

**APPLICATION FOR INITIAL ADDITIONAL LOCATION**

For NACCAS Use Only: Temporary Ref. # \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Submit seven (7) copies of this application and required attachments with the appropriate fees. Refer to Required Attachments on page 5. Incomplete submissions 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.

**A. MAIN CAMPUS INFORMATION**

Main Campus Ref. # \_\_\_\_\_

*If the ownership of the main campus differs in any way from the ownership of the additional location **DO NOT PROCEED**. The institution does not qualify as an additional location.*

1. Name of Institution at Main Campus: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_
4. Date main campus was originally accredited by NACCAS: \_\_\_\_\_

*\* According to Section 4.9 of the Rules, the definition of a "main campus" is a school of cosmetology arts and sciences which has been accredited by NACCAS for the two most recent years. Therefore a main campus must be accredited for a minimum of two years prior to applying for accreditation of an additional location.*

**B. ADDITIONAL LOCATION INFORMATION**

5. Official Name of Institution (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.*

6. 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)*

7. Contact Person at the Additional Location: \_\_\_\_\_

8. \*\*Official Contact Person for all communications regarding Additional Location:  
\_\_\_\_\_

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

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

9. Street Address of Additional Location: \_\_\_\_\_

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

**(\*\*RE: Question #8 – 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 #8 changes.)**

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10. Additional Location Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Fax: \_\_\_\_\_ Website: \_\_\_\_\_

11. Date additional location originally licensed: \_\_\_\_\_ 11a. Date first class started: \_\_\_\_\_

12. Current additional location license number: \_\_\_\_\_

13. Date additional location acquired by present owner: \_\_\_\_\_

14. Please indicate any periods in the calendar year when the additional location is closed, including holidays.  
Date(s): \_\_\_\_\_

15. 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:  
\_\_\_\_\_

16. Is the additional location currently accredited by another accrediting agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
a. If yes, name of agency: \_\_\_\_\_

ID # with the other agency: \_\_\_\_\_

b. Has the applicant institution ever sought accreditation from any other accrediting agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please identify the agency. \_\_\_\_\_

17. Has this additional location ever been denied candidate or accredited status either by this Commission or any other accrediting agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list the date of denial or withdrawal \_\_\_\_\_ and the accrediting body:  
\_\_\_\_\_

18. Does your institution offer instruction in a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please identify the program(s) and language(s) in which instruction is delivered. \_\_\_\_\_

19. Please indicate if the institution contracts with any school district, state-funded program, colleges, local junior colleges or technical Institutions for cosmetology training. Yes \_\_\_\_\_ No \_\_\_\_\_

20. The person responsible for the day-to-day operations of the additional location institution is:  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

21. The designated accreditation liaison that has attended or will attend the required NACCAS accreditation workshop is:  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**C. OWNER INFORMATION**

22. This institution is (check one): Private Non-Profit ( ) Private For-Profit ( ) Publicly Traded ( )
23. 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 ( )

24. 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:**

25. Name of Corporation/LLC \_\_\_\_\_  
 Check one:  LLC  LTD  Inc.  Other \_\_\_\_\_

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

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

28. 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:**

29. 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: \_\_\_\_\_

30. **PROGRAM SCHEDULE:** Please list all programs you wish to have approved. List and provide information on every program offered at your institution which is over 150 hours in length and/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 ensure all applicable programs are listed.

Required Information		Programs and Schedule			
Name of Program					
State Requirements: Total clock hours, credit hours or competencies required by State law or regulation.					
Institution Requirements: Total clock hours, credit and 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.

31. 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

**D. REQUIRED ATTACHMENTS**

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

1. Verification of attendance at a NACCAS Accreditation Workshop. (Refer to Appendix #3 NACCAS Workshop Policy)
2. A clear outside photo of the institution showing the advertising sign with the institution’s name.
3. Verification from the appropriate state agency as to when the Institution was originally licensed.
4. A copy of the institution’s current state license.
5. Verification that all programs offered at the Institution have been approved by the State.
6. Documentation showing proof the main campus submitted the most recent NACCAS Annual Report.
7. 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 main locations linked to the applicant campus.
8. A non-refundable application fee of \$2,580.00. A prorated amount must also be paid toward the annual sustaining fee (see the Chart below). An additional location must undergo two on-site evaluations which are billed separately.

If applicable:

10. 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.
11. If you answered yes to Question #19, submit copies of contracts or training agreements for any arrangements you have to train students from school districts, community colleges, State-funded programs, etc.
12. To offer a course and/or program that exceeds the required minimum course or program length by more than 50%, the institution must justify the course or program length. In accordance with the mission of the institution, the justification must state how the course or program length is necessitated by the following factors:
  - a. Industry needs as determined and/or recommended by the institution's Advisory Committee;
  - b. Special academic needs of the students served.

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

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**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	\$706.25	August	\$706.25
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](http://www.naccas.org) for additional information.

**E. 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 other 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 \_\_\_\_\_**

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

Initials \_\_\_\_\_