

APPLICATION FOR INITIAL BRANCH CAMPUS

For NACCAS Use Only:	PROC I.D. _____	Main Campus _____
OWNER I.D. _____	STAFF I.D. _____	Branch Campus _____
Temporary Ref. # _____		

A. Please note that all sections of this application must be complete and all attachments must be included or NACCAS will return the application to you. If an item on the application does not apply to your institution, mark it N/A. Please refer to NACCAS' *Rules of Practice and Procedure*, especially Parts 1 and 2, for details relevant to an application for branch campus accreditation. You must submit seven (7) copies of this application with this attachments together with the application fee.

Documents must be submitted to NACCAS in accordance with Section 1.6 of the *Rules* and must be printed or typed.

Please print or type this information.

1. Official Name of School on State License: _____
2. Other Names Used _____
3. Street Address: _____
City _____ State _____ Zip _____.
4. School Telephone: Area Code (_____) _____ E-mail: _____
FAX (_____) _____ Web Site: _____
5. Name of School Owner (If corporation, please list the corporation's name).

6. Date school was originally licensed: _____
7. Date first class started: _____
8. Current school license number: _____
9. Date school was acquired by present owner: _____

10. CENTRAL MAILING

Please indicate below if a central corporate mailing address should be used for correspondence regarding this school. Yes ___ No ___

Corporate Contact Person _____

Corporate Name _____

Street Address _____

City _____ State _____ Zip _____

Corporate Phone: Area Code (_____) _____ E-mail. _____

Corporate Fax: _____ Web Site: _____

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16. Please list the names of all other Cosmetology schools under the same ownership, management and/or control. Please indicate if the school is presently accredited or holds candidate status. (Add pages, if needed.)

<u>Name</u>	<u>Accredited</u>	<u>(yes/no)</u>

Applicant Institution Only:

17. At the current time, what is the total number of students enrolled? _____
18. During the past 12 months, how many students enrolled in your school? _____.
19. During the past 12 months, how many students graduated? _____.
20. Please indicate any periods in the calendar year when the school is closed. Date(s):

21. Please complete the Program Schedule on Page 4.
22. Do any of the programs listed on the Program Schedule have school requirements that exceed the requirements set by the state regulatory agency? Yes ___ No ___
- a. If the answer is yes, and school requirements exceed state requirements by 20% (or 200 hours, or the equivalent in credits or competencies, whichever is less), you must attach to this application a detailed rationale for the additional program length over the state's requirements.
23. Please indicate if the school contracts with any school district, state-funded program, colleges, local junior colleges or technical schools for cosmetology training. Yes ___ No ___
24. Does your institution offer instruction in a language other than English? Yes__ No____

If yes, please identify the language(s) in which instruction is delivered.

_____.

25. Is this institution currently accredited by another accrediting agency? If yes, please identify the agency.

26. Is this institution recognized as a branch campus by another accrediting agency? If yes, please identify the main campus.

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27. Has this institution ever been denied (re)accreditation either by this Commission or any other accrediting agency? Yes ____ No ____ If yes, please list the date accreditation was denied or withdrawn and the accrediting body.

28. In preparing your application and Institutional Self-Study did you use the services of an outside consultant? If yes, please list the name of any individual who participated and attach a copy of his/her resume to this application.

29. The person responsible for the day-to-day operations of the institutions is:

Telephone: _____ e-mail: _____

Items for Applicants for Initial Branch Campus Status Only
(Mark N/A if this application is not for a Branch Campus). And skip to Item 40.

30. The branch campus is located _____ miles from the main campus.

31. The branch campus is located _____ miles from each of the other branch campuses (if applicable).

32. Is this campus recognized as a main campus by another accrediting agency? ____ Yes ____ No

MAIN CAMPUS INFORMATION

33. Main Campus NACCAS Reference Number: _____

34. Name of Main Campus _____.

35. Street Address _____.

36. City _____ State _____ Zip _____.

37. Telephone: Area Code (_____) _____.

38. Date main campus was originally accredited by NACCAS: _____

39. Does the ownership of the main campus differ in any way from the ownership of the branch campus (i.e. people or entities owning at any level, or differences in percentages of shares)? ____Yes ____No. If the answer is “yes,” you must attach information on the differences and an explanation

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40. **PROGRAM SCHEDULE** This chart should list and provide information on every program which is over 150 hours in length or leads to state licensure in which students are attending class or that the school is prepared to offer if a prospective student enrolls. If your school obtains state licensure by means of accreditation, you must list all programs offered at your institution, including programs 150 hours or less in length and not leading to licensure. Attach as many copies of the chart as needed, to provide information on all of the programs for which information is required.

If this is an application for a branch campus, put an asterisk (*) by any program offered at the branch campus that is not offered at the main campus.

Required Information		Programs				
Name of Program						
State Requirements: Total clock hours, credit hour or competencies required by State law or regulation.						
Your School Requirements, if they differ from the State Requirements. (Put N/A if school and state requirements are the same.)						
Total weeks required to complete the program						
Tuition						
# of Current Students						
Date of First Graduating Class						
# of Full-Time Instructors						
# of Part-Time Instructors						
CLASS SCHEDULE: Full-Time Student						
Hours per week	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					

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Required Attachments

You must submit seven (7) copies of this application with the attachments listed below.

1. Verification of attendance at a NACCAS Accreditation Workshop. (Note: See Appendix #3)
2. An outside photograph of the school showing the advertising sign.
3. If applicable: If the name of the school incorporates a trade name such as Aveda or Paul Mitchell, the institution must attach a certification that it has authority from the franchisor or licensing company to use that name.
4. Verification from the appropriate state agency as to when the school was originally licensed.
5. Verification that all programs offered at the school have required state approvals.
6. If Applicable: Copies of contracts or training agreements for any arrangements you have to train students from school districts, community colleges, State-funded programs, etc. (See item 23.)
7. A financial statement (either compiled or audited), prepared by a Certified Public Accountant, on an accrual basis, in accordance with Generally Accepted Accounting Principles (GAAP). Note: The U.S. Department of Education requires applicants for federal financial assistance programs to submit audited financial statements prepared according to GAGAS (See Standard VII, Criterion 2).
8. Non-Refundable Application Fee:
 - a. If This institution went through candidate status immediately preceded submission of this application for initial accreditation no basic application fee is required.
 - b. If the institution was not required to go through candidate status, candidate status, include the Application Fee for Initial Accreditation (See Appendix #2). This fee covers one academic program.
 - c. Add the required payment for each additional program to be reviewed through the accreditation process.
9. Documentation showing that the NACCAS Annual Report currently available on the NACCAS website's member menu has been submitted.

CERTIFICATION

I hereby certify that the school 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 actual accreditation.

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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 grant of accreditation 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.

School Owner/or other Designated Individual

Date

Please refer to NACCAS' *Rules of Practice and Procedure*, for details relevant to an application for accreditation. In particular, Part 4 requires any changes (i.e., name, location, ownership) which occur after this application is submitted to the NACCAS office, to be followed by the corresponding change application.

Fee Calculation Box
(For Internet Submissions Only)

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