

**APPLICATION FOR APPROVAL OF A
CLOCK HOUR/CREDIT HOUR CONVERSION: (SUBSTANTIVE)**

For NACCAS Use Only: Reference #: _____	Fee Paid: _____
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Please submit seven (7) copies of this application and attachments thirty (30) days prior to implementation of classes using the new measurement. Make sure you are using the correct form. Please note that all sections of this application must be completed and all attachments must be included, with the appropriate fee, or NACCAS will return the application to you. If an item on the application does not apply, mark it N/A. Each page must be initialed affirming the data is final and correct. Prepare the application in accordance with Section 1.6 of NACCAS' *Rules of Practice and Procedure*.

A. APPLICANT INFORMATION

Institution Ref. # _____

1. 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.**

You must fill out this Section (Institution Information) of this application for each location at which this new program or substantive change will be taught, and attach it to this application. See Addendum #7A on page 4 of this application for the format to submit additional information.

2. Name of Institution's Owner (If owned by an individual list the names or if corporation or L.L.C., list entity name as registered with the state):

3. Campus Address:

City _____ State _____ Zip _____

Telephone: () _____ E-mail: _____
Fax: () _____ Website: _____

B. PROGRAM INFORMATION

4. Name of Program being converted: _____

5. This application is to offer the above program at the following institution(s): Ref. _____;
Ref. # _____; Ref. # _____; Ref. # _____

6. A. Current length of program in clock hours or credits: _____
B. Length of program in, clock hours or credits after conversion: _____

7. State-mandated length of program, if any: _____ clock hours _____ credit hours.

8. In credit hour programs, how many total hours may a student miss, without making it up, and still complete the program? _____

Initials _____

9. What is the expected start date of the first class after the conversion? _____

10. If the present application is approved by NACCAS, (mark one):

- The Institution will continue to offer the existing program.
 The Institution will only continue to offer the existing program until current enrollees complete or terminate it.
 The Institution will replace the existing program with this new or changed program as soon as the latter receives NACCAS approval.

11 Who will be responsible for supervision of instruction for this program?

Name: _____ Title: _____

Do you offer instruction via distance learning for this course? Yes ___ No ___

If so, what % of the program is delivered via distance education? _____

Note: The institution is responsible for the management, control and delivery of distance education instruction. Distance education cannot be used as a mode of delivery for more than 50% of any program.

12. Enrollment projections and related information

- A. What is the total current enrollment of the institution? _____
 B. How many students in all programs can the Institution comfortably accommodate? _____
 C. What is the size of each class group you hope to maintain for this new program? _____
 D. What is the projected annual enrollment in this new program? _____

13. Specify the length of time to complete the distance education portion of the program (express in clock hours, credits and weeks). _____

14. Specify the length of time to complete on-site portion of the program (express in clock hours, credits and weeks). _____

15. Does the conversion increase or decrease the program length? (37.5 hours per credit) __Yes __No

a. If yes provide a detailed rationale _____

C. BASIC STATE INFORMATION

You must fill out Part C of this application for each state in which the new program or substantive change will be taught, and attach it to the application.

13. Name of state: _____

14. Does your state require state approval of this program? ___ Yes ___ No

15. Is state certification or licensing available to graduates from this program? ___ Yes ___ No

16. Is a state certification or license required for admission to this program? ___ Yes ___ No

17. Will the state allow graduates of this program, after the conversion, to sit for the licensing examination:

- a. Without a certificate of clock hours of training completed? ___ Yes ___ No
 b. With a certificate of clock hours of training completed? ___ Yes ___ No
 c. If hours must be certified, how many hours (or percent of hours) may a student miss without making them up? _____

18. Is this program regulated by the State? ___ Yes ___ No

If your program exceeds state requirements by more than 50% must include a rationale for the program length in accordance with Standard VI, Criterion 13.

Initials _____

D. REQUIRED ATTACHMENTS

Application through Program Approval Procedure:

1. Evidence of state approval.
2. Non-refundable application fee: Refer to Appendix #2, the Schedule of Fees.
3. Written documentation of state authority to offer the distance education portion of the program. (Letter, state regulation, etc.), if applicable.

Application through the Renewal of Accreditation Procedure:

1. Evidence of state approval.
2. Non-refundable application fee: Refer to Appendix #2, the Schedule of Fees.
3. Written documentation of state authority to offer the distance education portion of the program. (Letter, state regulation, etc.), if applicable.

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

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 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

Printed 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 #8A- Complete and submit additional pages as needed.

Official Name of Institution (must match institution's state license):

_____ **Ref. #** _____

Name of Institution Owner (If owned by an individual list the names or if corporation or L.L.C., list entity name as registered with the state):

Campus Address _____

City _____ State _____ Zip _____

Telephone: _____ E-mail: _____

Fax: _____ Website: _____

Enrollment projections and related information:

- A. How many students in all programs can the Institution comfortably accommodate? _____
- B. What is the total current enrollment of the institution? _____
- C. What is the size of each class group you hope to maintain for this new program? _____
- D. What is the projected annual enrollment in this new program? _____
- E. What are there state requirements for the facility or instructor-student ratios if any?



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_____ **Ref. #** _____

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Campus Address _____

City _____ State _____ Zip _____

Telephone: () _____ E-mail: _____

Fax: Area Code () _____ Website: _____

Enrollment projections and related information:

- A. How many students in all programs can the Institution comfortably accommodate? _____
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Initials _____