

**APPLICATION FOR CHANGE OF LOCATION**

*For NACCAS Use Only* : Category: \_\_\_\_ 1 \_\_\_\_ 2 Fee Paid \_\_\_\_\_

**You must submit seven (7) copies of this application, required attachments and fees within the required timeframes set in Part 4, Sub-Part 4A.1 of the Rules of Practice and Procedure. All questions must be answered. If an item does not apply to your institution, write in N/A. Each page must be initialed affirming data is final and correct. Documents must be submitted in accordance with Section 1.6 of NACCAS' Rules of Practice and Procedure. Applications that are incomplete in any way will be returned.**

**A. APPLICANT INFORMATION**

Institution Ref.#: \_\_\_\_\_ Date of Proposed Change: \_\_\_\_\_

1. \*Official Name of Institution (must match institution's state license) :

\_\_\_\_\_

2. \*Alternate Institution Names Used (2 Maximum): 1. \_\_\_\_\_

2. \_\_\_\_\_

(\*Note: The official name and alternate or shortened names must comply with NACCAS' Policy on Advertising and clearly identify the Institution as an educational institution, the term "college", "institution", "academy", etc., may never be abbreviated. Example: Joy Barber College could be JB College)

3. Name of Institution's Owner (If owned by an individual list the names or if corporation or L.L.C., list entity name as registered with the state): \_\_\_\_\_

\_\_\_\_\_

4. Current Address of Institution: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. New Address of Institution: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Institution Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

FAX (\_\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

7. Official Contact for all NACCAS correspondence: \_\_\_\_\_

Official Address for all Communications: \_\_\_\_\_

Phone and Email of Official Contact: \_\_\_\_\_

8. Square footage: At current location \_\_\_\_\_ At new location \_\_\_\_\_

9. Date classes end at current facility \_\_\_\_\_ Date classes begin at new facility \_\_\_\_\_

10. Owner Mailing Address:

Owner Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Initials \_\_\_\_\_

11. Total Number of Students Enrolled at the Time of the Relocation: \_\_\_\_\_
12. When and how were students notified of the relocation? \_\_\_\_\_  
\_\_\_\_\_
13. Has there been a lapse in licensure or will there be a lapse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, how many days and why? \_\_\_\_\_
14. Will curriculum be the same in the new location as in the old? Yes \_\_\_\_\_ No \_\_\_\_\_  
If NO, please explain the difference: \_\_\_\_\_

**\*NOTE: If the relocation is across state lines, the Institution must also submit an application for new or changed program for each program affected.**

15. ( ) Operations have ceased at the current facility or will cease on or before the relocation date.
- ( ) Operations will continue only until currently enrolled students who do not move to the new location to complete their training. Projected date for closing the current location is \_\_\_\_\_
- ( ) Operations will continue at the current location as an unaccredited Institution. All versions of the NACCAS logo, certificates, and name will have been eliminated at the old location.

#### B. REQUIRED ATTACHMENTS

1. A copy of the state license showing the proposed address. If the new facility is not yet licensed, submit an explanation. The license must be submitted within 30 days after the move.
2. A map-quest or equivalent showing the distance between the current address and the anticipated new address as well as the new address and the main campus or any additional locations linked to the applicant campus.
3. A list of students enrolled at the time of relocation showing what arrangements have been made for them:
  - Transferring to the new location.
  - Unable to transfer; given a pro-rata refund.
  - Transferred to another Institution under same ownership.
  - Transferred to another institution in the area under different ownership.
  - Other, (please specify). \_\_\_\_\_
4. A list of names and titles of teaching staff at the Institution immediately preceding the relocation. Indicate who intends to transfer, who does not, and reasons why not.
5. A list of names and titles of all administrative staff of the Institution immediately preceding the relocation. Indicate who intends to transfer, and who does not and the reasons why not.
6. A blueprint of the new facility, to scale.
7. The non-refundable application fee of \$750.00.
8. Institutional Self-Study (Category 2 only).

**Note: All required documents must be submitted prior to Commission consideration.**

Initials \_\_\_\_\_

C. CERTIFICATION

I hereby certify that the institution for which this application is being made is not under any citation by the state licensing agency for any violations of licensing laws. The institution will not make any promotional use of the application prior to approval of this application by NACCAS.

In addition, I hereby provide a release for purposes of eliciting information from state boards and government entities, as well as an acknowledgment of the fact that accrediting information may, at the discretion of NACCAS, be shared with other accrediting agencies and governmental entities.

I certify that I understand that the use of any technical assistance or consultation services provided by NACCAS does not in any way guarantee the approval of this application and that NACCAS' Board of Commissioners has the final authority in determining an institution's compliance with accreditation requirements.

I certify that the information provided herein is true and correct to the best of my knowledge and belief. I further understand that knowingly providing false or misleading information to NACCAS may result in the Commission taking adverse action against the institution.

\_\_\_\_\_  
Institution's Owner /or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (clearly)

\_\_\_\_\_  
Title

**Do you have a consultant for accreditation matters? Yes\_\_\_\_\_ No \_\_\_\_\_**  
**Notification Form #2 re: Consultation information is attached: Yes\_\_\_\_\_ No \_\_\_\_\_**

Initials\_\_\_\_\_