



# *National Accrediting Commission of Career Arts and Sciences*

August 19, 2011

Dear Interested Parties:

The National Accrediting Commission of Career Arts and Sciences is requesting all interested parties to submit applications for appointment to the following positions on its Appeal Review Panel for the calendar year 2012:

<u>Category</u>	<u>Number of Positions Available</u>
Panelists Representing Schools Within NACCAS' Scope	1
Panelist Representing Academics	1

**Persons selected to serve on the Appeal Review Panel in 2012 shall be appointed for 3-year terms commencing on January 1, 2012 and ending on December 31, 2014.**

Service on the NACCAS Appeal Review Panel is both an honor and a reflection of a person's caring for the future of education in cosmetology, massage therapy and related disciplines. We strongly encourage you to apply if you meet the qualifications for appointment and would be willing to serve on the Appeal Review Panel.

The qualifications for each category of Appeal Review Panelist, as well as the procedures for applying to the Commission to be appointed to a seat on the Panel, are detailed in a separate section following this letter. **ALL NAMES MUST BE SUBMITTED TO NACCAS BY OCTOBER 1, 2011.**

Our organization is looking for competent, hardworking individuals who are willing to make a commitment to serve the Commission and the Commission's goal of fostering quality post-secondary education in the fields of cosmetology, massage therapy and related disciplines. Please send in your application today!

Sincerely,

Jessica Wolman, Chairman  
Appeal Review Panel Application Committee

## **QUALIFICATIONS FOR APPEAL REVIEW PANELISTS**

### **Panelists Representing School Owners**

All candidates for Appeal Review Panelist representing schools in fields of training within NACCAS' scope, as a condition precedent to consideration, shall document that they meet the following qualifications:

1. Have a total of at least five (5) years of administrative/supervisory experience in a school accredited by the Commission (of which the experience set forth in subparagraph 2 below may be counted as a part);
2. Have been active in the day-to-day operation of school(s) accredited by the Commission in an administrative/supervisory capacity for the three (3) years immediately preceding his/her election; and
3. Have no interest in any institution which has had its accreditation withdrawn (appeal rights exhausted) or which has voluntarily relinquished accreditation while the institution was in withdrawal status, during the past five years.

### **Panelists Representing Academics**

All candidates for Appeal Review Panelist representing academics, as a condition precedent to consideration, shall document that they meet the following qualifications:

1. Have expertise and current teaching experience in post-secondary education;
2. Have knowledge in pedagogy and in the development of curriculum; and
3. Have experience in school accreditation.

### **All Candidates for Appeal Review Panelist**

1. No person may serve simultaneously as a member of the Appeal Review Panel and as a Commissioner. No former Commissioner may serve on the Appeal Review Panel until at least 1 year after his or her term as Commissioner has ended.
2. No person may serve simultaneously as a member of the Appeal Review Panel and as an Officer or member of the Board of Directors of an organization dedicated to the interests of any field within NACCAS' scope. A person holding such other office may apply to be appointed as an Appeal Review Panelist, but if appointed must immediately tender a resignation from such office to the other organization, such resignation to be effective no later than the commencement of his or her term as Appeal Review Panelist. An Appeal Review Panelist-elect may not be seated until such resignation has been tendered.
3. All members of the Appeal Review Panel must have attended a NACCAS accreditation workshop within the previous three years. A person who does not meet this qualification may apply to be appointed as an Appeal Review Panelist, but if appointed must sign a written agreement to attend such a workshop prior to the first meeting of the Appeal Panel on which he or she will serve. An Appeal Review Panelist-elect may not be seated until he or she has attended such a workshop.

4. All members of the Appeal Review Panel shall agree to abide by the NACCAS Code of Ethics as may from time to time be promulgated, and shall refrain from discussing or voting on any appeal before the Appeal Review Panel which represents a conflict of interest.

#### **EXPECTED COMMITMENT**

The Appeal Review Panel meets at least two times a year (and may meet more frequently, as determined by the Panel). The meetings last from two to four days, depending on the number of appeals to be heard. Consequently, a person considering applying for service on the Appeal Review Panel should realize that, if appointed, he or she may be required to spend ten (10) or more days a year away from home and his/her principal place of business. In addition, Panelists will be expected to devote time prior to each meeting reviewing the appeal files of each school whose appeal is scheduled to be heard at that meeting.

## **APPLICATION PROCEDURES**

1. Persons meeting the qualifications of one or more categories of Appeal Review Panelist are hereby invited to submit applications and resumes to the NACCAS office, no later than October 1, 2011. **Application forms are available on NACCAS' website at [www.naccas.org](http://www.naccas.org).**
2. The Application Committee will review the resumes and applications and, if the Committee deems it necessary or appropriate, will arrange interviews with the applicants.
3. Subject to receipt of at least two applications, the Application Committee will present a slate of at least two candidates for each open position on the Appeal Review Panel to the Commission for consideration and appointment not later than October 19, 2011.

Persons wishing to apply for a position on the NACCAS Appeal Review Panel should submit a completed application form and resume to:

**Chair, Appeal Review Panel Application Committee  
c/o Aisha Burrell  
National Accrediting Commission of Career Arts and Sciences  
4401 Ford Avenue, Suite 1300  
Alexandria, VA 22302**

**or**

**Submit electronically to [aburrell@naccas.org](mailto:aburrell@naccas.org).**

**ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN OCTOBER 1, 2011.**

**For your convenience, applications for both categories of Panelist are attached below in the following order:**

**Panelists Representing Schools Within NACCAS' Scope**

**Panelist Representing Academics**

**NACCAS APPEAL REVIEW PANEL  
APPLICATION AND QUESTIONNAIRE:**

**School Owner/Administrator**

Name: \_\_\_\_\_ (Please Type or Print)

Please list any organization of which you are a member (including State school associations, trade associations and licensing boards) that is dedicated to the interests of any field within NACCAS' Scope.<sup>1</sup> For each such organization, please indicate whether you are an Officer or Board member. If not applicable, put N/A:

	Officer or Board Member?	
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Attach additional pages if necessary.)

If you indicated "Yes" with respect to any organization above, do you certify that you will resign from such position upon appointment to the NACCAS Appeal Review Panel?  Yes  No

**Please answer "Yes" or "No" to the following:**

Do you have a total of at least five (5) years of administrative or supervisory experience in a school accredited by the Commission? (The experience listed in the next question may count as a part)  Yes  No

Are you the sole owner of a school accredited by NACCAS?  Yes  No

If you answered "Yes" to the question above, please list each such school below, indicating your level of day-to day involvement for the last 3 years, on a scale of 0 to 5 (with five being the highest possible involvement). Attach additional pages if necessary.

<u>Name</u>	<u>Ref. #</u>	<u>Involvement</u>	<u>Years at this level of Involvement</u>
_____	_____	0 1 2 3 4 5	_____
_____			

<sup>1</sup> See Attachment A for NACCAS' Statement of Scope.  
NACCAS Appeal Review Panel  
Application and Questionnaire for School Owner/Administrator

_____	_____	0 1 2 3 4 5	_____
_____	_____	0 1 2 3 4 5	_____

Please list any employee or representative of any such school who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you the owner of at least a 10% interest in a partnership, limited liability company or private corporation that owns a school accredited by NACCAS?  Yes  No

If you answered "Yes" to the question above, please list each such school below, indicating your ownership % and level of day-to day involvement for the last 3 years, on a scale of 0 to 5 (with five being the highest possible involvement). Attach additional pages if necessary.

<u>Name</u>	<u>Ref. #</u>	<u>Ownership %</u>	<u>Involvement</u>	<u>Years at this level of Involvement</u>
_____	_____	_____	0 1 2 3 4 5	_____
_____	_____	_____	0 1 2 3 4 5	_____
_____	_____	_____	0 1 2 3 4 5	_____

Please list any employee or representative of any such school who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you an officer of a publicly held corporation which owns a School accredited by NACCAS?  Yes  No

If you answered "Yes" to the question above, please list each such school below, indicating the office you hold and level of day-to day involvement for the last 3 years, on a scale of 0 to 5 (with five being the highest possible involvement). Attach additional pages if necessary.

<u>Name</u>	<u>Ref. #</u>	<u>Office Held</u>	<u>Involvement</u>	<u>Years at this level of Involvement</u>
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_____	_____	_____	0 1 2 3 4 5	_____
_____	_____	_____	0 1 2 3 4 5	_____
_____	_____	_____	0 1 2 3 4 5	_____

Please list any employee or representative of any such corporation, or school owned by such corporation, who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other school accredited by NACCAS with which you have been involved (as owner or administrator) in the last 5 years, indicating your ownership interest and/or the office you held and level of day-to day involvement on a scale of 0 to 5 (with five being the highest possible involvement). Attach additional pages if necessary. If not applicable, put N/A:

Name	Ref. #	Ownership %/ Office Held	Involvement	Years at this level of Involvement
_____	_____	_____	0 1 2 3 4 5	_____
_____	_____	_____	0 1 2 3 4 5	_____
_____	_____	_____	0 1 2 3 4 5	_____

Do you have (or did you have at the time of withdrawal or relinquishment) a direct or indirect ownership interest in any school offering programs within NACCAS' Scope whose accreditation by another accrediting agency was withdrawn (all appeal rights exhausted) or voluntarily relinquished while in withdrawal status during the last 5 years? ( ) Yes      ( ) No

Has any school in which you have or have had an ownership interest, or which is owned by a public corporation in which you are or were an officer, ever been found in violation of applicable Federal, State or local statutes or regulations? ( ) Yes      ( ) No

If you answered "Yes" to the question above, please explain:

\_\_\_\_\_



## ATTACHMENT A

### NACCAS STATEMENT OF SCOPE

The following non-exhaustive list illustrates curricula and programs covered under NACCAS' scope of accreditation:

- |  |   |
|--|---|
| 1. Advanced Cosmetology                                  | 12. Manicuring                          |
| 2. Barbering   | 13. Massage Therapy                     |
| 3. Beauty School Management                              | 14. Permanent Waving                    |
| 4. Cosmetology (Basic)                                   | 15. Platform Artistry                   |
| 5. Esthetics and Skin Care                               | 16. Refresher Course                    |
| 6. Ethnic Hair Studies                                   | 17. Salon Coordination                  |
| 7. Hair Coloring   | 18. Salon Management and Administration |
| 8. Hair Cutting  | 19. Sculptured Nails                    |
| 9. Hair Waving   | 20. Shampoo Specialist                  |
| 10. Hair Removal<br>(Temporary and Permanent)            | 21. Teacher Training                    |
| 11. Makeup Specialist, including<br>stage and theatrical | 22. Wig Specialist                      |

The following is a non-exhaustive list of cognate curricula and programs covered under NACCAS' expanded scope of accreditation, including programs unrelated to cosmetology or massage. Note that while NACCAS can accredit these programs within the institution's accreditation, they may not be eligible for purposes of federal student aid until such time as NACCAS applies for and secures an expanded scope from the U.S. Department of Education.

#### Cognate Areas (Expanded Scope) (non-exhaustive)

- |                                |   |
|--------------------------------|---|
| 1. Dental Assistant            | 7. Related Computer Training                      |
| 2. Interpersonal Communication | 8. Repair and Maintenance of Industry Equipment   |
| 3. Marketing/Advertising       | 9. Retailing and Merchandising, including Fashion |
| 4. Medical Assistant           | 10. Salon Accounting                              |
| 5. Modeling                    | 11. Spa/Health Club Management                    |
| 6. Nursing Assistant           | 12. Tanning                                       |

**NACCAS APPEAL REVIEW PANEL  
APPLICATION AND QUESTIONNAIRE:**

**Academic Representative**

Name: \_\_\_\_\_ (Please Type or Print)

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Please list any employee or representative of this organization who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any organization of which you are a member (including State school associations, trade associations and licensing boards) that is dedicated to the interests of any field within NACCAS' Scope.<sup>1</sup> For each such organization, please indicate whether you are an Officer or Board member. If not applicable, put N/A:

	Officer or Board Member?	
_____	( ) Yes	( ) No
_____	( ) Yes	( ) No
_____	( ) Yes	( ) No

(Attach additional pages if necessary.)

If you indicated "Yes" with respect to any organization above, do you certify that you will resign such position upon appointment to the NACCAS Appeal Review Panel? ( ) Yes      ( ) No

Please briefly describe your duties in your current position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> See Attachment A for NACCAS' Statement of Scope.

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Please list all teaching positions in post-secondary education that you have held in the past 5 years.  
(Attach additional sheets is necessary.)

<u>Employer</u>	<u>Title</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe any experience you have (or training you have received) in the areas of pedagogy and curriculum development:

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Please describe any experience you have in school accreditation:

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Have you attended a NACCAS Workshop within the last 3 years?  Yes  No<sup>2</sup>

If "Yes", please indicate date of attendance: \_\_\_\_\_

Can you devote at least 10 business days per year to Appeal Review Panel?  Yes  No

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<sup>2</sup> If "No", as a condition of appointment the applicant must agree in writing to attend a NACCAS Accreditation Workshop before the first meeting of the Appeal Review Panel.

I certify that all answers and information provided here in are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach any appropriate letters of reference from regulatory agencies, associations, community organizations, etc. that support your qualifications for appointment to the NACCAS Appeal Review Panel.

Applicant's Contact Information:

Street Address: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please Send Correspondence to:  Home  Business

RETURN TO:

NACCAS  
c/o Aisha Burrell  
4401 FORD AVENUE, SUITE 1300  
ALEXANDRIA, VA 22302  
ATTENTION: AISHA BURRELL

## ATTACHMENT A

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| 5. Esthetics and Skin Care                               | 16. Refresher Course                    |
| 6. Ethnic Hair Studies                                   | 17. Salon Coordination                  |
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| 10. Hair Removal<br>(Temporary and Permanent)            | 21. Teacher Training                    |
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#### Cognate Areas (Expanded Scope) (non-exhaustive)

- |                                |   |
|--------------------------------|---|
| 1. Dental Assistant            | 7. Related Computer Training                      |
| 2. Interpersonal Communication | 8. Repair and Maintenance of Industry Equipment   |
| 3. Marketing/Advertising       | 9. Retailing and Merchandising, including Fashion |
| 4. Medical Assistant           | 10. Salon Accounting                              |
| 5. Modeling                    | 11. Spa/Health Club Management                    |
| 6. Nursing Assistant           | 12. Tanning                                       |