



December 22, 2016

ID CODE 00010484(MC)

VIA E-MAIL AND OVERNIGHT DELIVERY

Ms. Julie Magers  
Campus Director  
West Virginia Business College  
1052 Main Street  
Wheeling, WV 26003

*acicswhg@wvbc.edu*

**Subject: Denial of Renewal of Accreditation**

Dear Ms. Magers:

WEST VIRGINIA BUSINESS COLLEGE, WHEELING, WEST VIRGINIA      ID CODE 00010484(MC)  
WEST VIRGINIA BUSINESS COLLEGE, NUTTER FORT, WEST VIRGINIA      ID CODE 00010868(BC)

At its December 2016 meeting, the Council considered your institution's applications for a renewal of accreditation, the on-site teams' visit reports, and the campuses' responses to the 48 findings identified between both locations. As a result of its review, the Council noted serious concerns for the following areas based on the *Accreditation Criteria*:

**WHEELING MAIN CAMPUS:**

1. The CEP does not include an appropriate evaluation of the level of student satisfaction (Section 3-1-111). In its response, the campus submitted student satisfaction forms on which students rate their faculty and staff with a "Yes," "No," or "Sometimes" for different items. Students complete the surveys on the last day of class, prior to final exam reviews. The campus also provided a brief narrative summary of the results and an action plan. However, this response did not meet the Council's expectations because the surveys submitted were mostly dated 2015, or were not dated; and only two surveys were from 2016. Thus, the results are not as relevant to a current campus effectiveness plan. Further, while the results included more positive "Yes" indications, the campus did not identify in its summary those items that received a "No" or "Sometimes" rating in order to determine areas for improvement. Also, the action plan included pertained to the provision and use of the survey itself (i.e. goals to increase participation, continue to analyze surveys, and address student issues quickly), but not the information gained from the survey.
2. The placement of one graduate could not be verified, calling into question the integrity of the data provided by the campus (Section 3-1-203). Originally, there were two graduates' placements questioned by the team – that of Ms. LeeAnn Sine and Ms. LaShawnda

Saunders. In its response, the campus submitted a signed attestation from Ms. Sine, indicating that she received a pay raise in the job she started in prior to graduation; and an unsigned attestation for Ms. Saunders's receipt of a similar pay raise in her job, with a communication from the career services director to the campus director, explaining the situation. While Ms. Sine's signed attestation was acceptable, the Council does not consider the explanation from the career services director and the unsigned attestation for Ms. Saunders appropriate. Additionally, as shared by the campus, both the graduate and the employer refused to sign the attestation, calling into question its validity.

3. The campus could not demonstrate that it reflects high ethical standards in its relations with students (Section 3-1-400). In its response, the campus submitted a narrative denying the finding and clarifying the items listed in the admissions notes that were deemed inappropriate by the on-site team. The campus also provided a copy of the admissions procedure manual/official presentation to be used by the admissions representative. The campus addressed the prematurely sent SAP termination letters with a narrative on each listed student. Further, the campus satisfactorily addressed the inappropriate weighting of the final exam. However, the admissions manual/presentation provided in the response did not include any signatures in the space at the bottom for the admissions representative to sign indicating that he/she has understood the presentation and that he/she will not elaborate on the presentation in any way or will be dismissed. Additionally, the campus did not provide any evidence of training for such personnel on ethical recruitment practices to reinforce the importance of compliance. The unsatisfactory response for the SAP issues is detailed below.
4. The campus does not document compliance with its SAP policy (Sections 3-1-422). In its response, the campus provided its catalog's SAP pages and a narrative explaining why its application of the SAP policy for the students in question was accurate. The Council recognizes the clarification of the campus's SAP evaluation points for diploma-seeking students. However, this response did not address the team's concerns as the student documents, such as transcripts and copies of SAP notifications, were not provided to support the campus's claim of compliance, and the Council was unable to conduct a complete review of the finding. The campus's calculation of SAP for student Ashley Seymour remains incorrect, regardless; it claims that Ms. Seymour failed SAP at the 64-credit mark because she completed 44 credits when she needed to have completed 48, but the campus's policy states that students must complete 66.67 percent of attempted credits per evaluation period, and 66.67 percent of 64 credits is 42.67 credits. Therefore, Ms. Seymour did meet SAP at the evaluation mark. The campus also did not address its use of "termination" at a first evaluation point, as with Ms. Tiffany Thompson, when it has an academic and financial aid warning status that is used at such a time.
5. The surgical technology program administrator does not have the qualifications to administer or teach in the program nor does she have sufficient time to devote to its administration (Sections 3-1-511 & 3-3-302(b)(d)). In its response, to evidence that Ms.

Debra Hammitt was qualified to lead and teach in the program, the campus submitted a copy of her current National Surgical Technology certification from the Association of Surgical Technologists, participation in continuing education courses, and letters/e-mails of recommendation from colleagues and former students. The campus also indicated that Ms. Hammitt's course load only requires 20 contact hours per week, leaving her with at least 18 hours per week for administrative duties; and she is supported by the medical department lead. However, the Council determined that a diploma in surgical technology and four months of unverified and limited experience in an oral surgeon's office are not sufficient to oversee, and teach in, an associate's degree program. In regards to time to being sufficient to administer the program, the campus alludes to at least 18 hours being available, but the faculty and staff summary document submitted as part of its application noted that she is a part-time employee. Hence, this questions Ms. Hammitt's actual employment status and it remained unclear as to the amount of time assigned to fulfil administrative responsibilities.

6. The campus does not maintain evidence that a variety of community resources is utilized to enhance some of the educational programs (Section 3-1-512(c)). In its response, the campus submitted numerous field trip/guest speaker request forms, communications from program directors, and two student sign-in sheets as evidence of field trips taken and guest speakers hosted. Many field trips were taken to area hospital operating rooms, a corrections facility, and an organization specializing in employment assistance and preparation. While some of the documents reference all medical students, the campus does not address its utilization of resources in the medical assistant and nurse's assistant/patient care aide programs, which were also found to be lacking adequate use of a various community resources, in addition to the surgical technology program. The only documents that clearly evidence student participation or verify a speaker's appearance before students were sign-in sheets for a blood drive on January 25, 2016, and an unidentified community service project on December 7, 2015. The majority of documents were field trip/guest speaker request forms, some of which were not signed by the campus director, or communications and summaries from instructors, stating that a field trip had occurred or a guest speaker hosted, or would happen in the future. These forms do not all identify for which program the activity or event was being planned. Without proper documentation, the campus has not evidenced that all the programs in question are using a variety of community resources.
7. The learning contracts for courses offered as independent study are incomplete and the externship agreement for the surgical technology program is incomplete (Section 3-1-513(a) and Glossary). In its response, the campus submitted a revised blank learning contract for independent study courses, which now includes the statement "Student and teacher understand that the course syllabus regarding text book, course objectives and procedures for the class (on file on the wvbc.edu website) is adopted within this Independent Study contract." However, the campus did not submit completed and signed copies of learning contracts for any students currently taking courses via independent

study. Hence, the campus failed to demonstrate its application of the revised contract to evidence compliance with the standard.

Concerning the externship contract, the campus resubmitted its contract with Wetzel Hospital that the team had reviewed on-site, and provided the outline of courses in the program, course descriptions, and numerous evaluation charts that would accompany the contract. The campus also provided its contract with Dr. Mandel, a new externship site. According to its narrative, the campus supplies the externship site with multiple documents that cover learning objectives, course requirements and evaluation requirements, and “the agreements simply reference this supporting documentation....”

Although the externship agreement with Wetzel Hospital does reference the copy of objectives that will be provided to the site, and establishes that the site will cooperate in the evaluation of the program, no mention is made of the course requirements or supporting documentation that will convey these requirements. Similarly, the agreement with Dr. Mandel indicates that the campus will provide a course syllabus with objectives and a course description, but no information about evaluation of the student is provided and no reference is made to the evaluation materials provided in the response.

Additionally, the new agreement raised a new concern with regards to the course requirements. The agreement with Dr. Mandel indicates that “The experience...hours will be set between the College, Externship Entity, and student in clock hours. There are no minimum or maximum hours; it is the quality of the externship not the quantity that is important. Clock hours may be expanded and/or minimized as needed.” This statement does not establish an understanding with the externship site that the student must participate in a minimum number of hours in order to fulfill the appropriate number of credits as required for the course, and for program completion. The “completion” of the externship in less than the required hours can also have serious Title IV implications. Finally, the second statement in the Wetzel Hospital contract alludes to an unidentified party (“PRH”) instead of the Wetzel County Hospital (WCH), and again, indicates that “The College will provide PRH with a copy of the objectives.” This confusion calls into question the validity of the contract itself and underscores the Council’s conclusion that the campus has not addressed the finding.

8. The campus does not provide appropriate equipment and instructional resources to support the surgical technology, medical assistant, and nurse assistant/patient care aide programs (Sections 3-1-531(a) and 3-1-601). In its response, the campus submitted a copy of the e-mailed receipts for the purchase of the EKG machine and a blood-drawing chair but contends that its one artificial arm for use in the medical assistant and nurse assistant/patient care aide programs is sufficient. With 17 currently enrolled students between the medical assistant and nurse assistant/patient care aide programs, the one artificial arm is sufficient to serve the students. However, since the equipment is critical to providing quality instruction and there is no evidence that they were delivered, set up,

and being used, the Council is unable to determine that the campus has satisfactorily addressed this concern.

9. The educational programs do not include specific and appropriate learning objectives for all programs (Section 3-1-532(b)). In its response, the campus submitted a sample of revised syllabi across all programs but most of the revised syllabi still do not include specific, outcomes-based, measurable learning objectives as they are all prefaced with “The student will learn...” instead of using active verbs to depict what the student will be able to do and discern by the completion of the course.
10. The medical assisting and paralegal programs do not incorporate the use of appropriate experiences and learning materials (Section 3-1-532(c)(f)). In its response, the campus submitted evidence that an EKG machine was purchased in line with the MD240 Medical Procedures II course description, and current textbooks were updated for two paralegal courses. However, the response did not include a revised syllabus for MD240 to include the EKG component, nor did the campus submit evidence that the textbooks have been updated and adopted for LG235 Immigration Law and LG228 Legal Analysis and Writing. Hence, the Council could not determine that the concern was satisfactorily addressed through implementation.
11. The campus does not demonstrate compliance with Council standards for advertising (Sections 3-1-703 and Appendix C). In its response, the campus added the phrase “for those who qualify” when referencing financial aid and removed the statement on its website “Launch your medical career: WV Business College can get you started in a medical field and find you a quality job for a bright future.” However, the campus did not remove the verbiage “Health Specialties Teacher, Postsecondary” from the associate’s degree in surgical technology gainful employment disclosures section on the website. The position of postsecondary health specialties teacher requires a bachelor’s degree and as such, the statement and disclosure are not accurate.
12. The teaching load is not reasonable for the one surgical technology instructor and, therefore, there is not an adequate core of faculty for the program (Sections 3-3-303 and 3-3-304). In its response, and as noted previously, the campus responded that Ms. Hammitt only teaches 20 hours per week and has 18 hours for administrative duties. However, the faculty and staff summary submitted in conjunction with the campus’s application stated that Ms. Hammitt is a part-time employee and the campus did not provide a current class schedule to evidence her actual teaching load.

NUTTER FORT BRANCH CAMPUS:

1. The CEP does not contain program improvement plans for programs with retention rates that are below Council standards (Sections 2-1-809, 3-1-111 and 3-1-512). In its response, the campus submitted an improvement plan for the medical assisting program.

However, improvement plans were not submitted for the other three programs cited in the report – the occupational associate’s degree programs in Business Administration/Computer Applications/Accounting, Computer Support Specialist, and Small Business Management. Hence, the concern has not been satisfactorily addressed.

2. The CEP does not include an appropriate evaluation of the level of student satisfaction (Section 3 -1-111). In its response, the campus submitted student satisfaction forms on which students rate their faculty and staff with a “Yes,” “No,” or “Sometimes” for different items. Students complete the surveys on the last day of class, prior to final exam reviews. The campus also provided a brief narrative summary of the results and an action plan. However the surveys submitted were mostly dated 2015, or were not dated; and only two surveys were from 2016. Thus, the results are not relevant to the current campus effectiveness plan. The campus presented the surveys with a short narrative describing the feedback, but without analysis of the results or description of activities to implement for improvement. The action plan included pertained to the provision and use of the survey itself (i.e. goals to increase participation, continue to analyze surveys, address student issues quickly), but not on improving the level of student satisfaction itself from the data collected from the survey. Lastly, a revised 2015-2016 plan was provided, the evaluation period of which has ended; and not a 2016-2017 plan that would guide the campus’s current efforts for improvement.
3. The campus does not evidence that periodic progress reports are completed to ensure and document the completion of activities listed in the CEP (Section 3-1-112). In its response, the campus submitted brief agendas of department meetings. However, this documentation does not evidence a review of all the required elements or the completion of progress reports on the campus’s progress in achieving specific goals.
4. There is no evidence that emphasis is placed on the efficiency and effectiveness of the overall administration of the campus (Section 3-1-202(a)). In its response, the campus terminated the employment of the campus director to evidence that it agreed with the finding and has corrected the deficiency. However, the individual assigned to assume the new vacant leadership role was not identified nor were he/her qualifications and experience provided. Further, the campus failed to address how the current administrative team, in the absence of the former campus director, would address all the outstanding concerns and evidence the measures implemented to demonstrate efficiency and effectiveness.
5. The campus does not maintain documentation of the evaluation of staff members (Section 3-1-202(b)). In its response, the campus submitted a formal evaluation for Mr. Robert Wright, the former campus director, and his subsequent termination paperwork; as well as an assertion of its position that the hand-written note from Mr. Wright on Ms. Burkhead’s performance is appropriate to serve as an evaluation. The campus also provided a memo to the leadership of the two campuses indicating that evaluations

should occur at a designated time, and this procedure would be initiated annually on the second Tuesday of December. The other staff members were recently hired; therefore, evaluations have not been completed for them. However, a more formal evaluation of Ms. Burkhead, beyond a handwritten note, would be necessary to demonstrate that she understands the standards by which the success of her work is measured, and acknowledges that she has been evaluated.

6. Adequate records are not maintained by the campus relative to administrative operations (Section 3-1-303(a)). In its response, the campus submitted transcripts and certification for the instructors listed in the report, the termination paperwork of the campus director, and an admissions training log. While the documentation addressed the concerns in the team's report, the campus failed to provide the records for the new campus director to include employment contract, evidence of qualifications, and an updated organizational chart to include this new administrator, that had been communicated to all faculty and staff.
7. There is no evidence that the campus reflects the highest ethical standards in its relations with students (Section 3-1-400). In its response, the campus terminated the campus director and provided a sample financial aid report available to students, if requested, a blank "EFT notification" form, and an updated Student Statement of Understanding to demonstrate its efforts to resolve student concerns for the transparency of their school finances. A core component of this area of concern was the students' complaints on a variety of issues that were not addressed (lack of open door policy with administration, deteriorating facility, faculty turnover, etc.) and the campus did not provide any information on how it communicated any revisions in policies/procedures to the administrative team, any changes to the student grievance process, and how the replacement director would address these deficiencies.
8. The campus is not following its stated refund policy (Section 3-1-433). In its response, the campus agreed with the citation and corrected these errors prior to the team visit, following its financial aid audit. However, the campus did not provide evidence that the financial aid office has been trained and is being evaluated on the accurate and timely processing of student refunds to ensure the campus's continued compliance with its refund policy.
9. The campus does not maintain evidence that a variety of community resources is utilized to enhance student enrichment and potential career opportunities in any of the programs (Section 3-1-512(c)). In its response, the campus submitted field trip and guest speaker forms in order to demonstrate its incorporation of community resources in the business, computer and paralegal programs. However, the forms provided were typed documents indicating that a field trip would be occurring or a guest speaker would be hosted, and the students that would be attending. No evidence was submitted to indicate that any of these events had already occurred. Additionally, in its response, the campus failed to address

the concern for the medical programs which were also identified in the team's report as being inadequate.

10. The learning contracts for courses offered as independent study are incomplete (Section 3-1-513(a) and Glossary). In its response, the campus submitted a revised blank independent studies learning contract. However, the campus did not submit completed and signed copies of learning contracts for any students currently taking courses via independent study. Hence, the campus failed to demonstrate its application of the revised contract to evidence compliance with the standard.
11. Prerequisites are not being followed in a number of programs (Section 3-1-513(b)). In its response, the campus claimed that the concurrent scheduling of DP216 Excel and IT102 MS Applications and Certification courses was that of the former campus director, who was terminated. The campus also provided a block schedule plan that is intended to eliminate inappropriate scheduling in the paralegal program, to ensure that no student will again take higher legal courses prior to the LG126 Legal Terminology prerequisite course. However, the campus did not address how the campus director's replacement, and other appropriate staff members, have been trained on the policies that ensure that prerequisites are always followed, and the administrative checks and balances established to ensure oversight of the new block schedule plan. Additionally, the campus failed to address any remediation being provided for those students being instructed concurrently in the DP216 Excel and IT102 MS Applications and Certification courses, especially since DP216 is a prerequisite for IT102. The Council is seriously concerned with the completion of contact hours for both courses and students' ability to be successful.
12. There is insufficient evidence to demonstrate that the campus provides appropriate instructional equipment, resources, and personnel in the medical assistant and nurse assistant/patient care aide programs (Section 3-1-531(a)). To address the concern with the instructional equipment and resources, the campus submitted a copy of the emailed receipts for a battery for the EKG machine, a blood-drawing chair with a patient safety mechanism, and an appropriate sharps container. The phlebotomy certification for Ms. Donna Daniels was submitted to evidence compliance with the personnel requirement. However, the phlebotomy certification for Ms. Becky White, another instructor in the programs, was not submitted. Additionally, since the equipment is critical to providing quality instruction and there is no evidence that they were delivered, set up, and being used, the Council is unable to determine that the campus has satisfactorily addressed this concern. Further, the campus stated that the artificial arm and the sphygmomanometer, with different size cuffs, were at the campus, but it did not address the fact that the artificial arm was not functional nor did it submit the documentation to support the claim that the sphygmomanometer, with different size cuffs, was available.

There was a concern with the lack of access by faculty and students to printing on the campus, to include the availability of syllabi, catalogs, and any materials that needed to be printed. This issue was originally considered as equipment not being appropriate and the campus responded by explaining that it is trying to conserve paper and become paperless, and as such, there is no need for faculty or students to have access to a printer. However, the campus did not address the concerns raised by faculty and staff about needing printing access and how the educational activities are being compromised, especially for those students who are more tactile and would be more successful with written materials.

13. The educational programs do not include well-defined instructional objectives for all programs (Section 3-1-532(b)). In its response, the campus submitted a sample of revised syllabi across all programs. However, specific, outcomes-based learning objectives that evidence measurable student learning outcomes were not included in the revised syllabi.
14. Some of the academic programs do not include the use of appropriate experiences and learning materials (Section 3-1-532(c)(f)). In its response, the campus submitted documentation that an EKG machine had been purchased for the MD240 Medical Procedures II course and indicated that updated textbooks for LG235 Immigration Law and LG228 Legal Analysis and Writing have been selected. However, the campus did not revise the MD240 course syllabus to include the EKG component nor did it submit evidence that the textbooks have been updated for LG235 Immigration Law and LG228 Legal Analysis and Writing.
15. Official transcripts are not maintained for all credentials that qualify faculty members to teach their courses (Section 3-1-542). In its response, the campus submitted transcripts and an ACICS data sheet for Ms. Alicia Yeager-Shaffer, who is replacing Mr. Jack Clark, indicating her qualifications to teach her assigned law courses. A transcript was also submitted for Mr. Michael Colley's MBA to evidence his qualification to teach Information Technology (IT) and Business courses. However, Mr. Colley's transcript for his earned bachelor's degree in information technology from ITT Technical Institute was not submitted but is needed to demonstrate that he is qualified to teach all assigned IT courses. Further, a current class schedule was not provided to evidence what Mr. Colley was actually assigned to teach any courses.
16. The campus does not provide or make available in hard copy, a copy of the catalog to all students (Sections 3-1-701 and Appendix C). In its response, the campus submitted a signed Student Statement of Understanding showing that students can have a catalog if they ask for one. However, the campus did not demonstrate that it is actually provided hard copies of the campus catalog to students who requested them, especially since this was a specific concern identified by the team from students.

17. Some faculty members are not qualified to teach their assigned courses (Sections 3-2-104(c) and 3-3-302(a)(b)(c)). In its response, the campus submitted an ACICS data sheet and transcripts for Ms. Alicia Yeager-Shaffer, as a replacement for instructor Jack Clark. However, the campus does not yet have a copy of Ms. Daniels' phlebotomy certificate, nor did it submit any evidence that Ms. Daniels possesses academic credentials, given that her certification alone is not sufficient to qualify her to teach. Additionally, Ms. White has not yet earned her phlebotomy certification to be able to teach the phlebotomy course; and while the campus's response mentioned that she has been removed from teaching that course, a current teaching schedule was not provided so her and Ms. Yeager-Shaffer's teaching assignments could not be verified.

### **Council Action**

The Council determined that the large number of findings from the campuses visits and the significant number of unresolved findings to be indicators of the institution's substantive noncompliance with the *Accreditation Criteria*. Further, the likelihood that the institution can come into compliance with the *Criteria* within a reasonable time frame is called in question, especially given its history of renewal of accreditation visits with similar findings and concerns. Specifically, the institution's last renewal visit occurred in 2013 and took five Council review cycles to demonstrate its correction of findings through deferral actions and show-cause hearings. Of more significant note is that the findings have been repetitive in areas such as course syllabi, catalogs, advertising, campus effectiveness plans, and administrative oversight, calling into question the institution's good faith effort and commitment to correction, improvement, and growth. In addition, the concerns voiced by students and former faculty through on-site interviews, student surveys, and a call-for-comment preceding the visit perpetuate a framework of concern for the Council. It is especially disconcerting that some students and faculty have claimed that the campus is taking out loans without student approval and other students are convinced that the school is "stealing their money." It is the judgment of the Council that the institution's failure to demonstrate the systematic and effective implementation of operational characteristics essential to uphold the ACICS criteria in practice over time represents a lack of efficiency, effectiveness and administrative capability of the institutional administration.

Therefore, the Council acted to deny the institution's application for a renewal of accreditation. The institution must notify the Council's office in writing **within ten days of initial receipt of this notice** of its desire to appeal this decision to the Review Board. **This appeal notification must include payment** as detailed in the [Schedule of Fees](#) under Hearing Fees. The institution is advised that the Council's decision is final and will be published **if the appeal notice and appropriate fee are not provided within ten days of initial receipt of this notice**. If the institution elects to appeal this action to the Review Board and remits the appropriate fee by the established deadline, then more detailed appeal procedures and information will be forwarded to the institution.

### **Institutional Teach-Out Plan**

Finally, if the institution exercises its appeal rights, in compliance with Section 2-2-303 of the *Accreditation Criteria*, the institution is directed to submit to the Council office by **January 31, 2017**, the ACICS Campus Closing Application, which includes an appropriate teach-out plan and all applicable documentation requested by the application.

The Council expects that the institution will take the appropriate steps to assist its students through any transition to successfully complete their programs in an orderly manner. You are advised that Section 2-3-900 of the *ACICS Accreditation Criteria* stipulates that the Council may bar any person or entity from being an owner or senior manager of an ACICS-accredited institution if that person or entity was an owner or manager of an institution that loses its accreditation as a result of a denial or suspension action or that closes without providing a teach-out or refunds to students matriculated at that time of closure.

If the institution elects not to appeal this action, any comments you may wish to make with regard to this decision must be submitted to the Council office within two weeks of the date of this letter. Should you choose to submit any comments, these comments will be included in the summary detailing the reasons for the Council's decision that will be made available to the U.S. Secretary of Education, the appropriate State licensing or authorizing agency, and the public through [www.acics.org](http://www.acics.org).

### **Current Grant Expires December 31, 2016**

The institution is advised that the current grant of accreditation expires on December 31, 2016. However, should the institution elect to appeal the decision and remit the appropriate fee by the established deadline, the grant of accreditation will be extended through April 30, 2017.

If the institution elects not to appeal this action, comments with regard to this decision must be submitted to the Council office within two weeks of the date of this letter and will be included in the summary detailing the reasons for the Council's decision that will be made available to the U.S. Secretary of Education, the appropriate State licensing or authorizing agency, and the public through [www.acics.org](http://www.acics.org).

Ms. Julie Magers  
December 22, 2016  
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Please contact Ms. Katie Morrison at [kmorrison@acics.org](mailto:kmorrison@acics.org) or (202) 336-6783 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Roger J. Williams". The signature is written in a cursive style. In the background of the signature, there is a faint watermark of a building with a dome, likely the West Virginia State Capitol.

Roger J. Williams  
Interim President

- c: Ms. Cathy Sheffield, Accreditation and State Liaison, U.S. Department of Education  
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