

**NOTE:** When completing this application do not leave any answers blank. Please note that Questions 1 – 6 are required and may not be answered with N/A.

## PEER EVALUATOR APPLICATION – 3/2012

1. Legal Name as it appears on your Driver’s License: \_\_\_\_\_  
 1a. Are you legally authorized to work in the United States? ( ) Yes ( ) No

**I am interested in serving as** (check all in which you qualify):

( ) NACCAS practitioner evaluator  
 ( ) NACCAS academic evaluator  
 ( ) NACCAS academic evaluator – Distance Education  
 ( ) NACCAS school owner/administrator evaluator  
 ( ) Program reviewer (Subject Matter Expert qualified to review curriculum, etc. – no travel required)

<p><b>I am available to travel:</b></p> <p>( ) Once a month          ( ) Every six months          ( ) Every other month          ( ) Quarterly          ( ) Other _____</p>	<p><b>I would be able to review a program (no travel required):</b></p> <p>( ) Once a month          ( ) Every other month          ( ) Quarterly          ( ) Every six months          ( ) Other _____</p>
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2. Current Employer or Business Name (even if self-employed): \_\_\_\_\_  
 Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

3. Business Address: \_\_\_\_\_  
 \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*Evaluators must have internet capability. You are also required to have the ability to send, receive, format and transmit electronically as well as view documents electronically and in CDROM format.

4. Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

5. Preferred address for mail delivery: ( ) Home ( ) Business  
 Preferred address for package delivery: ( ) Home ( ) Business

6. Have you provided peer evaluation services before? ( ) Yes ( ) No

A. for NACCAS since: \_\_\_\_\_ (year) Approx. # of schools evaluated: \_\_\_\_\_

B. For other Accrediting Agency since \_\_\_\_\_ (year) Approx. # of schools evaluated: \_\_\_\_\_

Name of other Accrediting Agency: \_\_\_\_\_

7. Foreign language ability

Language	Fluent	Moderate

**COMPLETE 8a, 8b and 8c, as applicable, (from Page 1, Question 1)**

8a. **Practitioner:** Select all field(s) for which you meet the qualifications below:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Barbering     | <input type="checkbox"/> Makeup Specialist | <input type="checkbox"/> Sculptured Nails   |
| <input type="checkbox"/> Cosmetology   | <input type="checkbox"/> Manicuring        | <input type="checkbox"/> Shampoo Specialist |
| <input type="checkbox"/> Esthetics     | <input type="checkbox"/> Massage Therapy   | <input type="checkbox"/> Teacher Training   |
| <input type="checkbox"/> Hair Coloring | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Wig Specialist     |
| <input type="checkbox"/> Hair Cutting  | <input type="checkbox"/> Permanent Waving  | <input type="checkbox"/> Electrolysis       |
| <input type="checkbox"/> Hair Waving   | <input type="checkbox"/> Platform Artistry | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Hair Removal  | <input type="checkbox"/> Salon Management  | <input type="checkbox"/> Other _____        |

Per Section 3.3 of the NACCAS *Rules of Practice and Procedure*, the evaluator in the category of **Practitioner** must demonstrate abiding interest in the field by:

(Please place a checkmark by each to verify and provide any required documentation)

- a. ( ) National certification in the field, **or**
- b. ( ) Active membership in professional organization(s) in the field, **or**
- c. ( ) Recent authorship of professional publication(s), **or**
- d. ( ) Evidence of continuing education in the field, **and**
- e. ( ) Maintain a current practitioner license in the selected field(s), if required by state law.

8b. **Academic:** Per Section 3.3 of the NACCAS *Rules of Practice and Procedure*, in order to provide peer evaluation services as an **Academic** you must meet all of the following qualifications (Please place a checkmark by each to verify and provide any relevant documentation):

( ) I have expertise and teaching experience in post-secondary education. Please describe:

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( ) I have knowledge of pedagogy and curriculum development. Please describe:

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( ) I demonstrate industry involvement by:

- a. ( ) active membership in professional organization(s) in the field, **or**
- b. ( ) recent authorship of professional publication(s), **or**
- c. ( ) evidence of continuing education in the field.

Please describe:

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8c. **School Owner/Administrator:** Per Section 3.3 of the NACCAS *Rules of Practice and Procedure*, in order to provide peer evaluation services as an **Owner/Administrator** you must meet all of the following qualifications (Please place a checkmark by each to verify and provide any relevant documentation):

( ) I am have a minimum of two years experience in a NACCAS accredited school and am active in school operations.

***OR***

( ) I have five years experience in an administrative position in a NACCAS accredited school and demonstrate industry involvement by:



## **REQUIREMENTS OF INDEPENDENT CONTRACTORS PROVIDING PEER EVALUATION SERVICES FOR NACCAS**

The Commission thanks you for your willingness to serve NACCAS and our accredited schools by providing your expertise during on-site evaluation visits. As the eyes and ears of the Commission it is important that each team member is provided with a comprehensive understanding of the role of a team member and a subject matter expert. The Commission expects NACCAS Evaluators to have a commitment to:

### **Prior to the Visit**

- Meet the qualifications as an expert in my field as outlined in Part 3 of the NACCAS *Rules of Practice and Procedure* including workshop attendance requirements and any additional training requirements mandated by the Commission;
- Maintain current knowledge of NACCAS standards, policies, and requirements;
- Represent the Commission in a positive and professional manner;
- Be able to devote up to five (5) consecutive days for school visits;
- Have access to and monitor email to ensure effective communications with NACCAS;
- Inform the NACCAS travel office via email of availability to travel on a quarterly or semi-annual basis;
- Work closely with the NACCAS travel office for scheduling travel arrangements;
- Be able to travel independently with ease within designated time constraints;
- Be willing to travel to required destinations understanding that airlines, hotels, or locations are not determined by the evaluator;
- Refrain from cancelling or requesting changes to travel unless an emergency arises;
- Understand that evaluator selection for visits is based on the needs of the schools;
- Review relevant portions of each ISS, your travel itinerary, and all necessary NACCAS documents prior to the visit week;
- Be aware that some visits require multiple means of transportation and/or multiple hotel stays;
- Be available via cell phone before, during, and after travel for NACCAS;

### **During the Visit**

- Abide by the Evaluator Code of Ethics and dress code;
- Arrive at all required events on time.
- Attend the mandatory pre-meeting as scheduled by the NACCAS Staff;
- Be responsible for managing personal needs and meal requirements;
- Put the school at ease by smiling and being positive and pleasant while conducting the evaluation;
- Employ excellent team member skills by being cooperative, courteous, respectful, fair, flexible, adaptable, and recognizing that each team member brings value to the process;
- Organize your own work, manage your time on-site and cooperate with other team members to ensure an effective evaluation;
- Maintain professionalism and a positive attitude when occasionally confronted with difficult people or situations;
- Communicate with school personnel, students and team members with clarity and in a manner which prevents and avoids conflicts;
- Maintain appropriate boundaries between yourself and the schools by not promoting your business, refraining from socializing with school personnel, and so forth;
- Remain open to the various ways a school can be in compliance with NACCAS Standards and requirements and not use your school, if applicable, as the standard for comparison;
- Ensure the peer review process is effective by consulting with and deferring to the NACCAS Staff whenever needed or appropriate to ensure that the NACCAS standards, policies, and requirements are being appropriately interpreted;
- Gather facts, using a variety of methods, which will enable NACCAS to determine the institution's compliance with accreditation requirements;
- Leave all documents such as the institution's ISS, whether received in print form or electronically, at the institution;

- Remain flexible in the event of unavoidable scheduling changes, travel difficulties, time limitations, extensions of visits, and so forth;

**After the Visit**

- Complete the required evaluator forms of team members and submit timely;
- Complete the expense report for the trip using the appropriate forms, following the instructions, and submit timely;
- Review the final team report and provide any corrections or revisions timely;
- Refrain from contacting visited schools per requirements outlined in the Code of Ethics;

I understand that serving as a NACCAS evaluator is not considered regular employment. I agree to the commitments outlined above. I hereby certify that the information provided in this application and in the additional documents is true and verifiable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you qualify, NACCAS will send you a contract. When we receive your signed and dated contract, a NACCAS representative will sign it and send you a copy, thus confirming that you have been added to the list of independent contractors eligible to provide peer evaluation services.

## EVALUATOR CODE OF ETHICS

So long as I am on NACCAS' list of independent contractors to provide peer evaluation services, I will not knowingly use, distribute, or disseminate for my personal or business gain any materials presented to me at any time in connection with an on-site evaluation. If I wish to consult with the owner of a school I am appointed about materials and/or techniques I would like to obtain, I agree not to make any such requests until thirty (30) days after the date of the on-site evaluation. My request will be in writing and will specifically state that it is not made on behalf of NACCAS or in my capacity as an independent contractor for NACCAS or in any other capacity for NACCAS, and that the owner of the evaluation school is NOT required by NACCAS to honor such a request.

I understand that I have a positive duty to disclose any relationships in the following categories I have now or have had in the past with any owner, employee, student, advisory board member, or trustee of the institution to be evaluated and that these relationships may make me ineligible to evaluate the institution:

1. Service on a board or committee of an organization with the owner or a staff member of the institution.
2. Student or graduate of the institution.
3. Employment at the institution (including appearance on a list of potential substitute instructors).
4. Work as a consultant of the institution.
5. A contractual relationship with the institution (i.e., to administer ATB tests).
6. An interest in any school in the same market area offering the same programs as the institution to be evaluated.
7. Submission of a complaint against the institution to be evaluated.
8. Any special relationship or personal interest in the institution, or with an owner, staff member or student (i.e., the evaluator's brother-in-law's daughter is a student there).

I understand that I have a responsibility as a NACCAS evaluator to:

1. Practice professionalism at all times,
2. Minimize disruption in the institution undergoing evaluation,
3. Encourage good relations among school personnel and NACCAS representatives, and
4. Promote a professional milieu for the accreditation activities.

I understand and agree that NACCAS does not guarantee appointment as an evaluator, or any number or frequency of scheduled on-site evaluations if my name is added to the list of eligible independent contractors providing peer evaluation services.

I \_\_\_\_\_ (Print) hereby certify that I have read and understand the above NACCAS Code of Ethics for Evaluators and do agree to abide by this code. I understand that failure to abide by this code, or failure to sign, will result in my immediate removal from the list of qualified independent contractors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Independent Contractor Agreement For Peer Evaluation Services**

This Agreement is made this \_\_\_\_ day of \_\_\_\_\_, 201\_, by and between The National Accrediting Commission of Career Arts & Sciences, Inc. (“NACCAS”), located in Alexandria, Virginia and \_\_\_\_\_ (“EVALUATOR”), who resides in \_\_\_\_\_, NACCAS and Evaluator are hereinafter sometimes referred to individually as a “party” and collectively as the “parties.”

### W I T N E S E T H:

WHEREAS, NACCAS is an autonomous, independent accrediting commission which provides accreditation to educational institutions in the cosmetology arts and sciences, massage and cognate areas; and

WHEREAS, EVALUATOR has represented and satisfactorily shown that EVALUATOR has the requisite background, education and experience to provide peer evaluation services to NACCAS; and

WHEREAS, NACCAS wishes to engage the services of EVALUATOR for peer evaluation and EVALUATOR desires to provide such peer evaluation services to NACCAS.

NOW THEREFORE, in consideration of the premises and the mutual promises hereinafter set forth and for other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged by the parties, the parties agree as follows:

1. Services by EVALUATOR. NACCAS hereby engages the services of EVALUATOR to provide peer evaluation services to NACCAS as an EVALUATOR specializing as:  
a) \_\_\_ School owner/administrator, b) \_\_\_ Academic, and/or c) \_\_\_ Practitioner.  
EVALUATOR hereby represents to NACCAS that he/she is qualified by virtue of education, professional credentials, background and/or experience to render such services and agrees to render such services in accordance with the terms hereinafter set forth.
2. Independent Contractor Relationship. The parties agree and intend that EVALUATOR is an independent contractor and not an employee of NACCAS. The relationship between NACCAS and EVALUATOR is not employer/employee.
3. No Control. NACCAS acknowledges and agrees that it shall have no right to control and shall not control the details, manner or means by which EVALUATOR accomplishes the results and develops findings or conclusions as to compliance, partial compliance or non-compliance concerning any peer review project. Rather, EVALUATOR shall exercise his/her professional discretion concerning and retain control over the manner of peer evaluation.
4. Payments to EVALUATOR. In consideration for Evaluator’s services, NACCAS shall pay EVALUATOR \$175.00 per school visit day and any travel days between schools. In addition, NACCAS shall:
  - (a) cover the costs of travel of EVALUATOR, but only if arranged through NACCAS’ travel office;
  - (b) reimburse visit-related travel in the evaluator’s personal vehicle at the Internal Revenue Service business mileage rate in effect at the time of travel; and
  - (c) reimburse EVALUATOR for reasonable expenses represented by written receipts incurred in participating in the evaluation(s) and submitted to NACCAS for reimbursement not later than 14 days following the completion of the applicable evaluation visit.

5. Findings. EVALUATOR agrees to submit findings of compliance, partial compliance and/or non-compliance with NACCAS' accreditation standards and criteria to the team for incorporation into the team report not later than 7 days following the completion of the applicable evaluation visit.
6. Insurance. EVALUATOR is an independent contractor and shall procure his/her own proper and appropriate policies of insurance for automobile insurance, if applicable, health insurance and general liability insurance coverage. As an independent contractor, EVALUATOR acknowledges that he/she shall not be covered by NACCAS' worker's compensation policy or unemployment compensation.
7. Taxes. As an independent contractor, EVALUATOR shall be issued by NACCAS an Internal Revenue Service ("IRS") Form 1099 as required by the Internal Revenue Code of 1986, as amended, and the various Treasury Regulations and other pronouncements and publications issued by the IRS. As an independent contractor, EVALUATOR acknowledges and represents that he/she will timely report any payments received from NACCAS as self-employment income on IRS Form 1040, Schedule C and Schedule SE, and the appropriate state income tax forms or on any other appropriate IRS or state income tax form, as the case may be (in the event EVALUATOR is incorporated or otherwise operates other than as a sole proprietor). EVALUATOR acknowledges that because he/she is an independent contractor, NACCAS will not withhold any amount of Federal or state employment taxes of any kind from the gross amounts paid to EVALUATOR.
8. No Employee Benefits. As an independent contractor, EVALUATOR shall not participate in or receive any benefits from any welfare benefit plan or pension benefit plan, or any other type of employee benefit plan established or maintained by NACCAS for its employees.
9. No Obligation. EVALUATOR shall have no obligation to work any particular hours or any particular amount of hours and shall further have the right to decline or refuse any peer evaluation project offered for any reason in his/her discretion. EVALUATOR shall likewise have no obligation to perform any services for NACCAS other than peer evaluation services EVALUATOR chooses, in his/her discretion, to accept.
10. No Office. NACCAS shall not provide any office for EVALUATOR.
11. No Guaranty. NACCAS does not guarantee any minimum number of peer evaluation assignments for EVALUATOR.
12. Other Business. NACCAS acknowledges that as an independent contractor, EVALUATOR conducts his/her own business and/or profession and holds him /her out to the public as such. NACCAS acknowledges that EVALUATOR does or may perform services for other companies and entities unrelated to NACCAS.
13. Supplies. EVALUATOR shall supply his/her own supplies and equipment.
14. Code of Ethics. In rendering services hereunder, EVALUATOR shall abide by NACCAS' Evaluator Code of Ethics. EVALUATOR shall also abide by NACCAS' anti-discrimination policies and other policies of conduct, attached to this Agreement.
15. Conflicts. EVALUATOR agrees to notify NACCAS immediately of any conflict of interest or potential conflict of interest, in accordance with NACCAS' Evaluator Code of Ethics, and to not provide peer evaluation services at any institution concerning which a conflict or potential conflict of interest exists.
16. Notice. All notices or other communications required hereunder shall be in writing and shall be deemed duly given when sent by certified or registered mail, return receipt requested, postage prepaid, by overnight Courier or by facsimile to the following addresses:

If to NACCAS: National Accrediting Commission of  
Career Arts & Sciences, Inc.  
4401 Ford Avenue, Suite 1300  
Alexandria, VA 22302  
FAX: (703) 379-2200

If to EVALUATOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Governing Law. Each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law. If any provision of this Agreement or the application thereof to any person or circumstance shall to any extent be held by a court of competent jurisdiction to be invalid or unenforceable, then such provision shall be deemed to be replaced by the valid and enforceable provision most substantively similar to such invalid or unenforceable provision, and the remainder of this Agreement, or the application of such provision to person or circumstances other than those as to which it is invalid or unenforceable, shall not be affected thereby. All disputes between the parties under this Agreement shall be governed by the law then in force and effect in the Commonwealth of Virginia (excluding, for purposes hereof, the conflict of laws provisions thereof).
18. Modification. The terms and conditions of this Agreement may not be modified or changed in whole or in part in any manner other than by an instrument in writing duly signed by both parties hereto.

The undersigned parties agree to the terms and conditions as stated above:

EVALUATOR

NATIONAL ACCREDITING COMMISSION OF CAREER  
ARTS & SCIENCES, INC.

\_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_

Its: \_\_\_\_\_

(Printed or Typed Name)