



## **PRELIMINARY REPORT OF THE REAFFIRMATION COMMITTEE**

### **Statement Regarding the Report**

*The Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) is responsible for making the final determination on reaffirmation of accreditation based on the findings contained in this committee report, the institution's response to issues contained in the report, other assessments relevant to the review, and application of the Commission's policies and procedures. Final interpretation of the Principles of Accreditation and final action on the accreditation status of the institution rest with SACSCOC Board of Trustees.*

**Name of the Institution:**

**University of North Texas Health Science  
Center Fort Worth**

**Date of the Review:**

**November 5-6, 2019**

**SACSCOC Staff Member:**

**Dr. Patricia L. Donat**

**Chair of the Committee:**

**Dr. Laurie D. Casteen**  
Associate Dean of Students  
Office of the Dean of Students  
University of Virginia  
Charlottesville, VA

## Part I. Overview and Introduction to the Institution

*The report from the Off-Site Reaffirmation Committee represents the preliminary conclusions of the Committee based on the application of the Principles of Accreditation to information provided by the institution in its completed Compliance Certification. This report is forwarded to the institution and the On-Site Reaffirmation Committee. The institution will have an opportunity to respond to the Off-Site Reaffirmation Committee's findings in a Focused Report that also will be sent to the members of the On-Site Reaffirmation Committee. The On-Site Reaffirmation Committee will conduct interviews, review on-site documents, update the preliminary report as appropriate, and approve a final Report of the Reaffirmation Committee. The Report and the institution's response are forwarded to the Commission's Board of Trustees for final action on reaffirmation of accreditation.*

## Part II. Assessment of Compliance

*Sections 1-14 to be completed by the Off-Site Reaffirmation Committee and the On-Site Reaffirmation Committee. Standards 1.1, 2.1, 3.1, 4.1, 5.1, 6.1, 7.1, 8.1, 9.1, 9.2, 9.3, 11.1, 12.1, 13.1, and 13.2 are Core Requirements; they are formatted in Bold.*

### Section 1: The Principle of Integrity

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- 1.1 **The institution operates with integrity in all matters.**  
(Integrity) [CR; Off-Site/On-Site Review]  
(Note: This principle is not addressed by the institution in its Compliance Certification.)

#### Compliance

The Off-Site Reaffirmation Committee found no evidence of a lack of integrity.

### Section 2: Mission

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- 2.1 **The institution has a clearly defined, comprehensive, and published mission specific to the institution and appropriate for higher education. The mission addresses teaching and learning and, where applicable, research and public service.**  
(Institutional mission) [CR]

#### Compliance

The institution has a clear and comprehensive mission statement grounded in a grass roots-developed set of values. This includes a vision that guides institutional efforts at the local, regional, national, and international level. The mission articulates the goals of the institution from all facets of the organization including teaching, research, and community outreach. The mission is appropriate for the type of institution and

emphasizes the institutional focus on educating students to become exceptional practitioners in their respective fields. The mission is communicated in an accessible and consistent manner and easily accessible via the 'About Us' tab on the institution home page; it is referenced by all the schools and programs within their own individual missions.

### **Section 3: Basic Eligibility Standard**

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#### **3.1 An institution seeking to gain or maintain accredited status**

##### **3.1.a has degree-granting authority from the appropriate government agency or agencies.**

*(Degree-granting authority) [CR]*

##### **Compliance**

The institution provided documents that include the code sections that outline the Texas Higher Education Coordinating Board's authority in all state matters of higher education and its status as the highest authority in the state for authorizing new education programs and partnerships. Additionally, the institution provided examples of approvals previously sought and received through the appropriate channels. The institution also provided documentary evidence that illustrates the President's responsibility for submitting any new degree-granting program requests through the various levels of authority and, as an example, foreshadowed an upcoming request that will ultimately reach SACSCOC for review.

##### **3.1.b offers all course work required for at least one degree program at each level at which it awards degrees.** (For exceptions, see SACSCOC policy "Documenting an Alternative Approach.")

*(Course work for degrees) [CR]*

##### **Compliance**

The institution offers all course work required for at least one degree program at each level (master's, doctoral, and professional). The only exception is the dual degree, MPH/MS Applied Anthropology, offered in collaboration with the University of North Texas (UNT), for which the guidelines and responsibilities of the institutions involved are clearly outlined in a Memorandum of Agreement by and between the institution and UNT, and as was further delineated in the curriculum guide for this 63-hour program. Transcripts for the remaining degree programs were provided as substantial evidence of course work required for the institution's programs.

##### **3.1.c is in operation and has students enrolled in degree programs.**

*(Continuous operation) [CR]*

##### **Compliance**

The institution has remained in continuous operation and currently has students enrolled in its degree programs.

## **Section 4: Governing Board**

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- 4.1 **The institution has a governing board of at least five members that:**
- (a) **is the legal body with specific authority over the institution.**
  - (b) **exercises fiduciary oversight of the institution.**
  - (c) **ensures that both the presiding officer of the Board and a majority of other voting members of the Board are free of any contractual, employment, personal, or familial financial interest in the institution.**
  - (d) **is not controlled by a minority of Board members or by organizations or institutions separate from it.**
  - (e) **is not presided over by the chief executive officer of the institution.**
- (Governing board characteristics)* [CR]

### **Compliance**

The Texas Education Code requires that the UNT System Board of Regents be composed of nine members appointed by the Texas Governor and confirmed by the Texas Senate. The Code also defines the board's authority over the UNT System. The Regents' Rules define the Board's specific authority over the institution. The Texas Education Code defines the powers and duties of the UNT System Board of Regents. These include the disbursement of state-appropriated funds to the institution and an annual review of the center's budget. The institution provided an agenda for the Board of Regents' August 2018 meeting as evidence of the occurrence of the budget review. The Regents' Rules confirm the Board's specific fiduciary responsibility over the UNT System institutions.

The Rules also ensure that members of the Board are free of any contractual, employment, personal, or family interest in the business that comes before the Board. Furthermore, the Rules prohibit Board members from appointing or confirming any related persons who will be compensated by state funds. The Texas Government Code sets the standards of conduct and conflict of interest guidelines for Board members. No evidence of abuse was found. The Regents' Rules require a quorum (i.e., the presence of five of the nine Board members) for the Board to take any official action. The UNT System Organizational Chart demonstrates that the chancellor of the system does not preside over the Board of Regents. Officers of the Board are selected from among its nine members.

### **4.2 The governing board**

- 4.2.a **ensures the regular review of the institution's mission.**  
*(Mission review)*

### **Compliance**

The institution conducts a regular review of the mission statement. This is evidenced by its inclusion in the Board of Regent's quarterly review of the

strategic plan as noted in both the minutes of the Board of Regents meeting for the initial drafting (FY 2014), as well as in the agenda for the most recent Board meeting (FY 2019).

- 4.2.b **ensures a clear and appropriate distinction between the policy-making function of the Board and the responsibility of the administration and faculty to administer and implement policy.**  
*(Board/administrative distinction)*

#### **Compliance**

The Regents' Rules confirm that the Board of Regents "is expected to preserve the institutional independence and defend its right to manage its own affairs through chosen administrators and employees." The Regents' Rules delegate responsibility for administration of institution to the President of the institution. The Rules also outline the faculty's role in shared governance, especially as it relates to academic policy, which includes curriculum, methods of instruction, research, and faculty status. The institution's Faculty Handbook reinforces the faculty's role in shared governance. Minutes of the May 2019 Faculty Senate meeting serve as evidence of the faculty's participation in shared governance.

- 4.2.c **selects and regularly evaluates the institution's chief executive officer.**  
*(CEO evaluation/selection)*

#### **Compliance**

The Texas Education Code and the Regents' Rules confirm the role of the Board of Regents in choosing the President of each institution in the UNT System. The minutes of the July 2013 Board meeting confirm that the board appoints the President of the institution. Board meeting agendas and minutes from August 2017, August 2018, and August 2019, demonstrate annual evaluation of the President.

- 4.2.d **defines and addresses potential conflict of interest for its members.**  
*(Conflict of interest)*

#### **Compliance**

The Texas Government Code and the Regents' Rules define and regulate conflict of interest for Board members. The UNT System mandates training for board members aimed at preventing potential conflicts of interest and the reporting thereof. The minutes of the February 2018 Board of Regents' meeting provide an example of a Board member's recusal from an item of business due to a potential conflict of interest.

- 4.2.e **has appropriate and fair processes for the dismissal of a Board member.**  
*(Board dismissal)*

#### **Compliance**

Members of the Board of Regents, as state officers, may be removed from office for inefficiency or malfeasance in accordance with state law as established in the Texas Constitution and defined in the Texas Government Code. The institution asserted that no Board member had been removed from office.

- 4.2.f **protects the institution from undue influence by external persons or bodies.**  
(External influence)

#### **Compliance**

The Texas Education Code and the Texas Government Code regulate undue influence of Board members. The Texas Open Meetings Act in the Texas Government Code provides public oversight of the Board's actions. Mandatory orientation and trainings provided for Board members cover open records law, conflicts of interest, and standards of conduct. The agenda of the 2017 Texas Higher Education Leadership Conference serves as evidence of these trainings.

- 4.2.g **defines and regularly evaluates its responsibilities and expectations.**  
(Board evaluation)

#### **Compliance**

The institution provided evidence that the Board of Regents adheres to the University of North Texas System Board of Regents Rule 3.1101: Establishing and Evaluating Goals... "The board will conduct a review of its guiding principles every two years in even numbered years." Evidence of this ongoing review was presented in the minutes from the March 3, 2018, Board of Regents special meeting which indicated a review of the 'Guiding Principles' and the results of an institution-wide survey assessing the Board's performance.

- 4.3 **If an institution's governing Board does not retain sole legal authority and operating control in a multiple-level governance system, then the institution clearly defines that authority and control for the following areas within its governance structure: (a) institution's mission, (b) fiscal stability of the institution, and (c) institutional policy.**  
(Multi-level governance)

#### **Not applicable**

The Board of Regents retains sole legal authority and operating control over the institution. The center does not have multiple levels of governance.

## **Section 5: Administration and Organization**

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- 5.1 **The institution has a chief executive officer whose primary responsibility is to the institution.**  
(Chief executive officer) [CR]

## Compliance

The Texas Education Code states that the Board of Regents appoints the chief executive officer of the UNT System. The Regents' Rules define the chief executive officer (CEO) as the chancellor, and delegate to that office the authority to appoint, evaluate, promote, transfer, and terminate system employees. The Regents' Rules delegate to the institutional presidents the same duties for each of their respective institutions.

### 5.2 **The chief executive officer has ultimate responsibility for, and exercises appropriate control over, the following:**

#### 5.2.a **The institution's educational, administrative, and fiscal programs and services.**

*(CEO control)*

##### **Compliance**

The Texas Education Code requires that the Board of Regents appoint a CEO, who is the chancellor of the UNT System. The Regents' Rules define the authority and duties of the chancellor of the system and of the presidents of the individual institutions.

#### 5.2.b **The institution's intercollegiate athletics program.**

*(Control of intercollegiate athletics)*

##### **Not applicable**

The institution does not have an intercollegiate athletics program.

#### 5.2.c **The institution's fund-raising activities.**

*(Control of fund-raising activities)*

##### **Compliance**

Regents' Rules require that the institutional president "assumes active leadership in developing private financial support for the institution." There is no evidence that any entity other than the president of the institution oversees fundraising for the center.

### 5.3 **For any entity organized separately from the institution and formed primarily for the purpose of supporting the institution or its programs:**

- (a) The legal authority and operating control of the institution is clearly defined with respect to that entity.
- (b) The relationship of that entity to the institution and the extent of any liability arising from that relationship are clearly described in a formal, written manner.
- (c) The institution demonstrates that (1) the chief executive officer controls any fund-raising activities of that entity or (2) the fund-raising activities of that entity are defined in a formal, written manner that assures those activities further the mission of the institution.

*(Institution-related entities)*

### **Compliance**

The institution provided the Texas Education Code Section S51.351, “Governing Board Responsibility,” which addresses the responsibilities of governing boards as well as advisory committees of higher education institutions in the State of Texas. This document, as well as UNT System policies and procedures, describes the legal authority and operating controls of the institution.

The institution provided a governing board approved Affiliated Entity Agreement between the institution and the institution’s Foundation.

Finally, the institution demonstrated and provided evidence in Standard 5.2c that the president of the institution has been delegated the authority to accept gifts, other than real property, on behalf of the institution, subject to the conditions of acceptance and limitations established by the Board. Board policy 04.300 states that a role of the president is to assume active leadership in developing private fund support for the institution. The FY 2019 UTHSC Organizational Chart shows that the Vice President of Institutional Advancement reports directly to the President.

- 5.4 The institution employs and regularly evaluates administrative and academic officers with appropriate experience and qualifications to lead the institution.  
*(Qualified administrative/academic officers)* **[Off-Site/On-Site Review]**

### **Compliance**

The institution demonstrated that it employs a well-credentialed set of administrative and academic officers to lead institution. The supporting documentation of curriculum vitae and position descriptions submitted for the leadership team demonstrate appropriate educational backgrounds and experience for their current executive roles.

The hiring process for the institution uses a Values-Based Hiring rubric (“hiring great team players who live our value”) for its human resources processes; training and tools are provided to ensure that this rubric is used effectively and consistently. The institution’s policy provides for annual performance reviews, and the staff evaluation (completed example provided) provides a thorough assessment of performance as well as an excellent opportunity for goal setting through annual reports responsive to identified metrics. Sufficient evidence was also provided that the Chancellor is evaluated annually by the Board of Regents.

- 5.5 The institution publishes and implements policies regarding the appointment, employment, and regular evaluation of non-faculty personnel.  
*(Personnel appointment and evaluation)*

### **Compliance**

The institution provided evidence of established policies and procedures regarding the appointment, employment, and regular evaluation of non-faculty personnel. The



institution's policies are consistent with the state's Board of Regents requirements. The institution publishes these many policies and procedures in multiple locations on their website and in the institution's policy manual. The institution has a procedure for regular review and update of policies through a standing policy committee.

The institution provided ample resources and tools to assist with the consistency of orientation and training and the evaluation process, such as onboarding checklists and training checklists. The institution uses a standard evaluation form for the annual evaluation process of non-faculty personnel and provided evidence of following documented policies and procedures with a sample completed evaluation.

## **Section 6: Faculty**

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- 6.1 **The institution employs an adequate number of full-time faculty members to support the mission and goals of the institution.**  
(*Full-time faculty*) [CR; Off-Site/On-Site Review]

### **Compliance**

The mission of the institution is to “create solutions for a healthier community,” and the faculty have the traditional trinity of responsibilities – teaching, research, and service – to match to that mission. The institution's Policy 6.002 defines the employment status of its faculty from full-time to part-time to faculty rank. Across the institution, there are 284 full-time faculty whose efforts are supplemented by a further 21 part-time faculty and over 1,600 adjunct faculty.

With 17 master's, doctoral, and professional degree programs, (two of the 17 are in the same field with MS and PhD in Biomedical Sciences and Public Health Sciences), there is an adequate number of faculty to support the instructional mission of the institution. As research, clinical efforts, and service may be scaled with the available number of faculty, the institution has an adequate number of faculty to “create solutions for a healthier community” and its component goals.

- 6.2 For each of its educational programs, the institution

- 6.2.a Justifies and documents the qualifications of its faculty members.  
(*Faculty qualifications*)

### **Compliance**

Policy 6.003: “Faculty Tenure and Promotion” articulates the framework for tenure and promotion, the standards of which are delegated to the colleges or schools that house the faculty. The selection of faculty is done through a search process involving other faculty at the institution, generally from the same department in which the new faculty member will be housed (6.002 “Faculty Appointment, Reappointment and Probationary Period Policy”).

The qualifications of all full-time faculty at the institution are presented in the report, and all are appropriate for the courses that they teach. In the Texas College of Osteopathic Medicine, all faculty members except two have terminal degrees. Of those two individuals, one has over 20 years of experience leading statewide training programs in this field along with an appropriate master's degree, and the other has a master's degree with over 48 hours of coursework toward a PhD and teaches a master's level course. In the Graduate School of Biomedical Sciences and in the Physical Therapy program within the School of Health Professions, all faculty have appropriate terminal degrees. Within the Physician Assistant program, over half of the faculty have a master's degree as their highest degree, and these individuals only teach master's level courses and all have additional appropriate qualifications. The Lifestyle Health unit has one instructional faculty member who has a master's degree and only teaches at the master's level. In the School of Public Health, most faculty members have terminal degrees and the six with a master's degree as their highest degree teach only master's level courses and have additional professional/academic experience in their field. In the Pharmacy program, all faculty members have terminal degrees with just one exception, and that individual has over 30 years of experience in industry along with an appropriate master's degree. Any faculty with degree areas that were not immediately recognizable in the field in which they teach have additional qualifications or professional experience that is sufficient for their instructional role in the program (e.g. one faculty member holds a PhD in Public and Urban Administration and has 20+ years as a director of a Public Health Department).

Therefore, for each of its educational programs, the institution justifies and documents the qualifications of its faculty members.

- 6.2.b Employs a sufficient number of full-time faculty members to ensure curriculum and program quality, integrity, and review.  
(*Program faculty*) **[Off-Site/On-Site Review]**

### **Compliance**

All programs have the sufficient faculty full-time equivalents (FTEs) needed to implement the core curriculum of instruction required to fulfill the accreditation and regulatory standards for the programs. These FTEs are as follows: Graduate School of Biomedical Sciences (131 FT core faculty, four part-time[PT]), School of Public Health (76 FT, 28 PT), and the College of Pharmacy (41 FT, 58 PT, and 342 Preceptors for Clinical Rotations (See Table 6.2.b-3). There is sufficient documentation that thoroughly reports the terms of employment for various levels of faculty in each division, as well as faculty by-laws, division-specific Workload Policies and Models, Student-Faculty Ratios, and professional standards regarding teaching for each area.

Each unit conducts reviews which address the number of teaching faculty and their qualifications, workload requirements, adequacy of faculty resources, quantitative adequacy, and degree of certification that, collectively, lend themselves to the assessment of adequacy and sufficiency of faculty required to

insure program quality and integrity. These actions are supported by documented evidence.

- 6.2.c Assigns appropriate responsibility for program coordination.  
(*Program coordination*) [Off-Site/On-Site Review]

### **Compliance**

The institution offers advanced degrees through five (5) academic units: Texas College of Osteopathic Medicine, Graduate School of Biomedical Sciences, School of Health Professions, School of Public Health, and UNT College of Pharmacy. Included in these units are 31 degree and certificate concentration areas. The institution provided substantial evidence, including curricula vitae (CVs) for each unit director or coordinator, that clearly illustrate that the university assigns responsibility for program coordination, as well as for curriculum development and review, to persons academically qualified in the given field. A thorough review of each CV revealed that the twenty-five employees slated to serve as unit coordinators/directors have the credentials that qualify them to hold these professional posts.

- 6.3 The institution publishes and implements policies regarding the appointment, employment, and regular evaluation of faculty members, regardless of contract or tenure status.  
(*Faculty appointment and evaluation*)

### **Compliance**

The institution publishes policies and procedures regarding the appointment, employment, and regular evaluation of faculty members on the institution's website under the Office of Faculty Affairs and included in the faculty handbook and faculty By-laws. These documents provide information and copious helpful resources regarding continued employment, promotion, dismissal, grievances, and workload. Policies and procedures indicate that evaluations occur on an annual basis regardless of contract or tenure status. Guidelines for the evaluation of adjunct faculty are also described. There is supporting documentation regarding implementation of the annual evaluation process of faculty members regardless of contract or tenure status.

- 6.4 The institution publishes and implements appropriate policies and procedures for preserving and protecting academic freedom.  
(*Academic freedom*)

### **Compliance**

The institution clearly defines and documents the rights and responsibilities of faculty members regarding academic freedom in the classroom and in their communications with the public, while making clear that they are not official institutional spokespersons. The new policy on academic freedom, (6.001 Academic Freedom and Responsibility Approval), separated from the faculty By-laws as a stand-alone policy, and approved by relevant bodies of the institution, beginning in November 2018 (Faculty Senate Minutes, 11/09/2018), was approved by the President on May 28, 2019, and went into effect on

June 1, 2019. The publication of the appropriate policies and procedures protecting academic freedom occurs primarily in the online faculty handbook and the institutional policy directory.

- 6.5 The institution provides ongoing professional development opportunities for faculty members as teachers, scholars, and practitioners, consistent with the institutional mission. (*Faculty development*)

### **Compliance**

Per Policy 05.701, the institution must provide faculty and staff training and professional development opportunities. Professional development opportunities are listed on a webpage within academic affairs, through flyers, and through a daily email to the campus community. There are several programs for overall development, including for chairs and deans, and a separate program for new faculty (Early Career Development Council).

Within each area of teaching, research, and practitioner activities, professional development programs also exist. For teaching, the Center for Innovative Learning organizes instructional development. Programs include a weekly session on teaching osteopathic medicine, a multi-session series on the use of the learning portal (Canvas), and a teaching with technology series (clickers, Quizlet, etc.).

For research, the university established the Faculty Research Support Team (FRST) in 2019. In addition to website resources, staff in FRST have given presentations in numerous venues on campus to promote their availability. The staff assist faculty with identifying funding opportunities, budget planning, time and effort planning and tracking, and other skills associated with effective research programs.

For service and support skills, Human Resources at the institution offers several ongoing programs which include training on operational skills of supervisors (Management Development), leadership skills (Emerging Leaders), and leadership challenges (Navigating Leadership). Participation is encouraged through the solicitation of nominees from campus constituents.

Each college or school at the institution provides specific practitioner training programs for its own faculty. For example, the Texas College of Osteopathic Medicine established an Academy of Medical Education through which they provide a series on GME education. Additionally, the School of Health Professions provides \$3,000 per year for its faculty members to participate in professional development including attending professional conferences. The University of North Texas System College of Pharmacy provides \$2,000 per year for its faculty members to participate in professional development including attending professional conferences.

The extensive professional development opportunities for faculty at the institution are consistent with its mission to “Create solutions for a healthier community.”

## **Section 7: Institutional Planning and Effectiveness**

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- 7.1 **The institution engages in ongoing, comprehensive, and integrated research-based planning and evaluation processes that (a) focus on institutional quality and effectiveness and (b) incorporate a systematic review of institutional goals and outcomes consistent with its mission.**  
(*Institutional planning*) [CR]

## **Compliance**

The responsibility for planning and evaluation at the institutional level falls to the President's Cabinet. This cabinet is composed of individuals responsible for oversight of all facets of the institution including academics, research, finance as well as other areas and includes the academic deans of the five colleges and schools. They also call upon key stakeholders from within the institutional community as well as the overall community when warranted. This group meets multiple times over the course of the academic year to consider varying levels of planning and evaluation. This process was the result of a grassroots initiative begun in 2013 by the then incoming President. All planning and evaluation activities are rooted in the institution mission to "Create solutions for a healthier community."

To ensure comprehensive coverage of all facets of the institution, five councils were created (Academic, Research, Finance and Budget, Built Environment, and People and Culture) and charged with specific yearly deliverables to the Cabinet. For example, in the July 2019 board meeting the Academic Council reported on faculty compensation and promotion issues.

The framework for planning and evaluation is an integrated framework beginning with the strategic plan, individual academic program plans [reviewed by the Academic Program Assessment Review Team (APART)], administrative unit plans [reviewed by the Non-academic Assessment Team (NART)], campus-wide building, budget development, and allocation. Each unit feeds information back up to the President's cabinet which in turn evaluates the reports and then sends new and or modified initiatives back down to the lower levels. For example, a current Evaluation and Assessment Plan for the College of Pharmacy was provided that details program level outcomes (both programmatic and student learning) and all rationale, data collection, timeline, etc.

All units engaged in the implementation of a strategic plan initiative participate in '90-day breakthrough sessions.' This process occurs during cabinet meetings and consists of the reporting constituents responding to several questions, including; what has happened since we last met, what are your planned next steps, and where do you need help. Each reporting entity is determined to be on track, behind schedule, or off-track (see, FY 2019 Q2 90 Day Plans).

Based on the reiteration of this process in FY 2016, the institution altered the evaluation methodology to become more focused and aligned with the overall University of North Texas (UNT) strategic initiatives. Based on this shift, new strategic initiatives were matched more closely with the new 2020 Roadmap 2016 plan. This resulted a reduction of the number of desired outcomes from more than 100 to 24 along with adjusted measures and targets.

The Office of Organizational Excellence and Office of Strategy and Performance as well as data reports and presentations from individual colleges, schools and programs support each of these efforts. These formative and summative data also help inform reports for routine program reviews for the Texas Higher Education Coordinating Board.

- 7.2 The institution has a QEP that (a) has a topic identified through its ongoing, comprehensive planning and evaluation processes; (b) has broad-based support of institutional constituencies; (c) focuses on improving specific student learning outcomes and/or student success; (d) commits resources to initiate, implement, and complete the QEP; and (e) includes a plan to assess achievement.  
(*Quality Enhancement Plan*)

### **Nonbinding comments by the Off-Site Reaffirmation Committee**

The institution has identified a Quality Enhancement Plan topic that will focus on student well-being based on the institution's vision and strategic plan. There was campus wide input in selecting the topic. The institution identifies three over-arching student-learning outcomes (SLOs) that align with the main goal of the Quality Enhancement Plan. The SLOs are concrete and measurable. The institution provided an example of expected goals and addressed both direct and indirect assessment methodologies.

- 7.3 The institution identifies expected outcomes of its administrative support services and demonstrates the extent to which the outcomes are achieved.  
(*Administrative effectiveness*)

### **Compliance**

In alignment with the re-envisioning of the strategic plan in 2016, the administrative support mechanism for identifying and evaluating outcomes shifted. Beginning in FY 2017, under the auspices of the newly formed Non-academic Assessment Review Team (NART), constituents were asked to rethink and redevelop outcomes, measures, and targets as part of their annual assessment plan. The institution uses the software package Nuventive Improve to gather and review the assessment plans and reporting from each unit. Four areas were included in this report: The Center for Innovative Learning (CIL) that administers the institution learning management system; Gibson D. Lewis Library, the main resource library; Interprofessional Education and Practice (IPEP), which supports interdisciplinary learning activities; and the Division of Student Affairs. The Division of Student Affairs includes Student Development, the Registrar, Career Center, Center for Academic Performance, Office of Wellness Services, Financial Aid, and Office of Testing and Evaluation Services.

NART is composed of members from across the institution's administrative units, appointed by the provost for three-year staggered terms. As with the overall institutional planning and evaluation, the Office of Organizational Excellence (OOE) supports NART. This body conducts annual reviews to evaluate unit reports using a standard rubric developed and modified over the last three years. After review, a NART member meets with the respective constituent, reviews findings, and provides feedback. Constituents then revise reports and/or plans for the coming year.

After review of the provided constituent assessment reports for FY 2017 and 2018, it is clear that the units are moving toward a sustainable and informative culture of self-reflection and data gathering. The outcomes noted seem appropriate for the charge of the individual constituents. For example, the Division of Research and Innovation focused their efforts this past academic year on research compliance, research opportunities, and research partnerships. The Office of the President focused on adoption of a clearer communication strategy around the institution's mission and on increasing philanthropic connections.

It is clear that all units are working within the umbrella of the institution's overall mission and strategic plan.

## Section 8: Student Achievement

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- 8.1 **The institution identifies, evaluates, and publishes goals and outcomes for student achievement appropriate to the institution's mission, the nature of the students it serves, and the kinds of programs offered. The institution uses multiple measures to document student success.**

*(Student achievement)* [CR; Off-Site/On-Site Review]

### Compliance

Each school/program within the institution clearly sets student achievement goals and assesses them in accordance with the professional standards of its own disciplinary guidelines and the mission of the institution. Also, where appropriate, disciplinary national trend data within a given discipline are used in setting goals and measurement for success. In addition, some schools/programs set appropriate goals and metrics based on baseline data collected in house over the last several years (e.g., Physician Assistant Studies). These metrics include, but are limited to: graduation rate, retention rate, performance on nationally administered and normed disciplinary specific standardized exams, professional observation, in-house standardized competency exams, time to degree completion, residency and/or further graduate school application, publication records, etc. Records of student success and achievement are made available to the public via the <https://www.unthsc.edu/students/student-achievement/> website.

- 8.2 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the areas below:

- 8.2.a Student learning outcomes for each of its educational programs.

*(Student outcomes: educational programs)* [Off-Site/On-Site Review]

### Compliance

Each of the institution's five major educational programs (Texas College of Osteopathic Medicine, Graduate School of Biomedical Sciences, School of Health Professions, School of Public Health, and UNT System College of Pharmacy) provide evidence of systematic, ongoing identification of expected outcomes,

assessment of those outcomes, and evidence of improvement based on findings. Although somewhat similar in nature (i.e., the use of professional mandated standardized exams, rubric scored projects, presentations and exams, rubric driven direct observation, student self-report progress instruments, annual mentor/student review, and student course and mentor evaluation) each unit's individual activities are uniquely driven by disciplinary necessities.

Although each unit is responsible for the oversight of the process at the program level, the Academic Program Assessment Review Team (APART) is responsible for ensuring that these activities take place and feedback is connected to the overall efforts at the institutional level. APART also ensures each unit is provided necessary feedback and support. Each unit has a different organizational structure in place to oversee this process. The Texas College of Osteopathic Medicine (TCOM) has four oversight committees that work together in the process (the TCOM curriculum committee, the year 1 and year 2 course directors groups and the Clinical Clerkship Directors Group). The Doctor of Physical Therapy program on the other hand, charges the Program Director with oversight duties. The UNT System College of Pharmacy employs an Assessment Committee to ensure that the process is carried out. Each of these committees or oversight entities is made up of program officers and faculty and meets regularly with their program constituents for dissemination and feedback.

Several examples of curriculum development and program change were documented by each unit. These ranged from new course development, increased contact hours in specific content or skill areas, re-sequencing of course work, student cohort formation for increased peer interaction and support, and just in time student intervention for students in distress. All of these changes are linked either to the mission of the unit and/or to the overall mission of the institution.

- 8.2.b Student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs.  
(*Student outcomes: general education*)

### **Not Applicable**

The institution does not offer undergraduate degree programs.

- 8.2.c Academic and student services that support student success.  
(*Student outcomes: academic and student services*)

### **Non-Compliance**

The oversight for the institution's assessment of academic and student support services falls to the Non-academic Assessment Review Team (NART). The current process was established in FY 2017. NART is charged with the process of yearly unit assessment plan review, feedback, and support. The main data source used by all of the units within the Academic and Student Services programs is an annual student satisfaction survey. Several units acquire additional feedback via targeted surveys and focus groups. The Department of Interprofessional



Education and Practice (IPE), employs a modified version of the W(e) Learn Interprofessional Program Assessment Scale in their assessment efforts. Most of the programs do provide a description of their response to feedback from the student satisfaction survey and alterations to programming, facilities, etc.

However, the Off-Site Reaffirmation Committee was not able to discern from the evidence the learning outcomes or the goals and metrics used for several of the programs that have a clear educational component. For example, the career center offers a career development curriculum with courses and/or guest lectures. It was unclear what the outcome and expected goals for the curriculum are or how they assess outcomes. As mentioned above, the IPE has enlisted the use of the W(e) assessment tool, but it is unclear what the expected learning gains and or targets are so that the information gathered can be used to inform improvements.

## **Section 9: Educational Program Structure and Content**

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### **9.1 Educational programs (a) embody a coherent course of study, (b) are compatible with the stated mission and goals of the institution, and (c) are based on fields of study appropriate to higher education.**

*(Program content)* [CR; Off-Site/On-Site Review]

#### **Compliance**

All of the degree programs and certificates at the institution are health related, and each presents a coherent course of study matched to professional accreditation standards (where possible) or to programs at other accredited universities.

The Doctor of Osteopathic Medicine degree was reaccredited by the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) in 2018 for a 10-year period. The national exam pass rates for the institution are above the national mean, therefore the curriculum and instructional methods are preparing the students adequately as professionals in this field.

The five degree programs in the Graduate School of Biomedical Sciences have been approved by faculty within the institution and by the Graduate Council at the institution. The curricula of these programs are similar to other well-established universities, including The University of Texas San Antonio and University of Missouri Columbia. Each has a traditional progression of coursework followed by a research proposal, research, and a thesis/dissertation defense.

In the School of Health Professions, the Master of Physician Assistant Studies is accredited by the ARC-PA in 2014 for 10 years, and the curriculum progresses from basic and clinical sciences to clinical experiences. The institution Doctor of Physical Therapy is accredited by CAPTE (2018) for 10 years, and the curriculum is very similar to that at University of Texas Southwestern and Texas Tech University.

Degrees in the School of Public Health were reaccredited in 2014 for a seven-year period. The MPH degree is similar to degrees at other universities (e.g. Emory), and students are

required to pass the national test “certified in public health” prior to receiving their degree validating the curriculum alignment with national expectations for learning outcomes. The Master of Health Administration program was re-accredited by CAHME in 2017 for a three-year period, and the curriculum is similar to other universities’ programs (e.g. University of South Florida and University of Florida). The MS in Public Health Sciences is a research-based degree and is comparable in structure to others (e.g. OU, Tulane). The PhD in Public Health Sciences is comparable to programs at other universities (UAB, OU), and has the typical progression from courses to seminars and structured research.

Finally, in the UNT System College of Pharmacy, the Doctor of Pharmacy degree is accredited by the ACPE (2019) for a four-year period. The curriculum closely matches with programs at University of Tennessee HSC and the University of Houston.

All of the degree programs are approved by the institution as well as the Texas Higher Education Coordinating Board (THECB), with approval subject to the program adhering to the State’s Standard for Bachelor’s and Master’s Programs. According to Rule 5.45 of the Texas Administrative code, degrees will only be approved by the THECB if the program is “within the existing role and mission of the institution as indicated by its table of programs or the Board must make the determination that the program is appropriate for the mission of the institution.” Therefore, the institution and the state have found these compatible with the stated mission and goals at the institution. Further, these academic degrees are commonly found across institutions of higher education across the country.

- 9.2 **The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level. The institution provides an explanation of equivalencies when using units other than semester credit hours. The institution provides an appropriate justification for all degree programs and combined degree programs that include fewer than the required number of semester credit hours or its equivalent unit.**  
(*Program Length*) [CR; Off-Site/On-Site Review]

### **Compliance**

The institution offers only graduate and professional degrees. These degrees follow strictly both SACSCOC and discipline-specific guidelines for the advanced degrees offered through each of their instructional areas. The institution provides ample evidence confirming semester hours requiring degree completion in the five core areas that are driven by the strict requirements of each discipline’s governing and accrediting organization. These policies are clearly defined in each unit’s degree-specific catalog, in addition to being collectively reported in the institution’s catalogs, which were submitted as substantial evidence. Additionally, standards for the degrees offered in the five areas are provided with a focus on the curriculum requirements for each degree offered.

- 9.3 **The institution requires the successful completion of a general education component at the undergraduate level that:**  
(a) **is based on a coherent rationale.**

- (b) **is a substantial component of each undergraduate degree program. For degree completion in associate programs, the component constitutes a minimum of 15 semester hours or the equivalent; for baccalaureate programs, a minimum of 30 semester hours or the equivalent.**
- (c) **ensures breadth of knowledge. These credit hours include at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural science/mathematics. These courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession.**

*(General education requirements [CR; Off-Site/On-Site Review])*

### **Not Applicable**

The institution does not offer undergraduate degree programs.

- 9.4 At least 25 percent of the credit hours required for an undergraduate degree are earned through instruction offered by the institution awarding the degree.  
*(Institutional credits for an undergraduate degree)*

### **Not Applicable**

The institution does not offer undergraduate degree programs.

- 9.5 At least one-third of the credit hours required for a graduate or a post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree.  
*(Institutional credits for a graduate/professional degree)*

### **Compliance**

The institution has policies and procedures in place to ensure that the majority of credit hours required for a graduate or post-baccalaureate professional degree are earned at the institution. The Office of the Registrar conducts annual audits each spring to ensure compliance. Examples include the School of Osteopathic Medicine's requirement for transfer students indicating that the last 2 years of a 4-year program must be completed at the institution. For the Graduate School of Biomedical Sciences, a majority of credit hours for any degree must be completed by coursework registered with the institution. All policies, including transfer credit policies, are accessible and clearly stated in the student handbook accessible on the institution's website. The institution provided sample transcripts to demonstrate implementation of its policies and procedures.

- 9.6 Post-baccalaureate professional degree programs and graduate degree programs are progressively more advanced in academic content than undergraduate programs, and are structured (a) to include knowledge of the literature of the discipline and (b) to ensure engagement in research and/or appropriate professional practice and training.  
*(Post-baccalaureate rigor and curriculum)*

### **Compliance**

The institution employs many measures to ensure that its graduate degree offering (master's, doctoral, and professional) levels are progressively more advanced in academic content than standard undergraduate programs. Faculty are responsible for crafting the curricula for these programs including course materials that are more demanding than those for bachelor's programs. Educational objectives and student learning outcomes, as outlined in Table 9.6-1, and further linked to documents that thoroughly report information for each advanced degree offered, serve as substantial evidence of the seriousness with which faculty approach learning and using information that is more advanced than that encountered in earlier educational experiences. The courses in each curriculum for each degree also correspond to best practices, targeted outcomes, required knowledge, research acumen, common course components, extensive exploration of relevant literature, and ongoing research findings that inform both practice and application in given fields. Thus, the degrees' links to advanced instruction through more comprehensive knowledge of the literature in the discipline and engagement in research and/or appropriate professional practice and training, and increasingly robust curricula, are testaments to the institution's adherence to this standard.

- 9.7 The institution publishes requirements for its undergraduate, graduate, and post-baccalaureate professional programs, as applicable. The requirements conform to commonly accepted standards and practices for degree programs.  
(*Program requirements*)

### **Compliance**

The institution publishes requirements for its graduate and post-baccalaureate professional programs in several accessible locations such as the institution's catalog, the institution's website, and in school procedures posted on the institutional policies website. Information in Table 9.7-1 links to the various division requirements that are reported in the three aforementioned locations and, thus, clearly reveal that curricula, graduation requirements, and degree requirements are readily available.

As noted in detail in Standard 9.6, the curricular standards are informed by curricula of similar programs, with advancing course rigor as students move through each level of instruction, and as a function of best practices for curricula development for similar degrees.

## **Section 10: Educational Policies, Procedures, and Practices**

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- 10.1 The institution publishes, implements, and disseminates academic policies that adhere to principles of good educational practice and that accurately represent the programs and services of the institution.  
(*Academic policies*)

### **Compliance**

Many institutional policies are available through an internal search engine ("PolicyStat") and others are available through the General Academic Catalog, and state policies are available through their "Regents' Rules and Regulations" webpage. All academic policies

are also available through the “Academics, Faculty and Students” handbook, including policies on Reporting Laboratory Incidents and Grading Policy. The list of available policies is typical for an institution of higher education, including examples such as Drugs and Alcohol, Conflicts of Interest, Standards of Conduct, and Credit Hour Definition and these policies follow good educational practice. The policies are available electronically and in print form, and are available to faculty, staff, students, and other appropriate stakeholders. Evidence of implementation was provided.

- 10.2 The institution makes available to students and the public current academic calendars, grading policies, cost of attendance, and refund policies.  
(Public information) [Off-Site/On-Site Review]

### **Compliance**

Through its online catalog, the institution makes its academic calendars, grading policies, cost of attendance policies, and refund policies available to students and the public. Online students in the Masters of Public Health and School of Public Health are emailed links to this information upon acceptance into these programs.

Students and the public have access to this information and the supporting documentation is sufficient. Table 10.2-1 indicates where academic calendars, grading policies, and tuition and refund policies can be found in the catalog and/or online.

- 10.3 The institution ensures the availability of archived official catalogs (digital or print) with relevant information for course and degree requirements sufficient to serve former and returning students.  
(Archived information)

### **Compliance**

Policy 04-316 “Archives Program” of the institution addresses the institution’s statutory responsibility to archive various institutional records or documents that are either required or normally preserved as per the state records retention schedule.

The institution makes available archived copies of official catalogs in digital and/or print with course information and degree requirements. 2013-to-present catalogs are available through the institution’s Catalog webpage and maintained by the registrar. Catalogs from 1974 to 2013 are available within the Scholarly Repository which is maintained and administered by the Gibson D. Lewis Health Science Library. Current and former students, along with the general public, are able to access all materials.

- 10.4 The institution (a) publishes and implements policies on the authority of faculty in academic and governance matters, (b) demonstrates that educational programs for which academic credit is awarded are approved consistent with institutional policy, and (c) places primary responsibility for the content, quality, and effectiveness of the curriculum with its faculty.  
(Academic governance)

### **Compliance**

The institution has developed and published Faculty By-laws (effective date of June 1, 2019). The By-laws are published on its website, and articulate the composition, voting rights, and responsibilities of the faculty, the faculty senate, and its committees. The rights of faculty in academic and governance of the institution are also included in the institution Board of Regents Rules under 06.100 “Shared Governance,” which states “faculty shall participate in institution governance.”

Official Institutional Procedure P6.111 is the “Process for Approval of New Degree and Certificate Programs and Substantive Changes to Current Programs,” and the degree programs at the institution have followed this procedure. Colleges and schools within the institution also have individual procedures that provide for faculty and administrative involvement. The institution provides an example of such an approval process consistent with policy. The Doctor of Pharmacy degree was developed by faculty and the institution administration in consultation with the provost and was forwarded to the UNT System to make them aware of the discussion. This proposal was subsequently added to a Board of Regents agenda and recorded in meeting minutes as having received unanimous approval to proceed. It was then approved by the Texas Higher Education Coordinating Board and formally communicated to the institution on March 28, 2012.

Institutional faculty members in the colleges and schools are responsible for the content, quality, and effectiveness of the curriculum. In the Texas College of Osteopathic Medicine, meeting minutes from a January 3, 2018, curriculum committee show discussion/adaption of changes in content (adding Commission on Osteopathic College Accreditation (COCA) standards into course syllabi), quality (moving an exam back to a different date to allow students more time to prepare), and effectiveness (organize study questions into a formative section and a self-assessment (exam prep) section). Similar examples were available across all academic programs in the minutes of their respective curriculum committees, showing the faculty responsibility for their academic programs.

- 10.5 The institution publishes admissions policies consistent with its mission. Recruitment materials and presentations accurately represent the practices, policies, and accreditation status of the institution. The institution also ensures that independent contractors or agents used for recruiting purposes and for admission activities are governed by the same principles and policies as institutional employees.  
(*Admissions policies and practices*) [Off-Site/On-Site Review]

### **Compliance**

The Board of Regents conducts an annual review of admissions policies for the institution’s schools and colleges, and the most recent review was ratified at the Board’s May 23, 2019, meeting. Admissions policies are applied equally to all students regardless of learning modality with the exception of specific policies for School of Public Health Certificate programs and the Graduate Certificate in Lifestyle Health. Each school articulates these admission requirements in the catalog and on the website as noted in Table 10.5-1.

Each school’s recruitment materials are developed within the school’s admissions office with relevant faculty to ensure information regarding admission requirements, deadlines,

educational programs, policies, and procedures are correct. The Office of Brand and Communications also reviews the materials prior to publication to ensure brand consistency. The institution does not use contractors for any recruiting activities.

- 10.6 An institution that offers distance or correspondence education:
- (a) ensures that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course or program and receives the credit.
  - (b) has a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or programs.
  - (c) ensures that students are notified, in writing at the time of registration or enrollment, of any projected additional student charges associated with verification of student identity.

*(Distance and correspondence education)* [Off-Site/On-Site Review]

### **Compliance**

Per the institution's policy 8.104 "Distance Education Course Development and Release Procedures," online courses are all taught through Canvas, a secure learning management system. Students have a unique login ID and a password only known by the student. The Student Honor Code (policy 7.126), as listed under the Academic Dishonesty section, outlines the option of a dismissal process if a student has others conduct and/or submit work in their place. For exams taken online, the campus has access to Respondus (Lockdown Browser and Monitor functions) to ensure that the student is in fact the one taking the exam and is not using unapproved resources.

In Policy 8.104, student privacy in online courses is specifically outlined, and all course instructors must complete FERPA training before being able to teach online. The policy also requires instructors to be aware of the institution's student privacy policy prior to teaching an online course.

Policy 8.104 also states that the "Student Finance Office and academic admissions personnel are responsible for posting and for notifying students and prospective students of any additional or waived fees associated with participation in Online Courses or DE courses in accordance with state law." The fee listing, as provided to students and publicly available, was included as evidence of compliance with this policy. Therefore, students are notified about existing fees or the potential for fees at the time of registration and enrollment.

- 10.7 The institution publishes and implements policies for determining the amount and level of credit awarded for its courses, regardless of format or mode of delivery. These policies require oversight by persons academically qualified to make the necessary judgments. In educational programs not based on credit hours (e.g., direct assessment programs), the institution has a sound means for determining credit equivalencies.

*(Policies for awarding credit)* [Off-Site/On-Site Review]

### **Compliance**

The institution demonstrates compliance as evidenced by policies and procedures that adhere to the state's administrative code and Higher Education Coordinating Board which defines credit hours. Each program's specific credit hours are consistent with the state's administrative code. The curriculum committee provides oversight, and there are written guidelines for new course proposals. Policies and procedures are clearly published and accessible. Minutes of the curriculum committee were provided to demonstrate implementation of these policies and procedures.

- 10.8 The institution publishes policies for evaluating, awarding, and accepting credit not originating from the institution. The institution ensures (a) the academic quality of any credit or coursework recorded on its transcript, (b) an approval process with oversight by persons academically qualified to make the necessary judgments, and (c) the credit awarded is comparable to a designated credit experience and is consistent with the institution's mission.  
(*Evaluating and awarding academic credit*)

### **Compliance**

The institution has a transfer of credit policy that applies to all students and each individual academic degree-granting program manages and approves transfer of credit consistent with this policy. One program, the Doctor of Physical Therapy program does not accept transfer students or transfer credits. The institution's other programs follow guidelines developed by the three national associations directly involved in the transfer and awarding of academic credit, the American Association of Collegiate Registrars and Admissions Officers, the American Council on Education, and the Council for Higher Education Accreditation. Verification is provided by the Registrar's Office, the senior associate dean for academic affairs or a senior associate dean for curriculum and the admissions office/admissions committee. Policies and procedures are published by the admissions office and are detailed in the student catalog and are accessible. Examples include the Osteopathic School of Medicine's written eligibility guidelines for admission in advance standing. Documents were provided as evidence that these transfer policies are being implemented.

- 10.9 The institution ensures the quality and integrity of the work recorded when an institution transcripts courses or credits as its own when offered through a cooperative academic arrangement. The institution maintains formal agreements between the parties involved, and the institution regularly evaluates such agreements.  
(*Cooperative academic arrangements*)

### **Compliance**

For the program that has a cooperative agreement with another institution (Texas Christian University [TCU]), there is a signed agreement (contract 2016-0797) between the institutions, which is effective from May 10, 2017, through May 9, 2020. This is an articulation agreement allowing students in the Master of Health Administration degree to take Master of Business Administration courses at TCU, and this is reviewed for renewal by both institutions every three years. Course credit is transferred to the institution from TCU and reflected on the student's transcript (e.g. HMAP 5115 Selective



Topics: Six Sigma and Green Belt). Therefore, the institution maintains formal agreements for its cooperative agreement, and transcripts credits appropriately.

## **Section 11: Library and Learning/Information Resources**

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- 11.1 The institution provides adequate and appropriate library and learning/information resources, services, and support for its mission.**  
*(Library and learning/information resources) [CR]*

### **Compliance**

The Lewis Library and Center for Innovative Learning provides adequate and appropriate resources, services and support for all users.

Lewis Library's collection development policy outlines the criteria, scope, format, and retention for all collections. Using the policy as a framework, the collection development team analyzes patron feedback, publisher usage statistics, and journal level impact metrics to assure that both print and electronic resources are adequate and appropriate for students, faculty and staff throughout the institution. Additionally, the narrative provides documentation of numerous external consortial relationships that further support the accessibility of resources not directly subscribed to by Lewis Library. Interlibrary loans are provided through Docline and OCLC, which is standard practice. All resources are available while on campus and off-campus access is provided via VPN or EZProxy. Information and tutorials on various resources is readily available on the library website.

Librarians in Research and Clinical Services offer literature searching, library instruction and personal consultation. A list of librarian-led classes is provided along with examples of specific and ad hoc courses on timely topics. The library also assists with grant applications, data management expertise, and provides advice on copyright and scholarly publishing.

A campus-wide student survey and LIBQUAL results document satisfaction with resources and services provided by the library.

The Center for Innovative Learning vision and mission statements outline the center's role to foster innovative teaching strategies for student success. The center supports Canvas and other learning technologies, assists with instructional design, hosts faculty development opportunities and workshops on the various systems. Various methodologies are employed to track satisfaction with and support for systems including student and faculty surveys, post-session evaluations, and direct observations.

- 11.2 The institution ensures an adequate number of professional and other staff with appropriate education or experiences in library and/or other learning/information resources to accomplish the mission of the institution.**  
*(Library and learning/information staff)*

### **Compliance**

An examination of the documentation provided confirms that The Gibson D. Lewis Health Sciences Library and the Center for Innovative Learning both have an adequate number of qualified professional and other staff to provide delivery of services to students, faculty, and staff.

Lewis Library employs 19 librarians and 14 staff members who work in a variety of roles. This number includes six positions in the regional office of the National Network of Libraries of Medicine and three who work in a satellite library. Documentation for all professional librarians include curriculum vitae and position descriptions. Included in the vitae are education, specific credentials and specific continuing education courses. Non-Professional staff in public and technical service areas receive position specific training. A staffing comparison for Association of Academic Health Science Libraries is included and the Lewis Library staffing measures in the top third of academic health science libraries.

Staffing levels at the Center for Innovative Learning measure favorably using Changing Landscape of Online Education as a guide. Curricula vitae and position descriptions are also included.

- 11.3 The institution provides (a) student and faculty access and user privileges to its library services and (b) access to regular and timely instruction in the use of the library and other learning/information resources.  
(*Library and learning/information access*)

### **Compliance**

A review of the narrative and documentation provided confirms that the institution provides all students and faculty access to library resources, services, and instruction in a timely and effective manner.

Lewis Library is staffed 99 hours per week and employs a badge-swipe system supporting unstaffed 24/7 access. The library has a small print collection but the majority of the robust collection is accessed electronically through the library website. The resources are available at any time and from any place using EZProxy or Cisco VPN. The library and The Center for Innovative Learning partners with Information Technology to enable a Single Sign On (SSO) authentication system.

Research and instruction librarians teach a range of classes to enable students and faculty to enhance information seeking and information literacy skills in support of life-long learning. Courses and sessions are embedded in on-campus and off-campus distance education courses in coordination with various school faculty. Librarians work in connection with schools and programs and are aware of school and program specific accreditation, competency-based curricula, and campus interprofessional education. Additionally, various drop-in and ad hoc courses are offered on a variety of topics and settings throughout the year.

## **Section 12: Academic and Student Support Services**

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- 12.1 **The institution provides appropriate academic and student support programs, services, and activities consistent with its mission.**  
(*Student support services*) [CR Off-Site/On-Site Review]

### **Compliance**

Through programs and services, the Division of Student Affairs is supporting the institution's mission to "Create solutions for a healthier community" through the offices of Financial Aid, Registrar, International Services, Testing and Evaluation Services, Center for Academic Performance, Student Development, Career Center, and the Office of Care and Civility. The Division of Student Affairs also manages conduct issues and assist students with both academic and non-academic regulations.

The Center for Academic Performance (CAP) assists students in their academic success through academic advising and consultation, study skills, writing support and peer tutor programs as well as through workshops and programs. CAP also supports students with a variety of disability related accommodations.

The Office of Student Development is responsible for student orientation, diversity and inclusion efforts, campus programming and leadership/governance opportunities and a host of other offerings to develop students both inside and outside of the classroom. The Office of Care and Civility oversees a broad range of supports from wellness and counseling, to coordination of a care team, to resources for students facing food insecurity, and many others.

Additionally, the individual schools offer resources to their students that are more specific to their fields of study.

- 12.2 **The institution ensures an adequate number of academic and student support services staff with appropriate education or experience in student support service areas to accomplish the mission of the institution.**  
(*Student support services staff*)

### **Compliance**

The institution demonstrates that it employs an adequate number of academic and support staff with the necessary education or experience in student support areas to accomplish the mission of the institution. Each school has staff members who support student affairs initiatives. The supporting documentation of CVs and job descriptions provides evidence that these individuals are appropriately credentialed to serve in those roles. Additionally, the institution provided evidence of regular evaluation of student services staff.

- 12.3 **The institution publishes clear and appropriate statement(s) of student rights and responsibilities and disseminates the statement(s) to the campus community.**  
(*Student rights*)

### **Compliance**

The institution demonstrates that it has published clear and appropriate statement(s) of student rights and responsibilities in its catalog and on its website. The Student Code of Conduct is also readily available and outlines all possible violations and sanctions as well as process. New student orientation for each academic program includes the introduction of policies related to student rights and responsibilities and each student signs a statement of compliance with the code. Distance students have an online orientation which addresses student rights and responsibilities.

- 12.4 The institution (a) publishes appropriate and clear procedures for addressing written student complaints, (b) demonstrates that it follows the procedures when resolving them, and (c) maintains a record of student complaints that can be accessed upon request by SACSCOC.

*(Student complaints)* [Off-Site/On-Site Review]

### **Compliance**

The institution demonstrates that it has a published procedure for addressing student complaints. The narrative in the Compliance Certification also included links to the non-academic Complaint/Grievance Policy and the Student Academic Grievance Policy. Students have multiple formal and informal, including anonymous, avenues for reporting complaints. The distribution of a monthly email to all students as well as other regularly distributed news sources provide multiple opportunities for students to access the information during an academic year. Complaints are tracked by the Division of Student Affairs and are reviewed, processed, and provided with follow-up. The institution indicates that the complaint log is available for review during the campus visit. Redacted complaint examples were also provided.

- 12.5 The institution protects the security, confidentiality, and integrity of its student records and maintains security measures to protect and back up data.

*(Student records)*

### **Compliance**

The institution is compliant with FERPA and the Texas State Records Retention Schedule as it relates to the security, confidentiality, and integrity of its student records. All faculty, staff, students, and visitors (contractors, consultants, etc.) requesting access to student data must complete FERPA training through an institutional website. Appropriate policies for records management are listed and coordinated by Gibson D. Lewis Health Science Library and the institutions Office of Compliance. The Registrar, school-specific admissions, and student services maintain academic records for applicants, currently enrolled students, and graduates. The institution has appropriate policies to limit access to student records to protect student confidentiality. Electronic student records are protected by a password-driven security system. A limited number of personnel have “write access” to student records. The institution has a thorough backup data plan for its institutional servers and has provided its disaster recovery plan.

- 12.6 The institution provides information and guidance to help student borrowers understand how to manage their debt and repay their loans.

*(Student debt)*

## Compliance

The institution's Financial Aid Office provides an array of proactive programs to assist students with developing responsible money management skills in addition to providing financial aid counseling and assistance. Students who accept a Federal Stafford loan must complete loan entrance counseling. The Financial Aid Office communicates with students who withdraw or take a leave of absence from the institution about borrowing options and default issues. These students meet in person with a financial aid counselor. The institution reported a significant decrease in loan default rates from 2011 to 2015. The institution offers several online tutorials related to debt and money management, in addition to several in-person presentations for students.

## Section 13: Financial and Physical Resources

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### 13.1 The institution has sound financial resources and a demonstrated, stable financial base to support the mission of the institution and the scope of its programs and services.

*(Financial resources)* [CR]

#### Compliance

The institution provided financial reports for fiscal years ending August 31, 2016, through August 31, 2018. These reports documented an increase in Net Position of \$222 million. Changes in net position for the three years were \$15 million, \$44 million, and \$182 million respectively. The institution's financial statements are regularly submitted to, and audited by, the University of North Texas System. However, the institution engaged Grant Thornton to review its FY 2018 financials.

Other documentation of financial stability included reports showing three-year Changes in Net Assets (discussed above), Unrestricted Net Assets Exclusive of Plant Assets and Plant-Related Debt (\$143m-\$377m), Sources of Revenue (\$289m-\$417m), Current Ratio (1.59-2.56), Endowments (\$50m-\$66.9m), Return on Investment (4.67%-6.86%), and the Composite Financial Index (4.7-20.5). It should be noted that individual institutions in the University of North Texas System consolidated their debt at the system level in FY 2018, which significantly impacted financial ratios in a positive way. The institution provided financial amounts and ratios both before and after the consolidation so that a good understanding of financial stability could be developed. All of these amounts and ratios provided support of a stable financial base.

The institution provided the most recent bond ratings from Moody's (Aa2) and Fitch (AA Stable).

### 13.2 The member institution provides the following financial statements:

- (a) **an institutional audit (or Standard Review Report issued in accordance with *Statements on Standards for Accounting and Review Services* issued by the AICPA for those institutions audited as part of a system-wide or statewide audit) for the most recent fiscal year prepared by an independent certified**

- public accountant and/or an appropriate governmental auditing agency employing the appropriate audit (or Standard Review Report) guide.**
- (b) **a statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt, which represents the change in unrestricted net assets attributable to operations for the most recent year.**
  - (c) **an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board.**
- (Financial documents)* [CR]

### **Non-Compliance**

The institution provided a report of Unrestricted Net Assets Exclusive of Plant Assets and Plant-Related Debt for fiscal years 2016-2018. Net investment in plant increased from \$143 million in FY 2016 to \$377 million in FY 2018. As mentioned in Core Requirement 13.1, individual institutions in the University of North Texas System consolidated their debt at the system level in FY 2018, which significantly impacted financial ratios in a positive way. The institution provided UNAEP amounts and ratios both before and after the consolidation to help explain the financial impact of the change.

The institution provided documentation of their annual budget instructions, guidelines, timeline and processes in order to show that their budget is prepared by sound planning and approval by the System Board of Regents.

Because there was not time for the institution to provide audited financials, the Off-Site Reaffirmation Committee was unable to review the institution's audited financial statements for FY 2019. The institution engaged an independent auditor to review its FY 2018 financial statements; an independent audit firm has been engaged to conduct a review of the institution's Annual Financial Report for fiscal year 2019.

- 13.3 The institution manages its financial resources in a responsible manner.  
*(Financial responsibility)*

### **Compliance**

The institution provided results of operations for fiscal years 2016-2018, which verified that revenues and net position have increased each fiscal year and that cash flows remain positive. As noted in Core Requirements 13.1 and 13.2, the institution's net position grew significantly in FY 2018 due to a system decision to consolidate debt at the system level and off the books of the individual institutions within that system. Nevertheless, the institution provided evidence of growth and stability even without the consolidation. A large increase in debt service occurred during the fiscal year before the consolidation.

The institution provided a clear narrative explaining trends for significant revenue sources, including Appropriations, Tuition and Fees, Sales of Goods and Services, Professional Fees, Grants and Contracts, Investment and Gift Income, and Other Revenue. Investment and endowment balances have continued to grow.

Expense trends explained were for Operating and Non-Operating expenses such as Salaries, Professional Fees, Materials and Supplies, Depreciation and Amortization, Maintenance, and Other Expenses.

The University of North Texas System Office and the State of Texas oversee the institution. Their financial reports are reviewed at both levels, and the system provides annual internal audit services.

- 13.4 The institution exercises appropriate control over all its financial resources.  
(*Control of finances*)

### **Compliance**

The institution provided evidence that it complies with policies and procedures established at the institutional, system, state and federal levels. The evidence was in the form of reviews, as well as internal system reports and external audits. A number of System policies related to Audits, Endowments, Investments, Accounting, Budgeting and Debt Management were provided. The institution discussed and provided evidence of the fiduciary responsibilities of the System Board of Regents Audit Committee. The Internal Audit function at the institution resides at the System level. Internal Auditors prepare an annual audit plan and report significant findings to the Board Audit Committee.

The institution reported that the System Finance Office provides centralized financial functions and services to the institution related to the Controller's Office (Accounts Payable) and Procurement Services (Purchasing P-Card Program and eProcurement). The Institution handles Budgeting, Financial Systems, Financial Operations and Investments.

The institution provided evidence of expertise and competence within their senior fiscal officer ranks.

- 13.5 The institution maintains financial control over externally funded or sponsored research and programs.  
(*Control of sponsored research/external funds*)

### **Compliance**

The pre- and post-award functions at institution are administered by the Office of Sponsored Projects, which reports to the Vice President for Research. The institution provided ample evidence of institutional policies and procedures used to manage their research program. The institution uses the PeopleSoft financial systems, including the grants module, to track funded research project reporting requirements.

The institution provided two System Internal Audit Reports. The Internal Audit function at the institution resides at the System level. These two audits included a Compliance Audit of one federally funded project, and an audit of the institution's Effort Reporting Process. The Compliance Audit had no findings, but the Effort Reporting Review did identify one opportunity for improvement.

The institution reported that the State Auditor's Office performs audits of sponsored grants and contracts on a rotating basis based on risk. The institution further stated that they currently have no outstanding external audit findings for research related expenditures.

- 13.6 The institution (a) is in compliance with its program responsibilities under Title IV of the most recent Higher Education Act as amended and (b) audits financial aid programs as required by federal and state regulations. In reviewing the institution's compliance with these program responsibilities under Title IV, SACSCOC relies on documentation forwarded to it by the U. S. Department of Education.  
(Federal and state responsibilities) [Off-Site/On-Site Review]

### **Compliance**

The institution provided a Department of Education Program Review Report dated March 15, 2018, that included institutional action plans related to the findings in that report. The institution provided a Department of Education Final Title IV Program Review Determination Letter dated June 7, 2018 stating that a final determination had been made concerning the outstanding findings of the (March 2018) program review. The letter closed the review and advised that no further action was required. Finally, the institution provided evidence of an independent audit of the Title IV Program performed by Weaver and Tidwell CPAs and dated August 20, 2019. The purpose of the audit was to evaluate the design and effectiveness of compliance controls within the institution's Title IV processes. The auditors concluded that while the institution has procedures and controls in place to conduct effective management of the Title IV program; there were two opportunities to improve those controls.

- 13.7 The institution ensures adequate physical facilities and resources, both on and off campus, that appropriately serve the needs of the institution's educational programs, support services, and other mission-related activities.  
(Physical resources) [Off-Site/On-Site Review]

### **Compliance**

The institution provided copies of their 2018 Campus Master and Capital Improvement Plans. Per the Facilities Inventory Report submitted in 2018 with THECB, their 33-acre main campus consists of 27 buildings with more than \$1.6 million gross square feet of space. The institution uses the Archibus system for their work order/tracking system and space utilization.

The institution stated they had very little deferred maintenance due to appropriate funding level, the age of the facilities, and two major performance projects previously completed with Schneider Electric.

The institution's Capital Improvement Plan for FY 2019 showed \$143 million of current projects funded: \$103 million of prior years' spending, \$34 million budgeted in 2019, and another \$5.5 million planned for FY 2020. The process for prioritizing and capturing campus input on facilities priorities was adequately explained.



- 13.8 The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community.  
(*Institutional environment*)

### **Compliance**

The institution provided thorough and complete documentation showing a full-set of safety Committees, plans and policies, and training for faculty, staff and students, internal and external reports, and surveys to gauge perceptions of safety. It was clear that the institution leverages a sizable campus, system and state resources, and expertise to manage the environment. Responsibility for different aspects of campus safety is logical and clearly delineated in campus policies and organizational charts. The institution states that it does not have any open Title IX investigations with the Office of Civil Rights nor any closed investigations that were active at the time of, or subsequent to, the last SACSCOC comprehensive review.

## **Section 14: Transparency and Institutional Representation**

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- 14.1 The institution (a) accurately represents its accreditation status and publishes the name, address, and telephone number of SACSCOC in accordance with SACSCOC's requirements and federal policy; and (b) ensures all its branch campuses include the name of that institution and make it clear that their accreditation depends on the continued accreditation of the parent campus.  
(*Publication of accreditation status*) [Off-Site/On-Site Review]

### **Compliance**

The University of North Texas Health Sciences Center at Fort Worth accurately represents its accreditation status with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) by publishing its accurate status, and contact information for the governing agency, in its catalog and on the institution's website using consistent language as required by SACSCOC. The institution provided a copy of the relevant catalog section and of the institutional website as evidence of compliance with this standard.

- 14.2 The institution has a policy and procedure to ensure that all substantive changes are reported in accordance with SACSCOC's policy.  
(*Substantive change*)

### **Compliance**

The institution provided a summary of its process for complying with each of the relevant governing organizations for any institutional substantive change, which include the higher education coordinating board of the state, the state administrative code and the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). In addition to a flow chart demonstrating the coordinating higher education board process, the institution provided multiple examples of announcements to SACSCOC and

examples of the submission of prospectuses per policy, as well as examples of letters of approval from SACSCOC documenting both past and pending substantive changes.

- 14.3 The institution applies all appropriate standards and policies to its distance learning programs, branch campuses, and off-campus instructional sites.  
(*Comprehensive institutional reviews*) [**Off-Site/On-Site Review**]

### **Compliance**

Students in online courses are subject to the same learning outcomes, competencies, and evaluation methods as those in on-campus classes, and they have the same expectations of student performance. There are no differences between admission policies for on-campus and distance learning students for any of the degree or certificate programs. The institution's Policy 8.104 "Distance Education Course Development and Release Procedures" defines how an online course offering is approved. Just as for face-to-face courses, faculty preparing to teach online courses have access to staff in the Center for Innovative Learning. These staff assist faculty in developing excellence in online pedagogy including an instructional designer, an assessment specialist, and instructional technology and media specialists. Quality Matters is the framework for course quality, and all institution online courses are reviewed in accordance with Quality Matters criteria. All programs and courses at the institution, regardless of delivery method, conform to the institutional assessment cycle and use a variety of tools to measure student learning.

Student services are also readily available to online students. These include library access and support, Veteran Services, the Registrar, and all other typical support services. Fully online students continue to have access to on-campus services as well. Canvas, the campus learning support platform, has been made accessible to the institution students through computer, tablet, and smartphone. Students in online courses are able to respond to midcourse and end of course surveys of instruction (e.g. BMSC 5400), which is the same for traditional face-to-face courses. Based on surveys of instruction from online students, some course aspects have been improved, such as the addition of online TA-led tutorial sessions to BSC 5400.

The institution does not have any branch campuses or off-campus instructional sites. Therefore, the institution applies appropriate standards and policies across distance learning programs, branch campuses, and off-campus instructional sites.

- 14.4 The institution (a) represents itself accurately to all U.S. Department of Education recognized accrediting agencies with which it holds accreditation and (b) informs those agencies of any change of accreditation status, including the imposition of public sanctions. (See SACSCOC policy "Accrediting Decisions of Other Agencies.")  
(*Representation to other agencies*) [**Off-Site/On-Site Review**]

### **Compliance**

The institution provided a table of all applicable accrediting bodies relevant to this standard as well as ample documentation of the requirements for maintaining accreditation with these organizations, and documentation of its accredited status for each

body. Additionally, the institution provided some examples of self-studies and other evaluation materials associated with accreditation requirements.

- 14.5 The institution complies with SACSCOC's policy statements that pertain to new or additional institutional obligations that may arise that are not part of the standards in the current *Principles of Accreditation*.

(Policy compliance)

(Note: For applicable policies, institutions should refer to the SACSCOC website [<http://www.sacscoc.org>])

14.5.a **"Reaffirmation of Accreditation and Subsequent Reports"**

**Applicable Policy Statement.** If an institution is part of a system or corporate structure, a description of the system operation (or corporate structure) is submitted as part of the Compliance Certification for the decennial review. The description should be designed to help members of the peer review Committees understand the mission, governance, and operating procedures of the system and the individual institution's role within that system.

**Documentation:** The institution should provide a description of the system operation and structure or the corporate structure if this applies.

(Policy compliance: "Reaffirmation of Accreditation and Subsequent Reports")

**Compliance**

The institution documented its status as one of three component campuses of the University of North Texas System. Each of the three-component institutions is accredited separately by SACSCOC. A system-wide organizational chart depicting these three component campuses, and their individual leadership, was provided as evidence of its membership.

14.5.b **"Separate Accreditation for Units of a Member Institution"**

**Applicable Policy Statement.** If the Commission on Colleges determines that an extended unit is autonomous to the extent that the control over that unit by the parent or its board is significantly impaired, the Commission may direct that the extended unit seek to become a separately accredited institution. A unit which seeks separate accreditation should bear a different name from that of the parent. A unit which is located in a state or country outside the geographic jurisdiction of the Southern Association of Colleges and Schools and which the Commission determines should be separately accredited or the institution requests to be separately accredited, applies for separate accreditation from the regional accrediting association that accredits colleges in that state or country.

**Implementation:** If, during its review of the institution, the Commission determines that an extended unit is sufficiently autonomous to the extent that the parent campus has little or no control, the Commission will use this policy to recommend separate accreditation of the extended unit. No response is required by the institution.

(Policy compliance: "Separate Accreditation for Units of a Member Institution")

**Not Applicable**

The institution does not have extended units.

**Additional observations regarding strengths and weaknesses of the institution.**

(optional)

Preliminary Findings

### Part III. Assessment of the Quality Enhancement Plan

*To be completed by the On-Site Reaffirmation Committee.*

#### Brief description of the institution's Quality Enhancement Plan

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#### Analysis of the Quality Enhancement Plan

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- A. **Topic Identification.** *The institution has a topic identified through its ongoing, comprehensive planning and evaluation processes.*
- B. **Broad-based Support.** *The plan has the broad-based support of institutional constituencies.*
- C. **Focus of the Plan.** *The institution identifies a significant issue that focuses on improving specific student learning outcomes and/or student success.*
- D. **Institutional Capability for the Initiation, Implementation, and Completion of the Plan.** *The institution provides evidence that it has committed sufficient resources to initiate, implement, and complete the QEP.*
- E. **Assessment of the Plan.** *The institution has developed an appropriate plan to assess achievement.*

#### Analysis and Comments for Strengthening the QEP

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## Part IV. Third-Party Comments

*To be completed by the On-Site Reaffirmation Committee.*

If an institution receives Third-Party Comments, the institution has an opportunity to respond to those comments and the On-Site Reaffirmation Committee reviews the response as part of its comprehensive evaluation of the institution.

The Committee should check one of the following:

\_\_\_\_\_ No Third-Party Comments submitted.

\_\_\_\_\_ Third-Party Comments submitted. (***Address the items below.***)

*1. Describe the nature of the Comments and any allegations of non-compliance that may have been part of the formal Third-Party Comments;*

*2. Indicate whether the Committee found evidence in support of any allegations of non-compliance.*

*If found to be out of compliance, the Committee should write a recommendation and include it in Part II under the standard cited with a full narrative that describes why the institution was found to be out of compliance and the documentation that supports that determination. In this space, reference the number of the Core Requirement, Comprehensive Standard, or Federal Requirement and the recommendation number cited in Part II.*

*If determined to be in compliance, explain in this space the reasons and refer to the documentation in support of this finding.*

## APPENDIX A

Roster of the Off-Site Reaffirmation Committee	Roster of the On-Site Reaffirmation Committee
<p>Dr. Laurie D. Casteen - <b>CHAIR</b> Associate Dean of Students Office of the Dean of Students University of Virginia Charlottesville, VA</p> <p>Mrs. Susan B. Clark Director, Rowland Medical Library/Professor University Mississippi Medical Center Jackson, MS</p> <p>Dr. Jay J. Clune President Nicholls State University Thibodaux, LA</p> <p>Dr. Bret S. Danilowicz Provost and Vice President of Academic Affairs Florida Atlantic University Boca Raton, FL</p> <p>Dr. Alvin L. Keyes Associate Dean, College of Health and Human Sciences North Carolina Agricultural Technical State University Greensboro, NC</p> <p>Dr. Gail A. Mattox Professor and Chair, Department Psychiatry and Behavioral Science Morehouse School Medicine Atlanta, GA</p> <p>Dr. Michael A. Mitchell Vice President, Student Affairs; Dean of Students University South Alabama Mobile, AL</p> <p>Dr. Matt Serra Director of Assessment Duke University Durham, NC</p> <p>Mr. Patrick J. Wamsley* Chief Financial Officer Medical University South Carolina Charleston, SC</p> <p><b><u>SACSCOC STAFF COORDINATOR</u></b> Dr. Steven M. Sheeley Senior Vice President SACSCOC Decatur, GA</p>	

*(Refer to "Directions for Completion of the Report of the Reaffirmation Committee.")*

## APPENDIX B

### **Off-Campus Sites or Distance Learning Programs Reviewed**

*(Refer to “Directions for Completion of the Report of the Reaffirmation Committee.”)*

Preliminary Findings



## APPENDIX C

### List of Recommendations

#### Cited in the Report of the Reaffirmation Committee

*(Refer to "Directions for Completion of the Report of the Reaffirmation Committee.")*

Preliminary Findings