

UNIVERSAL ADDITIONAL LOCATION APPLICATION

<i>For NACCAS Use Only:</i> Fee Paid: _____

You must submit seven (7) copies of this application with its attachments. Please note that all sections of this application must be complete and all attachments must be included or NACCAS will return the application to you. 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. Please refer to NACCAS' *Rules of Practice and Procedure* for details relevant to an application for additional location accreditation. Documents must be submitted to NACCAS in accordance with Section 1.6 of the *Rules* and must be printed or typed.

A. MAIN CAMPUS INFORMATION

1. Main Campus Ref. No.: _____
2. Name of Main Campus: _____
3. Street Address: _____
4. City: _____ State: _____ Zip: _____
5. Telephone: _____ E-Mail: _____
6. Date originally accredited by NACCAS: _____ 7. Date of Fiscal year end: _____

B. UNIVERSAL ADDITIONAL LOCATION APPLICATION REQUIREMENTS

Please answer "True" or "False" to each of the following statements. This Application will not be approved unless all of the following statements in this Section B are true.

	<u>True</u>	<u>False</u>
1. The Main Campus' initial accreditation date is more than two (2) years from the date of this application.	_____	_____
2. The Main Campus' anniversary date for re-accreditation is more than twelve (12) months from the date of this application.	_____	_____
3. The Main Campus' accreditation has not been withdrawn (pending appeal or final) and is not currently on probation, nor is the Main Campus currently subject to a show cause order.	_____	_____
4. The Main Campus has submitted its financial statements for its most recent fiscal year, those financial statements demonstrate compliance with NACCAS' Standard for Financial Practices and Management, and the Main Campus is not currently subject to financial reporting requirements.	_____	_____
5. The Main Campus has submitted the most recent annual report as required under NACCAS' <i>Rules of Practice and Procedure</i> , that annual report demonstrated compliance with NACCAS' Standard for Educational Objectives and Institutional Evaluation, and the Main Campus is not currently subject to low outcomes monitoring or reporting requirements.	_____	_____

C. OFFICIAL CONTACT INFORMATION

6. ****Official Contact Person for all Communications:** _____

Address of Official Contact Person: _____

Phone and Email of Official Contact Person: _____

(RE: Question #6 – When considering who will be the Official Contact Person be aware that these communications could include invoices, Commission decisions, adverse actions, etc. In addition: it is the institution’s responsibility to notify NACCAS when any information in Question #6 changes.)**

7. 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: _____

D. OWNERSHIP INFORMATION FOR MAIN CAMPUS

- 1. This institution is (check one): Private Non-Profit () Private For-Profit () Publicly Traded ()
- 2. 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 ()

3. 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Designated Owner Contact Name: _____ Phone and Email: _____

Type B Ownership:

- 5. Name of Corporation/LLC: _____
- 6. State of Incorporation or organization: _____
- 7. Date of Incorporation or organization: _____
- 8. List all individuals, corporations, or other entities who own shares or membership interests, as applicable. Provide a separate sheet if additional space is needed.

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

Name	Address	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Designated Contact Name From Above: _____ Email: _____

Address: _____ Phone: _____ Fax: _____

Type C Ownership:

- 9. 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: _____

E. REQUIRED ATTACHMENTS

You must submit seven (7) copies of this application with the attachments listed below.

- 1. Verification of attendance at a NACCAS accreditation workshop. (Note: See NACCAS' Workshop Policy)

Note: Renewal of 16A must be received 8 weeks prior to expiration and all required attachments must be submitted prior to Commission consideration.

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

F. CERTIFICATION

I certify that I have read and understand the following limitations on the use of this Universal Additional Location Application (if approved):

1. The Commission will review this Universal Additional Location Application on the basis of the applicant’s most recently-submitted financial statements. This Universal Additional Location Application will terminate automatically on the due date of the applicant’s financial statements for the next fiscal year.
2. This Universal Additional Location Application will terminate automatically upon the occurrence of any of the following events:
 - (a) The Main Campus’s accreditation is withdrawn (pending appeal or final), or placed on probation.
 - (b) The Main Campus is placed on any reporting requirement.
3. This Universal Additional Location Application will be suspended upon occurrence of any of the following and no further additional location applications be permitted under this Universal Additional Location Application and Form 16B, until the show cause has been removed or the past due fees have been paid, as applicable:
 - (a) The main campus is placed on show cause; or
 - (b) The main campus has outstanding past-due fees owed NACCAS;

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 grant of accreditation 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_____