – C: Personnel Management

The institution failed to demonstrate effective supervision, evaluation, training and development of its employees to ensure that qualified and capable personnel, at appropriate staffing levels, are placed and effectively utilized.

The team report indicated that no documentation was provided to evidence annual performance evaluations for faculty and staff, nor in-service training or professional development. Faculty contracts were either not current or found to be incomplete. Further, upon review of the institution's personnel files, the team noted numerous omissions, including: ACCET Document 6s, resumes, annual performance evaluations, in-service or other professional development documentation, W-2s, and original applications.

In response, the institution acknowledged that personnel files were incomplete: "*It is possible some items were not in place, and not completed*", but indicated that they are in process of gathering the required documentation. While, the institution supplied a sample of supporting documentation, most of it proved incomplete. A number of the ACCET Document 6s and professional service contracts were incomplete, missing dates and signatures, all I-9s, except one, were missing dates, one resident alien employee (Ms. Yoandry Quevedo) did not disclose her green card permit number, all of the I-9s, except one, were missing the required verification of List A or List B documentation, the institution's annual review form does not have a place for the staff personnel to sign and date the reviews findings, and the four sample annual reviews submitted by the institution included two reviews performed in 2011 for employees hired in January 2011. Further, the institution submitted professional development documentation for the president as its only sample. Therefore, compliance with this standard has not been demonstrated.

6. Standard II – D: Records

The institution failed to demonstrate 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 the records throughout the institution's departments were grossly inadequate or incomplete including: personnel files, student records, enrollment agreements, student academic records, attendance records, student ledgers and financial records, placement verifications, surveys completed by students and employers, as well as meeting minutes and lesson plans. Additionally, some documents were created while the on-site team was conducting its reviews (student evaluations, student ledger cards) offering further evidence of the institution failing to systematically and effectively implement a records management policy.

In response, the institution indicated that the Workforce Investment Act (WIA) program handles the application process for students. The institution further notes that any application documentation of prospective students received by the institution would invalidate the student's referral; however, the institution failed to clarify how or why this is the case, nor provide supporting documentation in the form of a WIA policy or regulation supporting this claim. The institution submitted supporting documentation in the form of updated class academic ledgers, other financial records belonging to self-funded students, a sample of teacher evaluations and student satisfaction surveys, and a sample of completed enrollment agreements; however, the institution failed to address a number of the documents cited as incomplete or missing in the team report, such as the attendance records or individual academic records. Further, the institution challenged the team's interpretation of records being generated during the team visit, noting that the institution's data needed to be reformatted in a manner suitable for ACCET's review. The institution provided seven student evaluations to evidence this; however, only one evaluation is dated, June 8, 2011, the same date as the on-site visit. Therefore, systematic and effective implementation of sound record keeping in compliance with this standard has not been demonstrated.

7. Standard II – E: Communications

The institution failed to demonstrate regular and effective communication among appropriate members of the institution in order to maintain operational effectiveness. The institution further failed to evidence and provide supporting documentation of periodic meetings with employees.

The team report indicated that no meeting minutes were provided to evidence communication among faculty, staff and advisory board members. While the president of the institution noted that weekly staff meetings are conducted and periodic meetings with the institution's advisory board were held throughout the year, the institution failed to provide any meeting minutes, meeting agendas and other supporting documentation to evidence this practice.

In response, the institution provided minutes of one faculty meeting and one advisory board meeting dated June 10, 2011 and July 15, 2011, respectively, both dates after the team visit. Documentation of these two meetings does not sufficiently address the team's concern relative to regular and effective communications, for which systematic and effective implementation in compliance with this standard must be demonstrated in practice over time.

8. Standard III – B: Financial Procedures

The institution failed to demonstrate that tuition charges are applied fairly and consistently; receipt of tuition payments and other monies are properly recorded and tracked; cancellation and refund policies are fair and equitable and are currently administered; and comply with statutory, regulatory and accreditation requirements.

The team report indicated that a number of financial aid practices are non-compliant. The institution did not use student ledgers to track payments. While the institution generated a ledger using an Excel spreadsheet, the data submitted for review lacked dates or descriptions of the transactions. Tuition costs were not consistent for students attending at the same time. Students funded through WIA were assessed tuition in the \$10,000-\$14,000 range, whereas students that were self-pay were charged \$8,000. The institution had one non-completer according to a review of the institution's Document 28.1 – Completion and Placement Statistics; however, the institution did not provide the name of the withdrawn student, the student's file, or any documentation of a refund calculation completed for the student. The institution's cancellation/refund policy does not comply with ACCET Document 31 – Cancellation and Refund Policy, which states that refunds must be based on the last date of attendance to calculate refunds, rather than the institution's practice of using the last day of the term. Further the institution did not provide the requisite documentation required by the team to complete ACCET Document 50FR – On-Site Financial Review Checklist, including failure to provide documentation of payment of payroll taxes (941s) or documentation that personnel are contract employees (1099s). The institute contends that the entire staff, including faculty, consists of contractors; however, documentation of the staff's status as contractors, represented in Form 1099 or employment agreements, was not disclosed by the president.

In response, the institution indicated that it does maintain student ledgers, however they are comprehensive and include the entire student population, as opposed to ledgers tracking individual students. The institution submitted individual student ledgers; however, the documents provided are invoices or receipts of student payments and fail to provide sufficient student financial information. The institution further provided an updated cancellation and refund policy as published in the enrollment agreement, translated into English, that contains appropriate language from ACCET Doc. 31; however, a review of the enclosed Spanish language enrollment agreement indicated inconsistent deadlines regarding refund date, using both the 30 day after last date of attendance and 45 day from the date of determination timeframes in their policy. Additionally, it remains unclear how refund calculations are determined as one statement says that a full refund of all unused funds will be returned to the student, yet another statement says that a pro-rated refund will be returned to students who have attended up to 60% of the program. Also, the Spanish language enrollment agreement contains a non-refundable application/processing fee of \$100 whereas the English language enrollment agreement, states: "A student who is considered a cancellation or no show under such a policy must have all charges refunded and all payments returned to the individual or the applicable funding source less the maximum allowable application/registration fee of \$200, if such charges are clearly noted in the enrollment agreement as being non-refundable." In response to the lack of documentation associated with ACCET Document 50FR – On-Site Financial Review Checklist, the institution provided the missing tax documents for the time period of July 2010 – June 2011 and a sample of contracts for the institution's employees; however, many of the contracts were not signed or dated by respective parties and contracts for the two newest administrative employees, Ms. Lilli Gonzalez and Ms. Elcides Gonzalez, were not among the sample submitted. Further,

the institution disclosed the name of the withdrawn student, Ms. Blanca I. Collazo, who was cited by the team for lack of documentation, the institution's response only provided a rationale for the student's withdrawal, with no documentation provided to evidence her withdrawal or refund calculation. Therefore, compliance with this standard has not been demonstrated.

9. Standard IV – A: Educational Goals and Objectives

The institution failed to demonstrate that programs and courses have appropriate educational goals and objectives. The curricular content and learning experiences were not preplanned and did not present a sound, systematic, and sequential educational methodology.

The team report indicated that although the curriculum design of the Veterinary Technician program was adequate, the institution did not specify the appropriate sequence of courses and course prerequisites to require new students to complete specified courses that would serve as a base of education from which to build. The first Veterinary Technician internship does not allow for a progressive application of education that a sequential scheduling would offer. The institution failed to provide a breakdown of the lecture, lab, and internship hours for its programs; therefore, the team was not able to review and assess the accuracy and reliability of the credit hours assigned to IBI's programs and courses.

In response, the institution indicated a sequence of courses in its catalog and provided a breakdown of lecture, lab, and internship hours; however, the institution did not submit or respond to course prerequisites that would serve as a base of education for the Veterinary Technician program. In addition, the clock hours submitted in the sequence of courses does not add up to the institution's approved number of clock hours. In the institution's catalog, the clock hours total 1,310 whereas the program review chart states that the clock hours total 1,156. Therefore, compliance with this standard has not been demonstrated.

10. Standard IV – B: Program/Instructional Materials

The institution failed to demonstrate that program materials, including syllabi and lesson plans, are appropriate in scope, sequence, and depth of each program or course in relation to the stated goals and objectives. Instructional materials did not support the goals and objectives, were out-of-date and did not facilitate positive learning outcomes.

The team report indicated that although requested, the institution failed to provide detailed daily lesson plans to include objectives, textbook references and relevant pages, activities, and assignments for each class. Outlines (themes) of topics to be covered were included, but were not expanded into actual lesson plans. The team was not provided textbooks as listed in the syllabi, but was given a set of new books obtained in May 2011, which had yet to be incorporated into the syllabi. Current students were not given books identified in the syllabi. Although the syllabi for Operators in Biotechnological Industries program listed several textbooks with ISBN numbers and author's names, they are in English and are available in

each class room for reference purposes only. The syllabi for the Small Animal Critical Care Course (MVDT111), was inappropriately related to small animal and pocket pet husbandry. There was no appropriate book assigned to this course. Further, a copy right protection policy was not posted or distributed.

In response, the institution included more detailed syllabi and a sample of general, weekly lesson plans; however, no adequate detailed daily lesson plans were submitted to include objectives, textbook references, activities, or assignments for each class. No evidence was provided that students received clinical textbooks for veterinary technicians, veterinary dictionaries, handouts, and/or a pocket guide for clinical use. The institution provided a textbook for the Small Animal Critical Care Course: Chemical Warfare Agents: Chemistry, Pharmacology Toxicology, and Therapeutics; however, no information was provided as to how this textbook is related to Small Animal Critical Care or how it was reviewed and considered to be appropriate for the course. Therefore, because the institution failed to evidence that program materials, including syllabi and lesson plans, demonstrate the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives, compliance with this standard has not been demonstrated.

#### 11. Standard IV – C: Performance Measurements

The institution failed to demonstrate that performance measurements are periodically evaluated and updated to ensure instructional effectiveness. The institution's assessment policy failed to contain a defined set of grading components, such as class participation, that are appropriately related to achieving the performance objectives of the program.

The team report indicated that, although the syllabi for the programs reflected an objective grading assessment system for each course, the weighing of attendance and class participation in the determination of the final grade was not specified. The measurements for satisfactory academic progress identified in the catalog were not clearly specified.

In response, the institution indicated that performance measurements were clarified and incorporated into the catalog and that class participation would account for 10% of the grade. However, the institution failed to provide documentation such as revised syllabi indicating these changes have been communicated to students or systematically and effectively implemented by instructors. Further, the institution provided no clarification relative to its measurement of satisfactory academic progress as identified in the institution's catalog. Therefore, compliance with this standard has not been demonstrated.

#### 12. Standard IV – D: Curriculum Review/Revision

The institution failed to demonstrate the use of systematic and effective procedures to continuously monitor and improve its curriculum. There was no evidence that the institution solicited feedback from relevant constituencies, such as faculty, students, graduates, employers, and/or advisory/certification boards.



The team report indicated that no documentation was provided to evidence that the curriculum review/revision procedure described in the ASER had been implemented.

In response, the institution stated that its program started in 2009 and that it was their policy to review curricula every two years. Only recently had it begun the curricular review process. However, no written policies and procedures for curricular improvements were provided in the institution's response, or evidence such as meeting minutes, agendas, draft revisions, or Advisory Board feedback indicating that the process had begun. Therefore, since the institution failed to show that policies and procedures relative to curriculum revision have been systematically and effectively implemented, compliance with this standard has not been demonstrated

### 13. Standard V – B: Externships/Internships

The institution failed to demonstrate that supervision and evaluation of externships/internships are established and followed by the institution to ensure consistency and effectiveness.

The team report indicated that there was no evidence of implementation of procedures for internship evaluations and site visits; no systematic and objective method of evaluating interns' performance and determining a passing grade; no signed internship site agreements; no completed internship evaluations; no evidence of weekly visitations by the instructor; and no established criteria to ensure that internship sites provide interns with appropriate exposure to basic required clinical skills or equipment.

In response, the institution provided a blank copy of its Criteria for Completion and its policies and procedures for administering its externship program. However, the forms and documents provided to demonstrate compliance were blank in both the ASER and in the institution's response to the team report. Specifically, the institution failed to submit documentation to evidence completed revised, curricular objective forms; completed internship evaluations; or weekly visitations by the instructor. Therefore, the institution failed to evidence systematic and effective implementation of internship supervision and evaluation, thus compliance with this standard has not been demonstrated.

### 14. Standard V – C: Equipment, Supplies, and Learning Resources

The institution failed to evidence adequate, appropriate, and functional equipment, supplies, furnishings, and learning resources required to effectively provide the education and training services required for instructor and participant use.

The team report indicated the institution did not provide a list of equipment and learning resources by program, including the name and quantity of all training-related equipment and learning resources, nor did the Veterinary Technician program have adequate teaching tools

and instructional materials such as live animals to demonstrate restraint or alternative learning models for students to practice catheterizations, blood draws, or dental prophylaxis.

In response, the institution indicated that a general list of equipment and supplies was included as an exhibit while the team was on-site, but acknowledged that the Veterinary Technician program did not have live animals. It further stated that it has solicited quotes for other equipment relative to the VT program cited in the team report, but failed to provide evidence that the institution has acquired appropriate, functional equipment and supplies required of a Veterinary Technician program. Therefore, compliance with this standard has not been demonstrated.

#### 15. Standard V – D: Facilities

The institution failed to demonstrate that its facility is suitable for the education, training, and student services offered, that is conducted in a safe, accessible, sanitary, and comfortable environment, which is free from distraction.

The team report indicated that the institution's facilities raised serious safety concerns in that students were being locked in. Further, the facility was not accessible to public transportation; did not house an adequate lab for the Veterinary Technician program; and the off-site vet clinic did not demonstrate compliance with OSHA safety standards.

In response, the institution indicated that outside crime and safety was a major concern resulting in bars on the windows and double-bolting the outside gate; however, the institution did not address the concern relative to student safety in the case of fire other than to state that the institution had "Fire Department papers updated." The institution acknowledged that it did not have an adequate laboratory for the Veterinary Technician program, but that another classroom was in the process of being converted into a laboratory and that the institution is working on OSHA compliance standards. However, the institution failed to evidence appropriate facilities for currently enrolled students or that it is in compliance with OSHA regulations which potentially puts students at risk. Therefore, the institution has not demonstrated compliance with this standard.

#### 16. Standard VI – A: Qualifications of Instructional Personnel

The institution failed to evidence that instructional personnel possess the appropriate combination of educational credentials, specialized training and/or certification, work experience, or demonstrated teaching and classroom management skills. Nor did the institution evidence that all instructional personnel meet all relevant accreditation, federal, state, local, and/or industry-specific requirements.

The team report indicated that one instructor (Victor Figueroa) taught the Small Animal Critical Care course for which he had no relevant education or training in that field. Several

instructors had made applications for licenses from the Department of Education in Puerto Rico, but had not been issued the required temporary or permanent teaching license.

In response, the institution provided a copy of V. Figueroa's transcript indicating that he has a Bachelor Degree in Animal Sciences and at the time of hiring he was finishing a Master Degree in Animal Science at University of Puerto Rico at Mayaguez Campus; however, no documentation was submitted to evidence that he has adequate experience, training and/or certifications to instruct the Small Animal Critical Care course. Further, the institution indicated in its response that instructors had applied for a temporary teaching certificate, but that it was difficult to hire instructors with veterinary training and teaching permits. The institution however, did not provide documentation to evidence the progress of completion of licensure. Therefore, the institution failed to evidence that its instructors are qualified to hold their current positions and compliance with this standard has not been demonstrated.

17. Standard VI – B: Supervision of Instruction

The institution failed to demonstrate that supervisors of instructional personnel demonstrate good practice in the evaluation and direction of instructors. Regular classroom observations, along with student, peer, and supervisory feedback, are not documented nor utilized to enhance the quality of instruction.

The team report indicated that the institution failed to provide documented evidence that the president conducted classroom observations within the second week of class; that the president completed annual instructor evaluations; that faculty meetings were held regularly; or that students regularly evaluated instructors by completing the IBI Professor Evaluation form, nor that the survey results were compiled, analyzed, and discussed.

In response, the institution provided a graph representing student evaluations and an analysis; however, it failed to provide instructor evaluations or documentation that classroom observations were conducted by the president within the second week of class nor that the president performs annual evaluations. Further, no documentation of faculty meetings were provided. Therefore, compliance with this standard has not been demonstrated.

18. Standard VI – C: Instructor Orientation and Training

The institution failed to demonstrate that it implements an effective orientation and training of instructional personnel to ensure a consistent, high level of instruction. Nor does the institution have a written policy for the ongoing professional development of instructional personnel that is systematically implemented, monitored, and documented.

The team report indicated that no documented evidence of the following was available during the on-site review: (1) initial orientation of faculty, (2) faculty meetings, (3) in-service training, or (4) outside professional development or continuing education required for renewal of licensure by the Department of Education in Puerto Rico.

In response, the institution provided a brief outline of its instructor orientation policy which is essentially an outline of an orientation program that might be implemented, but failed to provide documentation to evidence actual implementation of this policy, such as sign-in sheets, or faculty certificates of attendance. Further, no documentation of regular faculty meetings was provided. While the institution submitted a list of planned in-service training workshops during and after August 2011, no documentation was provided to indicate that effective and systematic in-service training sessions have been regularly provided, if at all. Finally, the institution failed to respond to the issue of external professional development required for renewal of licensure, except to say that they do not require professional development for licensure renewal and referenced Exhibit VI - C3 which was not included in the exhibit list. Therefore, because the institution did not provide evidence of a policy for or implementation of a professional growth and development program for its faculty as required by this standard, compliance has not been demonstrated.

19. Standard VII – B: Enrollment

The institution failed to demonstrate that a written policy and procedures relative to enrollment clearly define compliance with the statutory regulations and accreditation requirements. The institution further failed to demonstrate that the enrollment agreement is furnished to appropriate parties.

The team report indicated a number of issues with the institution's enrollment agreement, which was generated in English for a student population that uses Spanish as their primary language and possesses limited English language proficiency. Three of four current students had enrollment agreements that did not specify the start and end dates for the programs in which they were enrolled. One of the four current students was missing the enrollment agreement altogether and one of the current students was missing an application form. Student files of enrollees prior to the 2011 academic year were also missing enrollment agreements and supporting documentation of their qualifications in meeting the institution's admissions requirements. Further, the institution's cancellation and refund policy, as previously discussed in Standard II – B: Financial Procedures, is out of compliance with ACCET Doc. 31.

In response, the institution reiterated the WIA practice of holding original documentation as an explanation for missing enrollment agreements from previous cohorts stating that IBI receives only the contract for the referred students and a referral letter from the sponsoring institution, with a sample of referral letters submitted as supporting documentation. The institution further claims that requests for documentation will be made to sponsoring organizations going forward. The institution generated a Spanish language enrollment agreement for its target student population and submitted a copy of the translated document for ACCET review; however, as previously discussed, the institution failed to reconcile its issues related to the administration of its cancellation and refund policy. The institution further provided additional enrollment agreements for four students; however, the

documentation provided failed to include: appropriate start and end dates, social security number, and age. Therefore, compliance with this standard has not been demonstrated.

20. Standard VII – C: Transfer of Credit policy

The institution failed to demonstrate 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 a number of issues that were not compliant with ACCET Document 16 – Transfer of Credit policy, including: procedures to follow when requesting transfer of credit; methods by which tuition and fees are adjusted; procedures to be followed when appealing transfer of credit decisions; types of courses that will be considered for transfer; a statement that the institution will only accept credits from institutions accredited by an agency recognized by either the US Department of Education or the Council for Higher Education Accreditation, or the equivalent; and policies and procedures to assist students when requesting transfer to other institutions.

In response, the institution provided a revised policy on transfer of credit including a statement recognizing transfers of credit from institutions “accredited by a national agency recognized by the Federal Commissioner of Education, [or] must have license or authorization of the Council of Education of Puerto Rico (CEPR).” The institution also addressed procedures regarding limitations on the amount and types of credits eligible for transfer, and the required supporting documentation. However, the institution failed to provide a policy or procedures indicating the steps required to apply for transfer of credit, how the institution’s tuition and fees structure is adjusted for incoming transfer of credit; and how students attempt to transfer credit out of the institution. Further, the institution has implemented a policy regarding academic and disciplinary suspensions linked to the denial of transfer of credit that the Commission deems inequitable and unfair. Therefore compliance with this standard has not been demonstrated.

21. Standard VIII – A: Student Progress

The institution failed to demonstrate consistent documentation and enforcement of student academic progress in accordance with sound institutionally established performance outcomes.

The team report indicated that while a number of students graduated from their respective programs outside of their expected graduation date, the team found no documentation to evidence the changed status, Leave Of Absence, or modified enrollment agreements. It was further noted by the team that the institution was not following its own policy relative to incomplete work, as students in the Veterinary Technician program in the December 2010 cohort received an incomplete, but were allowed to graduate in February 2011, when all assignments were turned in well beyond the institution’s 10-day incomplete make-up work policy. Additionally, eleven students in the Operators in Biotechnological Industries

December 2010 cohort changed their status from part-time to full-time, changing their graduation date to May 2011. The team found no documentation related to the change in graduation date for that cohort.

In response, the institution indicated that all cohorts graduated within the make-up policy allotted 10-day school window; however the institution failed to provide documentation to evidence completion dates to comply with this policy. The institution further contends that the cohort identified by the team as expected to graduate in December 2010 but actually graduated in May 2011, in fact graduated in 2009; however, no documentation in the form of enrollment agreements, transcripts, certificates of completion or ACCET Document 28.1 – Completion and Placement Statistics were provided to evidence this claim. The institution also contended that another cohort graduated on schedule after changing status from full-time to part-time, providing sample admissions forms and a schedule for the part-time Operators in Biotechnological Industries program as supporting documentation. However, the institution provided no documentation to clearly demonstrate that it has policies and procedures in place that have been systematically and effectively implemented to monitor, assess, and record student progress in accordance with its own or ACCET requirements. Therefore, compliance with this standard has not been demonstrated.

## 22. Standard VIII – B: Attendance

The institution failed to demonstrate implementation of written policies and procedures to effectively monitor or document attendance.

The team report indicated that the institution's attendance policy was incomplete, noting the following examples: no attendance requirement was identified for successful completion (graduation); the policy did not identify a minimum attendance rate required of students or the maximum number of consecutive days of absences before a student is automatically withdrawn from training; the policy did not specify how and when attendance is monitored and what the consequences are for not meeting attendance standards; although attendance was identified as a criteria for determining final course grades, the weighting of attendance was not identified on the course syllabi or in the catalog. Further, there were no dates on the attendance records reviewed by the team. The institution provided no documentation demonstrating regular reporting and monitoring of daily attendance.

In response, the institution indicated that students cannot miss more than two classes per course, which is published in their revised catalog as 70%. However, the institution failed to address the maximum amount of consecutive absences allowed prior to termination. The institution indicated that instructors provide the registrar with a final class attendance sheet, and that regular attendance is monitored by daily sign-in sheet. Additionally, the institution states that attendance is 10% of a student's final grade; however, the institution failed to provide any supporting documentation evidencing systematic and effective implementation of this policy. Therefore, compliance with this standard has not been demonstrated.

23. Standard VIII – C: Participant Satisfaction

The institution failed to demonstrate that written policies and procedures provide an effective means to regularly assess, document, and validate student satisfaction relative to the quality of education and training offered, as well as the student services provided. Additionally, the institution failed to evidence that interim evaluations and a final evaluation are conducted.

The team report indicated that while documentation was provided to support the institution's administration of a Student Satisfaction Survey, no written policies and procedures were provided indicating that the institution conducted the survey on a regular schedule, at both interim and final evaluation periods. It was not evident how the institution analyzes and applies the results of the survey to improve its operations. Further, upon request of all completed student satisfaction surveys, the team received only two surveys of an unidentified class, dated the day of the on-site visit.

In response, the institution indicated that it has "*documented this information since 2011*"; however, no documentation was provided to evidence policies and procedures to guide the student survey process at both the interim and final periods of the programs, copies of survey results, or any analysis or evaluation of such surveys completed. Therefore, compliance with this standard has not been demonstrated.

24. Standard VIII – D: Employer/Sponsor Satisfaction

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

The team report indicated that the institution failed to provide written policies and procedures guiding the employer survey process including how, when and by whom the results are collected, analyzed and shared. Additionally, the institution provided no evidence of completed employer surveys.

In response, the institution provided staff performance evaluation as evidence of faculty surveys, but failed to provide an employer satisfaction policy and evidence of completed forms by employers. Therefore, compliance with this standard has not been demonstrated.

25. Standards VIII – E: Completion and Placement

The institution failed to demonstrate written policies and procedures that provide an 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 the institution does not have written policies and procedures for completion and placement. Additionally, the institution's self-employment

documentation is not in compliance with ACCET Document 28 – Completion and Placement Statistics, as the institution does not document student acknowledgment of his/her pursuit of self-employment at graduation nor does the institution verify the student's satisfactory progress towards achieving the vocational objectives of the student's training after graduation. Further, the team was unable to verify any placements for graduates of the Operators in Biotechnological Industries program. Verification for the 2009 cohort contained incomplete placement information including; name of employer, hire date, job title, and supervisor contact information. The 2010 cohort contained no graduates and graduates from the 2011 cohort had not yet managed to gain employment. Additionally, the placement verification review discounted two placements reported by the institution for its Veterinary Technician program due to lack of employer placement information and non-training related employment, consequently lowering the placement rate to 40% (2/5) and below ACCET benchmarks.

In response, the institution indicated that its graduates do in fact have jobs; however, the institution failed to provide documentation to evidence employment in compliance with the requirements of ACCET Document 28 – Completion and Placement Policy. Further, the institution failed to provide any written policies and procedures related to monitoring and documenting completion and placement. Therefore, compliance with this standard has not been demonstrated.

Since denial of initial accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The full procedures and guidelines for appealing the decision are outlined in Document 11 – Policies and Practices of the Accrediting Commission, which is available on our website at [www.accet.org](http://www.accet.org).

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$5,000.00, payable to ACCET, for an appeals hearing.

In the case of an appeal, a written statement, plus six (6) additional copies on CD in PDF format, regarding the grounds for the appeal must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The institution may provide clarification of and/or new information regarding conditions at the institution relating to the findings of non-compliance up to the time of the Commission's decision, but not thereafter. In the event of a final determination of denial of accreditation, the institution is precluded from making application for accreditation for a minimum of one (1) year from the date of such final action.

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



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

Sincerely,



ELECTRONIC SIGNATURE

Roger J. Williams  
Executive Director

RJW/eyl

c: Ms. Viviana Abreu-Hernandez, Executive Director, Puerto Rico Council on Higher Education (vi\_abreu@ces.gobierno.pr)