

NOTIFICATION OF A NON-SUBSTANTIVE CHANGE

At least thirty (30) days prior to the change: Please submit one (1) copy of this form for *each* non-substantive change. Note that all sections of this form must be completed and all attachments required must be included along with the fee (\$375.00) per institution affected by the change, except for the state-mandated fee waived. Otherwise, NACCAS will return the notification to you. If an item on the form does not apply, 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 of Practice and Procedure* and must be printed or typed. Attach additional sheets, if needed.

This change will take place at the following institution(s):

Name and Ref. # (s):

1. _____	Ref. # _____
2. _____	Ref. # _____
3. _____	Ref. # _____
4. _____	Ref. # _____
5. _____	Ref. # _____
6. _____	Ref. # _____

Effective date of change: _____

TYPE OF NON-SUBSTANTIVE CHANGE

OWNERSHIP

A. Changes in Ownership Not Resulting in a Change of Control:

N/A

List the name of the corporation and the shareholders and percentages **Before** the change:

Corporation Name Before the Change: _____

Ownership Before the Change: _____

List the name of the corporation and the shareholders and percentages **After** the change:

Corporation Name After the Change: _____

Ownership After the Change: _____

Is the name of the corporation changing? Yes _____ No _____
(If yes, contact NACCAS prior to submitting).

Is a new corporation being formed as a result of the change listed above?
Yes _____ No _____
(If yes, contact NACCAS prior to submitting).

Initials _____

Select one of the following eligible situations that qualify this change as non-substantive.

- Transfer of Non-Voting Interests.
- Transfer of less than 50% of Voting Interests, without any Change in Control.
- Transfer of Voting Interests among existing Owners, without any Change of Control.
- Transfer of Voting Interests of an Owner who has died or retired, to (a) a Family Member of the deceased or retiring Owner or (b) one or more of the remaining Owners; provided that, in either case, the person to whom such Voting Interests are transferred (i) is a Natural Person who (ii) has been involved in management of the institution for at least two years preceding the transfer and who (iii) has established and retained an Ownership Interest in the institution for at least two years prior to the transfer.

Submit the following at least 30 days prior to the change attached to this Notification form:

- Resolution or Agreement which included all terms of the transfer, without consideration, of stock or partnership shares, including names and signatures of all parties involved in transaction. Must be notarized.
- Biographies and/or Resumes of the new owners after the change (including, where applicable, proof that the new owners are Qualified Transferees).
- State license issued in the name of the new owners (if applicable).
- Information on the parent corporation (if applicable attach additional pages).
- Name and contact information for the owner or employee designated as the liaison with NACCAS for accreditation processes below.

Submit the following with this Notification form (if applicable):

- Transfer, through inheritance, to a family member and/or a current shareholder of the shares or interest of an owner who just died; provided that such person (i) has an ownership interest in the institution, (ii) has been involved in management of the institution for at least two years preceding the transfer and (iii) has established and retained the ownership interest for at least two years prior to the transfer. (if applicable)

Name _____ Telephone No. _____
 Title _____ Email Address _____

LOCATION**B. Expansion of Campus Facilities:**

- N/A
- Adding facilities within a two (2) mile radius of the primary campus facility (facilities) evaluated by NACCAS during the most recent initial or re-accreditation process.
Address of Primary Facility: _____
Address of Expansion Facility: _____
- Internet distance verification attached, (i.e. mapquest, etc.).
- State license or letter approving the expanded campus facility attached.

PROGRAMS

For Program Length, please specify # of clock hours, credits (semester, quarter, non-term) or competencies.

C. The new program is being offered only to employees, at no charge.

- N/A
- Program Name: _____
Program Length: _____
- Proof of state approval is attached.

D. The length of the program, already approved by NACCAS, is being increased or decreased by 25% or less. (This is allowed one time only. Subsequent increases or decreases would be considered substantive and require approval by the Commission.)

- N/A
- Program Name: _____
Program Length Previously Approved by NACCAS: _____
Program Length after the Change: _____
- Proof of state approval is attached.

E. The program is being changed to comply with a State mandate: (Fee Waived).

- N/A
- Program Name: _____
Program Length Previously Approved by NACCAS: _____
Program Length after the Change: _____
- Proof of state mandate is attached.
- Proof of state approval is attached.

F. We are adding a crossover program to allow completers in one program previously approved by NACCAS to meet the requirements for licensure in the area covered by another program previously approved by NACCAS.

- N/A
- Name of the new crossover program: _____
Names of programs previously approved by NACCAS: _____

- Program Length: _____
- Proof of state approval is attached.

G. The following program, already approved by NACCAS at our campus will now be offered at the following campuses in the same state, under the exact same ownership.

- N/A
- Ref. # _____
- Name of Program: _____ Length of Program: _____

Campus	Start Date
Ref. # _____	_____
Ref. # _____	_____
Ref. # _____	_____
Ref. # _____	_____

- Proof of state approval is attached.

H. Test Market Exception:

- N/A
- Name of Program _____
Length of Program _____

Note: An institution may advertise a maximum of one new program a year before it receives approval from NACCAS. However, the course must be advertised: This must comply with Section 4.12(a)(1) of the NACCAS *Rules*.

- (1) In accordance with NACCAS *Policy on Advertising*; and
 - (2) An application for approval must be submitted within 15 days of the start of the first class.
- In all other instances, the course is subject to related policies and accreditation requirements.

I. The referenced institution is contracting with the following institution to offer 25% or less of the listed program.

- N/A
- Contracting with: (Name and address of Institution): _____

- I have read Appendix 8 of the NACCAS *Rules* regarding contracting programs and this contract agreement complies with those requirements.
- A copy of the written contract or agreement between the accredited institution and the other institution, institution or organization is attached.

Name of Program: _____ Length of Program: _____
Length of Portion of Program contracted: _____

NAMES

J. Alternate names used in accordance with the NACCAS Policy on Advertising.

- N/A
- 1. _____
- 2. _____

Note: This includes additions, deletions, or modifications of alternate names.

Note: NACCAS reserves the right to require a full application and fee, if it determines that the change listed on this form is substantive rather than non-substantive.

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 documents must be submitted prior to consideration.