

**CHANGE OF CONTROL – (Change of Ownership) - Multiple Institutions**

For NACCAS Use Only: Category 2 \_\_\_\_ Category 3 \_\_\_\_ Fee Paid: \_\_\_\_\_  
Renewal Anniversary Date: \_\_\_\_\_

You must submit seven (7) copies of this application with attachments and the application fee. Refer to Section E for attachments required. Incomplete applications will be returned. If an item on the application does not apply to your institution, mark it N/A. Each page must be initialed affirming data is final and correct. Documents must be submitted to NACCAS in accordance with Section 1.6 of the Rules. Before you prepare this application you will find it useful to review the NACCAS Rules of Practice and Procedure, especially Section 4.8 and Appendix #9. Please note that all institutions being sold must be under the exact same ownership and the new owner must be exactly the same for each campus.

**A. APPLICANT INFORMATION**

1. Institution Ref.#: \_\_\_\_\_ Date Sale will take place: \_\_\_\_\_  
(Please complete Page 7 for additional institutions under this ownership)

2. New Owner Information:

Official Contact Person for all Communications: \_\_\_\_\_

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

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

**B. INDIVIDUAL INSTITUTION INFORMATION**

3a. Official name of Institution/school (This is not the same as the corporation) *before* the Sale:  
\_\_\_\_\_

3b. Official name of Institution/school (This is not the same as the corporation) *after* the Sale (must match institution’s state license): \_\_\_\_\_

\* According to Section 1.8 of the Rules the institution’s name must be consistent between all regulatory agencies Federal, State, and NACCAS. Therefore, the information provided in Question #1 must match the institution’s name listed on the institution’s state license unless the state agency’s official requirement is to list the ownership instead.

4. 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)

5. Street Address: \_\_\_\_\_

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

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

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

6. Current License #: \_\_\_\_\_

**C. OLD ORGANIZATIONAL STRUCTURE INFORMATION**

- 7. This institution is (check one): Private Non-Profit ( ) Private For-Profit ( ) Publicly Traded ( )
- 8. Institution owned by: Individual(s): \_\_\_\_\_ (Complete Type A Ownership below)
- Institution owned by: Corporation or LLC: \_\_\_\_\_ (Complete Type B Ownership below)
- Institution owned by: Subsidiary of Parent Corporation: \_\_\_\_\_ (Complete Type B and C below)

**Type A Ownership:** (Check One): Sole Proprietorship ( ) or Partnership ( )

9. List the name and address of the sole proprietor or partners and their percentages of ownership.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>

10. Designated Owner Contact Name: \_\_\_\_\_ Phone and Email: \_\_\_\_\_

**Type B Ownership:**

11. Name of Corporation/L.L.C: \_\_\_\_\_  
 Check one:  LLC  LTD  Inc.  Other \_\_\_\_\_

12. State of Incorporation or organization: \_\_\_\_\_

13. Date of Incorporation or organization: \_\_\_\_\_

14. List all individuals, corporations, or other entities who own shares or membership interests, as applicable.  
 Provide a separate attachment if more space is needed.

**(For Private Non-Profit organizations, please list corporate officer's names and their title since there are no owners, and leave percentage section blank)**

Name	Address	Percentage

15. Designated Contact Name From Above: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Type C Ownership:**

16. List the other corporations or other owner entities, including individuals who own the entities, in order closest to institution ownership. Provide a separate attachment to clearly show Tiers accurately, if needed.

Institution Name: \_\_\_\_\_

Type B Ownership: \_\_\_\_\_

Tier 3: \_\_\_\_\_

Tier 4: \_\_\_\_\_

Tier 5: \_\_\_\_\_

**D. NEW ORGANIZATIONAL STRUCTURE INFORMATION**

17. This institution is (check one): Private Non-Profit ( ) Private For-Profit ( ) Publicly Traded ( )
18. Institution owned by: Individual(s): \_\_\_\_\_ (Complete Type A Ownership below)  
 Institution owned by: Corporation or LLC: \_\_\_\_\_ (Complete Type B Ownership below)  
 Institution owned by: Subsidiary of Parent Corporation: \_\_\_\_\_ (Complete Type B and C below)

**Type A Ownership:** (Check One): Sole Proprietorship ( ) or Partnership ( )

19. List the name and address of the sole proprietor or partners and their percentages of ownership.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Designated Owner Contact Name: \_\_\_\_\_ Phone and Email: \_\_\_\_\_

**Type B Ownership:**

21. Name of Corporation/L.L.C: \_\_\_\_\_  
 Check one:  LLC  LTD  Inc.  Other \_\_\_\_\_

22. State of Incorporation or organization: \_\_\_\_\_

23. Date of Incorporation or organization: \_\_\_\_\_

24. List all individuals, corporations, or other entities who shares or membership interests, as applicable.  
 Provide a separate attachment if more space is needed.

(For Private Non-Profit organizations, please list corporate officer's names and their title since there are no owners, and leave percentage section blank)

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. Designated Contact Name From Above: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Type C Ownership:**

26. List the other corporations or other owner entities, including individuals who own the entities, in order closest to institution ownership. Provide a separate attachment to clearly show Tiers accurately, if needed.

Institution Name: \_\_\_\_\_

Type B Ownership: \_\_\_\_\_

Tier 3: \_\_\_\_\_

Tier 4: \_\_\_\_\_

Tier 5: \_\_\_\_\_

27. Has any person in the new ownership or any employee of the institution under the new ownership been debarred from participation in any Federal or state program or been disallowed by the US Department of Education to own any Institution that participates in federal financial aid within the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_

28. Please indicate all periods in the calendar year when the institution is closed (ie holidays, etc):  
\_\_\_\_\_

29. Please list the names and locations of all other Institutions offering programs within NACCAS scope, under the same ownership, management, and/or control. Please indicate if the Institution is presently accredited or holds candidate status. (Add pages as needed).

Name and Location:	Accredited by:	Candidate for Accreditation with

30. The person responsible for the day-to-day operations of the institutions under the new ownership is:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

31. The designated accreditation liaison under the new ownership who attended or will attend the required NACCAS accreditation workshop is:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Tel. \_\_\_\_\_ E-mail: \_\_\_\_\_

**E. REQUIRED ATTACHMENTS**

**Submit with the Application:**

1. Biographies of the new owner(s). Indicate any family relationships to the former owner(s). Indicate any business or employment relationship with the former owner(s) and the institution acquired or another NACCAS-accredited institution.
2. The name of the Owner or employee designated as liaison with NACCAS for accreditation processes. Submit evidence of the most recent NACCAS accreditation workshop attended by the liaison or registration for a workshop. The liaison must have attended within the last 24 months or be registered for an upcoming workshop within 90 days of the date of this application.
3. An explanation of changes the new owner has made or anticipates making in the next 12 months.
4. A signed statement indicating whether (i) the new owner(s) or (ii) the previous owner(s) assume(s) the responsibility for refunds due to students attending the institution prior to the effective date of the Change of Control.

5. A non-refundable application fee is due upon submission of the application. Please refer to the Schedule of Fees on line (Appendix #2) for the current change of ownership application fee.

If Applicable:

6. If the name of the Institution will change after the sale, you must submit a rationale.
7. If the Institution's name incorporates a trade name you must submit certification that you have authority to use this name.
8. Completed articles of incorporation to include a list of current stock holders and their number of shares, as well as include an official state or local stamp of recording.

Submit within seven (7) days following the actual sale :

9. A copy of the fully executed notarized Transfer Agreement and all other closing documents which include all of the terms of the transfer and sale. If a lease agreement is part of the sale, a fully executed copy of the lease agreement must also be submitted. (Note: This document must be received prior to Commission consideration.)

Submit within thirty (30) days following the actual sale:

10. A copy of the Institution's current license showing the owner(s) or statement from the state licensing agency registering the new owner(s).
11. A balance sheet (B/S) compiled by an independent certified public accountant on an accrual basis of accounting, according to GAAP, as of the date of sale. (Note: This document must be received prior to Commission consideration.)

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

**F. 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.

\_\_\_\_\_  
Current Institution's Owner Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Proposed Institution's Owner Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

**Do you have a consultant for accreditation matters? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Notification Form #2 re: Consultant information is attached: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_**

Initials \_\_\_\_\_

**Addendum 12B- Change of Control – (Change of Ownership) - Multiple Institutions**

**B. INDIVIDUAL INSTITUTION INFORMATION**

*This section must be filled out for each additional institution being bought/sold under this application. (Please print and attach additional pages as needed.)*

**Additional Institution** Ref #: \_\_\_\_\_

Official name of Institution *before* the Sale: \_\_\_\_\_

Official name of Institution *after* the Sale (must match institution’s state license:

\_\_\_\_\_  
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)

\* According to Section 1.8 of the *Rules* the institution’s name must be consistent between all regulatory agencies Federal, State, and NACCAS.

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

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

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

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

Current License #: \_\_\_\_\_

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**Additional Institution** Ref #: \_\_\_\_\_

Official name of Institution *before* the Sale: \_\_\_\_\_

Official name of Institution *after* the Sale (must match institution’s state license:

\_\_\_\_\_  
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)

\* According to Section 1.8 of the *Rules* the institution’s name must be consistent between all regulatory agencies Federal, State, and NACCAS.

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

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

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

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

Current License #: \_\_\_\_\_

Initials \_\_\_\_\_