

NOTIFICATION OF A NON-SUBSTANTIVE CHANGE

Effective date of 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 (\$250.00) per school 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. Documents must be submitted to NACCAS in accordance with Section 1.6 of the Rules and must be printed or typed. Attach additional sheets if needed to provide required information.

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

Name and Ref. # (s):	
1. _____	Ref. # _____
2. _____	Ref. # _____
3. _____	Ref. # _____
4. _____	Ref. # _____
5. _____	Ref. # _____
6. _____	Ref. # _____

TYPE OF NON-SUBSTANTIVE CHANGE

A. Changes in Ownership:

N/A

Ownership Before the Change: _____

Ownership After the Change: _____

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

- Stock or partnership shares are going to be reassigned within the corporation or partnership, without consideration,¹ upon the death or retirement of the owner.
- Stock or partnership shares are going to be reassigned within the corporation or partnership, without consideration, and without any change in control.
- Between 10% and 49% of shares of interest are changing hands without any change in control.

¹ The term "consideration" includes any exchange of value including cash, promissory note, real or personal property, barter, trade, services, or other.

Initials_____

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: _____

Note: Documentation showing that the expansion campus facility is located within two (2) miles of the original facility such as Internet distance verification must be submitted with this form.

INSTRUCTIONS FOR C – J:

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: _____
- A copy of the 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: _____
- A copy of the 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: _____
- A copy of the state mandate is attached.
- A copy of the 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: _____

- A copy of the 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. # _____

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

A copy of the state approval is attached.

H. We are adding a refresher course offered only to people who have already graduated from programs in the cosmetology arts and sciences or massage to prepare them for state licensing.

N/A

Program Name: _____
Program Length: _____

I. Test Market Exception:

We are advertising the following to see if there is sufficient interest in it:

Name of Program _____

Length of Program _____

N/A

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:

(1) In accordance with NACCAS Policy on Advertisement; and

(2) An application for approval must be submitted within 15 days of the start of the first class.

In all other particulars, the course is subject to related policies, and accreditation requirements.

J. 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 Rules regarding contracting programs and this contract agreement complies with those requirements.

Name of Program: _____ Length of Program: _____

Length of Portion of Program contracted: _____

Note: A copy of the written contract or agreement between the accredited institution and the other institution, school, or organization must be filed with this form.

Initials_____

K. Alternate names used in accordance with NACCAS Policy on Advertisement.

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

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.

10. CERTIFICATION

I certify that I have read and understand the standards for accreditation and *Rules of Practice and Procedure* and believe that the anticipated change is non-substantive within the meaning of the *Rules* and is in conformance with those standards.

In addition, I hereby provide a release for purpose 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 the information provided herein and in the attachments 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.

Signature: School Owner or Designee

Date

Print Name (clearly)

Title

If you have a consultant for accreditation matters, you must complete Notification Form #2 and attach it to this application. Form #2 is attached: Yes_____ No_____