

**APPLICATION FOR ADDITIONAL LOCATION
UNDER UNIVERSAL ADDITIONAL LOCATION APPLICATION**

For NACCAS Use Only: Temporary Ref. # _____ Fee Paid: _____
 Universal Additional Location Application for Owner: Current? _____

You must submit seven (7) copies of this application with its attachments together with the application fee. 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. APPLICABILITY OF UNIVERSAL ADDITIONAL LOCATION APPLICATION

Please answer "True" or "False" to each of the following statements. **This Form may only be used if the applicant Institution answers "True" to each of the following statements.** If the answer to any statement is "False", **DO NOT PROCEED FURTHER.** The Institution must apply for additional location accreditation using NACCAS Application Form #3 (Application for Initial Additional Location Campus).

True **False**

Questions concerning Universal Additional Location Application

- | | | |
|---|-------|-------|
| 1. NACCAS has approved a Universal Additional Location Application for the owner of the main campus to which this application applies (the "Applicant Additional Location"), and that Universal Additional Location Application is effective as of the date of this application and has not been Terminated or Suspended. | _____ | _____ |
| 2. The information provided on the applicable Universal Additional Location Application is true and correct as of the date of this application and applies to the Applicant Additional Location. | _____ | _____ |
| 3. The Applicant Additional Location will be a additional location of, and will be under exactly the same ownership as, the main campus described in the applicable Universal Additional Location Application (the "Main Campus"). | _____ | _____ |

Questions concerning the Main Campus NACCAS Ref.# _____

- | | | |
|--|-------|-------|
| 4. The accreditation of the Main Campus has not been withdrawn (pending appeal or final) and is not currently on probation. | _____ | _____ |
| 5. The Main Campus has submitted the most recent financial statements required to be submitted under NACCAS' <i>Rules of Practice and Procedure</i> , those financial statements demonstrated compliance with NACCAS' Standard for Financial Practices and Management, and the Main Campus is not currently subject to financial reporting requirements. | _____ | _____ |
| 6. The Main Campus has submitted the most recent annual report as required to be submitted 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. | _____ | _____ |

Initials _____

- | | <u>True</u> | <u>False</u> |
|--|-------------|--------------|
| 7. The Main Campus is not currently subject to a show cause order. | _____ | _____ |
| 8. The Main Campus does not currently owe any past due fees to NACCAS. | _____ | _____ |

Questions concerning the Applicant Additional Location

- | | | |
|--|-------|-------|
| 9. All of the programs proposed to be offered by the Applicant Additional Location (see Question #24 below) have been approved by NACCAS to be offered at the Main Campus. | _____ | _____ |
| 10. All programs to be offered by the Applicant Additional Location are regulated by the state, and the requirements for each such program do not exceed state requirements by 50 percent or more. | _____ | _____ |
| 11. The Applicant Additional Location does not employ any person debarred from participation in any federal or state program within the past five (5) years. | _____ | _____ |
| 12. The Applicant Additional Location is not currently accredited by another accrediting agency. | _____ | _____ |
| 13. The Applicant Additional Location has never been denied candidate or accredited status by NACCAS or any other accrediting agency. | _____ | _____ |

B. ADDITIONAL LOCATION INFORMATION

14. Official Name of Institution (must match institution’s state license) :

15. Alternate Institution Names Used (2 maximum allowed) :
- A. _____
- B. _____

(*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)

16. Street Address: _____
- City _____ State _____ Zip _____

17. Additional Location Telephone: (_____) _____ E-mail:

- Fax (_____) _____ Web site: _____

- 18. Official Contact Person for all Communications: _____
Address of Official Contact Person: _____

Phone and Email of Contact Person: _____
- 19. Date campus was originally licensed: _____ Date first class started: _____
- 20. Current Institution license number: _____
- 21. Institution acquired by applicant on: _____
- 22. Please indicate any periods in the calendar year when the additional location is closed (ie, holidays, etc).
Date(s): _____
- 23. Does your institution offer instruction in a language other than English? Yes ____ No ____
If yes, please identify the language(s) in which instruction is delivered. _____

24. **PROGRAM SCHEDULE.** Please list all programs to be offered at the additional location. (See Question #9 above.) The program schedule must list and provide information on every program offered at your institution which is more than 150 hours in length or leads to state licensure. If your Institution obtains state licensure by means of accreditation, you must list all programs offered at your institution, including programs 150 hours or less in length and not leading to licensure. Attach as many copies of the chart as needed to provide information on all of the programs for which information is required.

Required Information		Programs and Schedule			
Name of Program					
State Requirements: Total clock hours, credit hour or competencies required by State law or regulation. Put N/A if not applicable					
Institution Requirements: Total Clock Hours, credit or competencies.					
Total weeks required to complete the program (full-time student)					
Total weeks to complete the program (part-time student)					
Do you offer instruction via distance learning for any of these courses?					
If so, what % of the program is delivered via distance education? *					
Number of Clock Hours or Credits of Program(s) delivered via distance education:					
Tuition					
# of Current Students					
Date of First Graduating Class					
# of Full-Time Instructors					
# of Part-Time Instructors					
CLASS SCHEDULE: Full-Time Student					
Hours per week	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				

* Note: NACCAS has chosen at this time not to approve programs offering distance education as a mode of delivery that is over 50% of the program. In addition, the institution is responsible for the management, control and delivery of distance education.

25. Does the institution wish to seek approval by NACCAS to offer any continuing education classes?
 Yes ___ No ___

If yes, complete the following chart. Attach as many copies and additional pages as necessary to ensure that all programs are listed.

Class Title	Contact Hours

26. The person responsible for the day-to-day operations of the applicant institution is:
 Name: _____
 Title: _____
 Telephone: _____ E-mail: _____
27. The designated accreditation liaison who attended the require NACCAS accreditation workshop is:
 Name: _____
 Title: _____
 Telephone: _____ E-mail: _____

C. REQUIRED ATTACHMENTS

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

1. A clear outside photo of the Institution showing the advertising sign.
2. Verification from the appropriate state agency as to when the Institution was originally licensed.
3. Verification that all programs offered at the institution have been approved by the state.
4. Submit a Mapquest printout or equivalent showing distances between related main and additional locations.
5. Non-refundable Application Fee and the annual sustaining fee. (Refer to Appendix #2 Schedule of Fees on the NACCAS website)

If applicable:

6. If the name of the Institution incorporates a trade name, the institution must attach a certification that it has authority from the franchisor or licensing company to use that name.
7. Copies of contracts or training agreements for any arrangements you have to train students from Institution districts, community colleges, State-funded programs, etc.

SUSTAINING FEES CHART

Month Application Received by NACCAS	Pro-Rated Fee Due With Application	Month Application Received by NACCAS	Pro-Rated Fee Due With Application
January	\$847.50	July	\$847.50
February	\$705.25	August	\$705.25
March	\$565	September	\$565
April	\$423.75	October	\$423.75
May	\$282.50	November	\$282.50
June	\$141.25	December	\$141.25

NACCAS sustaining fees are invoiced semi-annually in January and July. See Schedule of Fees at www.naccas.org for additional information. In the event the application is denied or voluntarily withdrawn, the school may be eligible for a pro-rated refund of sustaining fees paid.

Note: Application 16B must be received by NACCAS two (2) weeks prior to the expiration of the main campus' application 16A. All documents must be submitted prior to Commission consideration.

D. CERTIFICATION

I hereby certify that the additional location campus for which this application is being made is not under any citation by the state licensing agency for any violations of licensing laws. The additional location will not make any promotional use of the application prior to receiving a grant of accreditation (provisional additional location status).

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 grant of accreditation and that NACCAS' Board of Commissioners has the final authority in determining an institution's compliance with accreditation requirements.

I understand that if the Main Campus's Universal Additional Location Application is Terminated or Suspended prior to the approval of this application, this application will not be approved

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 /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 _____

Initials _____