

APPLICATION FOR CHANGE OF CONTROL
(CHANGE IN ORGANIZATIONAL STRUCTURE) – Category 1
(Single or Multiple Institution(s))

For NACCAS Use Only: Fee Paid: _____

An institution that changes in organizational structure from (a) a Sole Proprietorship or General Partnership to another form of Business Entity (or vice versa) or (b) from one form of Business Entity to another form of Business Entity, without either the Owners or their respective Ownership Interests changing use this simplified application. Seven (7) copies must be submitted at least thirty (30) days before the change. Please note that all sections of this application must be completed and all attachments **must** be included, with the fee, or NACCAS will return the application to you. If an item on the application does not apply to your institution, mark it N/A. Please print or type all information. 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. Please refer to Section 4.8 of the NACCAS Rules of Practice and Procedure and Appendix #9 for details relevant to a change of control and in organizational structure.

A. APPLICANT INFORMATION

1. Date of Change: _____
2. Ref. # of the institution(s) covered by this Change in Organizational Structure: _____

**Submit additional Page 1 for each related institution*

- 3a. Official name of Institution *before* the Change: _____
- 3b. Official name of Institution *after* the Change (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.**

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. Has any owner or any employee of the institution 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:

6. Official Contact Person for all Communications: _____

Official Address for all Communications: _____

Phone of Contact Person: _____ Email of Contact Person _____

C. OLD ORGANIZATIONAL STRUCTURE

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/LLC _____
 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)

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

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

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/LLC _____
 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 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)

<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. The person responsible for the day-to-day operations of the applicant institutions is:
Name: _____
Title: _____
Telephone: _____ E-mail: _____

B. REQUIRED ATTACHMENTS

To be submitted with this Application:

1. A non-refundable application fee is due upon submission of the application. Please refer to the Schedule of Fees (Appendix #2) for the current change of control application fee.
2. A report of any other changes that have been made or will be made in the near future as a result of this change in structure.
3. If the institution is organized as (or is a Subsidiary of) a Business Entity, provide a copy of the (recorded) Articles of Incorporation, articles of formation, or equivalent state authorization for formation of such Business Entity (ies) to include a list of current stock holders and their number of shares.

To be submitted within 30 days after the change in structure:

1. A copy of the Institution's current license showing the owner(s) or statement from the state licensing agency registering the new owner(s).
2. A notarized closing document from when the school ownership transferred from the old entity/business structure to the new entity/business structure. (Note: This document must be received prior to Commission consideration.)

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

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: Consultant information is attached: Yes_____ No_____ N/A_____