

NON-SUBSTANTIVE CHANGE – CONTINUING EDUCATION CLASS APPROVAL

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, per class, affected by the change. 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.

In order to obtain class approval, the program must:

1. Be 150 clock hours in length or less.
2. Fall within the scope of existing course and/or programs that are approved by NACCAS.*
3. Comply with any applicable state regulatory oversight.
4. Be approved by the applicable state regulatory oversight agency if such approval is required.
5. Comply with Section 4.16 (c) (6) of the *Rules of Practice and Procedure*.

The institution must submit an application including the required attachments. When the required documents are received and accepted, the class will be added to NACCAS' approval list for the institution. It should be noted that institutions may use outside facilitators to present approved classes as long as they are under the supervision the approved provider institution's faculty and occur at a facility under the control of the institution.

*If an institution wished to offer a continuing education class in advanced haircolor, for example, the institution must already have approval for a program that includes haircolor such as cosmetology or barbering.

1. Official Name of Institution: _____

2. Institution Reference Number: # _____

3. Institutions Official Address: _____

City _____ State _____ Zip _____

4. Institution's Official Contact Person: _____

E-mail Address: _____ Contact Phone Number: _____

Names and Reference Numbers of additional campuses where this class will be taught:

(if more space is needed, please copy and attach additional pages)

Name: _____ Ref. # _____

Name: _____ Ref. # _____

Name: _____ Ref. # _____

Name: _____ Ref. # _____

Name: _____ Ref.# _____

Initials _____

CLASS INFORMATION

5. Class Title: _____

6. Contact Hours: _____

Classes are reviewed and approval is renewed during the institution’s renewal of accreditation process:

The Continuing Education Class must fall under the scope of an existing program and/or course offered at the institution that is approved by NACCAS. List the applicable NACCAS approved Program/Course:

List the prerequisite certification(s) required to enroll in this course:

Institutions are expected to deliver and fulfill the obligations of this approval effectively and with integrity. Failure to do so may result in revocation of the approval. Serious complaints against the Provider may also result in revocation of the approval. Approval requires the Provider to be in compliance with the NACCAS Policy on Advertising.

REQUIRED ATTACHMENTS

1. Class Outline
2. Class agenda or schedule including contact hours to be completed.
3. Copy of the certificate to be awarded by the sponsoring institution upon completion that includes:
 - a. Class title (creative class titles may be used)
 - b. Date(s) of class
 - c. Contact Hours
 - d. Name of Participant
 - e. Name of Approved Institution
 - f. NACCAS reference number for the approved institution
 - g. Name of Supervising Faculty Member
 - h. Name of Facilitator
4. Attendance Form to be retained by accredited institution.
5. Copy of the evaluation form to be completed by the participants regarding the class and facilitator’s performance.
6. A one time class approval fee as listed in the schedule of fees per institution, per class.

Initials_____

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: Consultation information is attached: Yes_____ No _____

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