



**Commission on Accreditation in Physical Therapy Education
American Physical Therapy Association**

SUMMARY OF ACTION

**Physical Therapist Assistant Program
Terra State Community College
2830 Napoleon Road
Fremont, OH 43420**

On April 30, 2014, the Commission on Accreditation in Physical Therapy Education made the following decision regarding the physical therapist assistant education program at Terra State Community College.

Status: ACCREDITATION

Action Taken: Grant Accreditation

Effective Date: February 12, 2014

Information Used to

Make Decisions: Self-study Report received 2/3/2014
Visit Report with Institution Response received 3/21/2014
Comments from the Program Director
Comments from the Team Leader

Reason for Decision: The Commission based its decision to grant accreditation status [for a period of five years] on the program's general compliance with the intent of the Evaluative Criteria as evidenced from the information identified above. The program is accredited during this period to implement the program described in the Self-study Report, especially as it relates to enrollment and resource levels consistent with the admission of one cohort of students annually unless and until the program seeks approval of substantive change(s).

The Commission's decision was further based on the expectation that the program will, within the next two years, bring itself into compliance with the criteria noted in the Commission's Findings which are attached. That compliance must be appropriately documented in a Compliance Report which will be used by the Commission to determine compliance with the criteria noted in the Findings and to monitor compliance with all the criteria.

Graduate Performance: Because the program has not yet graduated its first class, the Commission is unable to comment at this time on student achievement.

Next Activity: Compliance Report due February 15, 2015, related to issues identified on the following pages.

Notices: The program is advised to heed the following notices which are appended:

SCOPE OF COMMISSION REVIEW

TWO YEAR LIMITATION ON BEING OUT OF COMPLIANCE

ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION

PUBLIC NOTICE OF DECISIONS BY CAPTE

PUBLIC NOTICE OF REASONS FOR DECISIONS

REQUIRED STATEMENT OF ACCREDITATION STATUS

RESPONSIBILITY TO REPORT CHANGE(S)

NOTICES

SCOPE OF COMMISSION REVIEW

Independent of any long term plans described, or alluded to, by the program in its Self-study Report, the scope of the Commission's review at the time of this decision to grant Accreditation was based on actual and verified resources and related considerations, and not on planned or projected program resource levels to address future program changes (e.g., expansion and other program offerings, the number of cohorts admitted annually, etc.). The program is limited to enrolling one cohort annually and to limiting enrollment growth to under 10% annually or 25% over a 3-year period, as agreed to when the program entered the pre-accreditation process. Enrollment growth beyond these limits is a substantive change that requires pre-approval by CAPTE; the program is not eligible to apply for substantive changes requiring pre-approval until the program has been deemed in full compliance with the Evaluative Criteria. (See Part 9 of the CAPTE Rules of Practice and Procedure.)

TWO YEAR LIMITATION ON BEING OUT OF COMPLIANCE

CAPTE's recognition by the United States Department of Education requires a limitation of two years for programs to be out of compliance with an evaluative criterion. [34 CFR 602.20(a)(2)(iii)] When, after review of a Compliance Report, the program remains out of compliance with any criterion and sufficient progress toward compliance has not been demonstrated, CAPTE may act to place the program on probationary accreditation. CAPTE will place the program on probationary accreditation when a program remains out of compliance for 18 months. If the program continues to be out of compliance with any criterion at the end of the two year period following the initial finding that the program is out of compliance, CAPTE will withdraw accreditation unless CAPTE judges the program to be making a good faith effort to come into compliance with the evaluative criteria. CAPTE defines a "good faith effort" as 1) a completed comprehensive assessment of the problem/issue under review, 2) an appropriate plan for achieving compliance within a reasonable time frame not to exceed two years, 3) a detailed timeline for completion of the plan, 4) evidence that the plan has been implemented according to the established timeline, and 5) reasonable assurance that the program can and will achieve compliance as stated in the plan.

It is the program's responsibility to make the case that a good faith effort has been made. During the extension for good faith, probationary accreditation status will be maintained and the program's progress will be monitored. In no case, however, will an extension for good faith be longer than two years.

ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION

The institution and program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program. Further, the United States Department of Education (USDE) requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an institution or program releases about accreditation or preaccreditation status, contents of reports of on-site reviews, and accreditation or preaccreditation actions with respect to the institution or program. [34 CFR 602.23(d) and 602.23(e)] If the institution or program chooses to disclose any additional information, beyond the accreditation or preaccreditation status that is within the scope of the USDE rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the agency's street address, email address and phone number: Commission on Accreditation in Physical Therapy Education, 1111 North Fairfax Street, Alexandria, Virginia 22314; accreditation@apta.org; (703) 684-2782 or (703) 706-3245. If the Department of Accreditation finds that an institution or program has released incorrect or misleading information within the scope of the USDE rule, then, acting on behalf of CAPTE the Department will make public correction, and reserves the right to disclose this Summary of Action in its entirety for that purpose.

PUBLIC NOTICE OF DECISIONS BY CAPTE

Following all decisions, including decisions to place a program on warning, probation or show cause, or to deny candidacy, withdraw candidacy, withhold accreditation, or withdraw accreditation, the Department of Accreditation will, within 24 hours of notifying the programs and institutions of the decisions, provide notice to the public by placing notice of the decisions on its web site.

PUBLIC NOTICE OF REASONS FOR DECISIONS

Effective November 2014, pursuant to expectations of the Council for Higher Education Accreditation, CAPTE will provide public notice of the reasons for its decisions to grant candidacy, or grant or reaffirm accreditation. These notices will be in addition to the notices of reasons for probation and for final adverse actions as required by the US Department of Education.

REQUIRED STATEMENT OF ACCREDITATION STATUS

Once a program has been accredited, and for as long as it remains accredited, the program **MUST** use the following statement on all educational and promotional materials, including the institution/program web site, where the program's accreditation status is disclosed:

[Name of Program] at [Name of Institution] is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

NOTE: If the institution offers other physical therapy programs not subject to accreditation by CAPTE (e.g., transitional DPT, post-professional degree program, residency or fellowship), the above statement must be edited to clearly indicate that the additional programs are not accredited by CAPTE. Additionally, the information available to the public regarding these programs must clearly state that they are not accredited by CAPTE.

RESPONSIBILITY TO REPORT CHANGE(S)

The institution and program are responsible for notifying CAPTE of all reportable changes in the program prior to implementation. Unexpected changes are to be reported immediately after they occur. Reportable changes, some of which may require pre-approval, are described in Part 9 of CAPTE's *Rules of Practice and Procedure* (<http://www.capteonline.org/AccreditationHandbook/>). It is the program's responsibility to be familiar with these expectations and to provide notification of program changes as required.

Commission's Findings:

The Commission on Accreditation in Physical Therapy Education judged the program to be in compliance with the intent of all the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants except those noted below.

The program was judged to be in CONDITIONAL COMPLIANCE with the following evaluative criteria. Conditional compliance means that the program has in place a substantial portion, but not all, of the elements necessary to meet all aspects of the evaluative criterion.

1. **1.1.7.2. [Policies and procedures exist to ensure the safety of persons associated with the program. Policies and procedures are in place and practices are described for] off-campus educational experiences**

After review of the Self-Study Report (SSR) and the Visit Report with Institution Response (VRIR), the Commission notes the program's response in regards to an addendum being added to the PTA Student Handbook and Clinical Education Manual regarding information indicating responsibility of the student while traveling to and from off-campus experiences. The program notes that the addendum is under review by the institution's legal department. However, the addendum and its contents were not included in the VRIR for review by the Commission. The Commission also acknowledges the substance abuse policy for off-campus educational experiences that states, "In the event a student is suspected of substance abuse in the clinical setting, the student will be interviewed, and the evidence will be examined by PTA Program faculty in collaboration with the site's clinical staff. If suspicions are substantiated, the student will be removed from the clinical experience, receive a failing grade for the course, be dismissed from the PTA Program, and be subject to disciplinary actions in accordance with institutional policy. The student will receive a failing grade for the clinical experience." The Commission is unclear how the CCCE, CI or ACCE would substantiate suspicions. In the Compliance Report, submit evidence of the new and approved form/information regarding the responsibility for student travel to and from off-campus educational experiences. Submit a copy of the policy/procedure the program would use to substantiate substance abuse by students while participating in off-campus educational experiences.

INSTITUTION COMMENTS:

2. **1.1.7.3. [Policies and procedures exist to ensure the safety of persons associated with the program. Policies and procedures are in place and practices are described for] student competence prior to clinical assignment.**

3.2.6. The program faculty determines that students are competent and safe to progress through the curriculum, including the clinical education component.

After review of the SSR and the VRIR, the Commission is unable to locate policies and procedures regarding the consequence for failing to perform critical safety elements. No evidence was located in the PTA Student Handbook, course syllabi or on the practical examination rubrics. Even though the practical examination grading standards and the retake policy are located in the PTA Student Handbook, they are not listed on the course syllabi which usually serve as a contract

between the student and the program. Finally, the attendance policies for clinical education courses (which may impact the course grade) are listed in the PTA Student Handbook but not on the course syllabi. In the Compliance Report, submit evidence that the grading standards and the retake policy are included on all course syllabi. Also, provide evidence that the policy regarding performance of critical safety elements is located in the PTA Student Handbook, the course syllabi, and on the practical examination rubrics.

INSTITUTION COMMENTS:

3. 1.2.3. Program policies and procedures are consistent with those of the institution.

After review of the SSR and the VRIR, the Commission acknowledges the response by the program to the on-site team's comment concerning no proof of institutional approval of policies and procedures that differ from those of the institution. In the Compliance Report, submit evidence of a policy and procedure to be followed for approval of policies/procedures of the PTA program that differ from those of the institution.

INSTITUTION COMMENTS:

4. 1.3.3.1. [Policies and procedures exist which support the practice of ongoing planned program faculty development activities directed toward improving program faculty effectiveness. Program faculty development activities are based on program faculty and program needs identified in evaluative processes and are described for] academic faculty

After review of the SSR and the VRIR, the Commission is unable to determine from the information provided that the faculty development plans/activities were derived from the program assessment processes for core faculty identified in 4.1.10. In the Compliance Report, submit evidence that the on-going development activities are linked to the needs of the academic faculty and the program and are derived from the evaluative processes in 4.1.10.

INSTITUTION COMMENTS:

5. 1.3.3.2. [Policies and procedures exist which support the practice of ongoing planned program faculty development activities directed toward improving program faculty effectiveness. Program faculty development activities are based on program faculty and program needs identified in evaluative processes and are described for] clinical education faculty

After review of the SSR and the VRIR, the Commission acknowledges that the PTA program has plans in place to collect data regarding the needs and effectiveness of clinical education faculty. However, at this time, no clinical education faculty development has occurred per the VRIR. In the Compliance Report, provide evidence that the faculty development activities for clinical education faculty are linked to the needs of the faculty and derived from the program's evaluative processes in 4.1.12. Provide examples of the completed and scheduled activities. Describe how effective the activities were in light of identified needs for clinical education faculty members.

INSTITUTION COMMENTS:

6. **2.2.2.1. The program director of the physical therapist assistant education program is a physical therapist or a physical therapist assistant. The program director demonstrates the academic and professional qualifications and relevant experience in education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following: a minimum of a master's degree; licensure (if a physical therapist), or licensure, certification, or registration in states where applicable (if a physical therapist assistant); experience in clinical practice; didactic and/or clinical teaching experience; experience in administration; experience in educational theory and methodology (curricular design, development, implementation and evaluation); experience in instructional design and methodology; and experience in student evaluation and outcomes assessment.**

After review of the SSR and the VRIR, the Commission was unable to determine if the Program Director possesses all of the required qualifications delineated in the evidence of compliance for this criterion. For example, the Commission was unable to locate evidence that the Program Director possesses experience in: 1) a variety of areas of teaching, 2) educational theory and methodology, 3) instructional design and methodology, 4) student evaluation and outcomes assessment, 5) academic governance, and 6) knowledge of contemporary curricular content for the education of the physical therapist assistant. In the Compliance Report, submit a revised CV which more functionally describes the previous professional responsibilities of the Program Director and how they relate to the minimum requirements for this type of appointment. Append a copy of a current faculty development plan to address any deficits identified by the institution or program through its evaluative process and to ensure compliance with this criterion.

INSTITUTION COMMENTS:

7. **2.4. The program has adequate financial support to achieve its stated mission. Core faculty determine program needs and, with appropriate institutional officials, are involved in budget planning and management.**

After review of the SSR and the VRIR, the Commission notes that the Program Income and Expenses Form submitted with the SSR does not document the availability of funds for faculty development activities. In the Compliance Report, submit evidence that the core faculty have access to funds for on-going professional development. Submit a revised Program Income and Expense Form which identifies the available or allocated monies for professional development purposes and includes information for the current and next academic years. If funds are not available for faculty development, submit evidence of how the core faculty are participating in development activities without the support of the program budget.

INSTITUTION COMMENTS:

8. 3.2.5. The program faculty utilize a variety of effective methods to measure students' achievement of the objectives.

After review of the SSR and the VRIR, the Commission acknowledges the comments by the on-site team for criterion 3.2.1 regarding the grading of Directed Practice in courses PTA 1110 and PTA 1210. The Commission is unable to determine how the students' performance in the Directed Practice figures into the course grade. PTA 1110 and PTA 1210 do not indicate the need for clinical hours at the top of the form although clinical hour requirements are included with the course description. In the Compliance Report, describe how student performance during Directed Practice is included and weighted by faculty in the grading for PTA 1110 and PTA 1210. Append revised syllabi which include the missing information.

INSTITUTION COMMENTS:

9. 4.1.2. [Assessment is part of a systematic and formal approach to continuous improvement. The program has in place an ongoing process to determine the effectiveness of the program that includes, but is not limited to, the following:] program policies and procedures.

Following a review of the SSR and the VRIR, the Commission has noted that the global objective to be assessed in this area is:

“The program will engage in regular reviews of its policies and procedures in the context of congruency with program mission, goals, objectives and outcomes.”

To assess this area, the program lists the following thresholds:

“Outcomes that do not achieve the following program objectives will trigger review of the program's policies and procedures to assess whether or not a policy or procedure-related change may be indicated:

- 85% Licensure pass rate
- 75% Graduation rate
- 85% Student Program Survey score “

The other global objective identified in this area is:

“Any incident(s) or circumstances which adversely impact a student's academic or behavioral success not adequately or otherwise addressed in the existing PTA policies and procedures will trigger an evaluation of the impact of the incident or circumstances; analysis of actions to mediate future occurrence and impact; and update of program policies and procedures accordingly.”

The Commission is unable to determine how these thresholds will lead to a regular review of program objectives. If the standards are met or if no incidents occur, it is possible that the program mission, goals, objectives and outcomes might never actually be reviewed. In the Compliance Report, provide measurable goals and thresholds for each of the elements identified in the evidence of compliance for this criterion. Identify appropriate data sources/tools, person(s) responsible, and the timelines for the completion of related assessment activities. Append a

revised Grid with appropriate narrative to document alignment across the elements of the process and to facilitate the ease of review.

INSTITUTION COMMENTS:

10. **4.1.3. [Assessment is part of a systematic and formal approach to continuous improvement. The program has in place an ongoing process to determine the effectiveness of the program that includes, but is not limited to, the following:] resources.**

After review of the SSR and the VRIR, the Commission notes that some of the required elements of this criterion are not being assessed in the program's assessment process. Examples include the assessment of academic faculty as a resource, student services, etc. In the Compliance Report, provide measurable goals and thresholds for each of the elements identified in the evidence of compliance for this criterion. Identify appropriate data sources/tools, person(s) responsible, and the timelines for the completion of related assessment activities. Append a revised Grid with appropriate narrative to document alignment across the elements of the process and to facilitate the ease of review.

INSTITUTION COMMENTS:

11. **4.1.5. [Assessment is part of a systematic and formal approach to continuous improvement. The program has in place an ongoing process to determine the effectiveness of the program that includes, but is not limited to, the following:] curriculum.**

After review of the SSR and the VRIR, the Commission notes that some of the threshold statements listed in the Assessment Process Documentation Grid are not measurable. For example, "The program will ensure, on an annual basis, that outcomes statements are well-defined, measurable and consistent with the appropriate learning domain via analysis of: Syllabi and module-level learning objectives, Student Faculty and Course Assessment and Curriculum and Assessment Committee Review." In the Compliance Report, provide measurable goals and thresholds for each of the elements identified in the evidence of compliance for this criterion. Identify appropriate data sources/tools, person(s) responsible, and the timelines for the completion of related assessment activities. Append a revised Grid with appropriate narrative to document alignment across the elements of the process and to facilitate the ease of review.

INSTITUTION COMMENTS:

12. **4.1.6. [Assessment is part of a systematic and formal approach to continuous improvement. The program has in place an ongoing process to determine the effectiveness of the program that includes, but is not limited to, the following:] clinical education program.**

After review of the SSR and the VRIR, the Commission notes that not all of the threshold statements included in the Assessment Process Documentation Grid are measurable. In the Compliance Report, provide measurable goals and thresholds for each of the elements identified in the evidence of compliance for this criterion. Identify appropriate data sources/tools, person(s)

responsible, and the timelines for the completion of related assessment activities. Append a revised Grid with appropriate narrative to document alignment across the elements of the process and to facilitate the ease of review.

INSTITUTION COMMENTS:

13. **4.1.9. [Assessment is part of a systematic and formal approach to continuous improvement. The program has in place an ongoing process to determine the effectiveness of the program that includes, but is not limited to, the following:] program enrollment.**

After review of the SSR and the VRIR, the Commission notes that not all of the threshold statements included in the Assessment Process Documentation Grid are measurable. For example, "Regional employment data will be reviewed annually to proactively manage program enrollment level consistent with the needs and trends of the profession." In the Compliance Report, provide measurable goals and thresholds for each of the elements identified in the evidence of compliance for this criterion. Identify appropriate data sources/tools, person(s) responsible, and the timelines for the completion of related assessment activities. Append a revised Grid with appropriate narrative to document alignment across the elements of the process and to facilitate the ease of review.

INSTITUTION COMMENTS:

14. **4.1.12. [Assessment is part of a systematic and formal approach to continuous improvement. The program has in place an ongoing process to determine the effectiveness of the program that includes, but is not limited to, the following:] clinical education faculty.**

After review of the SSR and the VRIR, the Commission notes the threshold measuring the effectiveness of the development activities for clinical education faculty provided by the program is not measurable as stated. In the Compliance Report, provide measurable goals and thresholds for each of the elements identified in the evidence of compliance for this criterion. Identify appropriate data sources/tools, person(s) responsible, and the timelines for the completion of related assessment activities. Append a revised Grid with appropriate narrative to document alignment across the elements of the process and to facilitate the ease of review.

INSTITUTION COMMENTS:

15. **4.2. The program provides evidence of the implementation of the assessment process, provides examples of how collected data stimulate changes in the education program, provides examples of changes that are made, and provides evidence that changes made result in program enhancement.**

After review of the SSR and the VRIR, the Commission acknowledges the program's established comprehensive assessment plan. In the Compliance Report, provide evidence of implementation of the assessment plan. Provide data summary and examples of how collected data stimulated

changes in the program for all areas 4.1.1-4.1.12. Provide examples of those changes and provide evidence that changes made resulted in program enhancement.

INSTITUTION COMMENTS:

Consultative Comments:

1. After review of the SSR and the VRIR, the Commission notes inconsistency between the nondiscrimination statements included throughout institution documents. For example, the nondiscrimination statement included in the Clinical Affiliation Agreement is not consistent with that which is included in the SSR/School Catalog. The Commission would like to recommend that the program ensure that the nondiscrimination statement is consistent across all documents where the statement is located in future publications and across media formats. (1.1.4)
2. A complaints process needs to be documented; however, CAPTE does not require that the process be specifically made available on the college or program web sites. While an institution or program may choose to handle it in this manner, there is no specific requirement for this to be demonstrated as long as there is some mechanism by which the public may lodge a complaint against the program. (1.1.6.4)
3. After review of the SSR and the VRIR, the Commission attempted to access information regarding the PTA program's information on the college's website. The only information that was accessible was the CAPTE Accreditation statement. The Commission would like to recommend that the program make any relevant information regarding the program accessible on the College/Program's website. (1.4.2)
4. The Commission has noted the following thresholds in this area of assessment:
 - Graduate students who demonstrate behaviors consistent with the APTA Values-Based Behaviors for the Physical Therapist Assistant and the Standards of Ethical Conduct for the Physical Therapist Assistant. Assessment data collected from elements of CFT and CPI elements
 - Graduate students who demonstrate the skills and behaviors consistent with the expectations of members of society; the physical therapy profession; and other health care stakeholders. Assessment data collected from elements of CFT, CPI, and course or program-level rubricsThe threshold that would trigger action related to assessment of these criteria are not stated. The Commission recommends that if the program continues to include these thresholds for assessment in this area measurable thresholds need to be established. (4.1.7)
5. The Commission has noted the following threshold in this area of assessment:
 - Continuing education \geq 150% of State licensure requirements as supported by institution.

This threshold is related to a job performance expectation instead of an analysis of the effectiveness of core faculty. While continuing education is an important faculty development

activity, it is more related to an action plan instead of a threshold that would trigger action. The Commission recommends that this threshold be removed from this area of assessment. (4.1.10)

6. After review of the Self-study Report, the Commission acknowledges the response by the program in regards to this criterion. The Commission would like to recommend that, if and when adjunct faculty, support faculty and/or guest speakers are utilized by the program, it consider additional measurable thresholds to assess the performance of these faculty. The program states that “the process for assessing adjunct and supporting faculty will follow those established for full-time faculty.” However, only two of the measurable thresholds listed would be applicable/appropriate for assessment of adjunct/supporting faculty. (4.1.11)

Commission on Accreditation in Physical Therapy Education

Be it known that the

**Physical Therapist Assistant Education Program
Terra State Community College**

*having demonstrated substantial compliance with the Evaluative Criteria for Accreditation
has been granted*

Accreditation

February 12, 2014 – June 30, 2019

*In the interest of continuous quality improvement that the accreditation process
serves, maintenance of accreditation status throughout the period noted is
contingent on the program's ability to demonstrate continuing quality by
satisfactorily completing all required Compliance Reports and Annual
Accreditation Reports.*



Clair Paul
Clair
Mary Jane Jones
Director, Department of Accreditation



**Commission on Accreditation in Physical Therapy Education
American Physical Therapy Association
SUMMARY OF ACTION**

**Physical Therapist Assistant Program
Terra State Community College
2830 Napoleon Road
Fremont, OH 43420**

On October 25, 2017, the Commission on Accreditation in Physical Therapy Education made the following decision regarding the physical therapist assistant education program at Terra State Community College.

Status: ACCREDITATION

Action Taken: Continue Accreditation

Effective Date: October 25, 2017

**Information Used to
Make Decisions:** Compliance Report received June 22, 2017

Reason for Decision: The Commission's decision to continue accreditation status is based on the program's level of compliance with the Standards and Required Elements and on the professional manner in which the program has addressed the Commission's previous concerns.

The program is reminded that the status of accreditation has been continued based on the program described in the materials reviewed by the Commission. The institution and program are responsible for notifying CAPTE of all substantive changes in the program prior to implementation. Unexpected substantive changes are to be reported immediately after they occur. (See Part 9 of CAPTE's Rules of Practice and Procedure for more information about reporting changes.)

Next Activity: Self-study Report and On-site Visit in Spring 2019

NOTICES

REQUIRED STATEMENT OF ACCREDITATION STATUS

Once a program has been accredited, and for as long as it remains accredited, the program must use the statement provided in §8.20 on all educational and promotional materials, including the institution/program web site, where the program's accreditation status is disclosed.

[INSERT Name of Program] at [INSERT Name of Institution] is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.

Terra State Community College
Summary of Action
October 25, 2017

Commission's Findings and Reasons for Decision:

The Commission on Accreditation in Physical Therapy Education judged the program to have satisfactorily addressed the Commission's concerns regarding the following required elements: 1C2. The Commission appreciates the thorough and professional manner in which these obligations have been addressed.