

APPLICATION FOR INITIAL ACCREDITATION
(for institutions not required to complete candidate status)

For NACCAS Use Only: Temporary Ref. # _____ Fee Paid: _____

Submit one copy of this application and required attachments with the appropriate extra course/program fee. Refer to Section C for attachments and fees required. Incomplete submissions will be returned. If an item on the application does not apply to your institution, mark it N/A. Each page must be initialed affirming data is final and correct and the reference number must be provided at the bottom of each subsequent page. Documents must be submitted to NACCAS in accordance with Section 1.6 of the Rules. Be sure to keep a copy of this entire application including attachments for your records.

Prior to completing this application, please answer the following questions:

1. Institution is owned by a person(s) or entity that owns at least 10% of an institution currently accredited by NACCAS. _____ Yes _____ No
2. Institution is owned by a person(s) or entity that has owned at least 10% of an institution accredited by and in good standing with a recognized accrediting agency within the past 24 months.
3. _____ Yes _____ No

Please provide any additional explanation necessary: _____

Note:

- *If you answered “No” to both questions above you do not qualify to skip the Candidate process and must complete Application #1 – Application for Candidate Status.*
- *If you answered “Yes” to either question proceed with this application.*

A. APPLICANT INFORMATION

1. Official Name of Institution (must match institution’s state license):

*** According to Section 1.8 of the Rules the institution’s name must be consistent between all regulatory agencies Federal, State, and NACCAS. Therefore, the information provided in Question #1 must match the institution’s name listed on the institution’s state license unless the state agency’s official requirement is to list the ownership instead.**

2. Alternate Institution Names Used (2 Maximum) 1. _____
2. _____

(*Note: The official name and alternate or shortened names must comply with NACCAS’ Policy on Advertising and clearly identify the institution as an educational institution, the term “college”, “institution”, “academy”, etc., may never be abbreviated. Example: Joy Barber College could be JB College)

3. Street Address of Institution: _____
City: _____ State: _____ Zip: _____

4. Institution Telephone: _____ E-mail: _____
Fax: _____ Website: _____

5. ****Official Contact Person for all Communications:** _____

Official Address for all Communications: _____

(*Note: Must be a Physical Address not a Post Office Box)

Phone and Email of Contact Person: _____

6. Date institution originally licensed: _____

7. Current institution license number: _____ 7a. Date first class started: _____

8. Date institution acquired by present owner, if applicable: _____

9. What is the total number of students enrolled at the applicant institution now? _____

10. During the past 12 months, how many students enrolled in the applicant institution? _____

11. During the past 12 months, how many students graduated? _____

12. Please indicate any periods in the calendar year when the institution is closed (i.e. holidays, etc.)Date(s):

13. 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. _____

(RE: Question #5 – When considering who will be the Official Contact Person be aware that these communications could include invoices, Commission decisions, adverse actions, etc. In addition: it is the institution’s responsibility to notify NACCAS when any information in Question #5 changes.)**

B. OWNER INFORMATION

14. This institution is (check one): Private Non-Profit () Private For-Profit () Publicly Traded ()

15. Institution owned by: Individual(s): _____ (Complete Type A Ownership below)
 Institution owned by: Corporation or LLC: _____ (Complete Type B Ownership below)
 Institution owned by: Subsidiary of Parent Corporation: _____ (Complete Type B and C below)

Type A Ownership: (Check One): Sole Proprietorship () or Partnership ()

16. List the name and address of the sole proprietor or partners and their percentages of ownership.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Designated Owner Contact Name: _____ Phone and Email: _____

(*Note: Must be a Physical Address not a Post Office Box)

Type B Ownership:

17. Name of Corporation/L.L.C.: _____
 Check One: LLC LTD Inc. Other _____

18. State of Incorporation or organization: _____

19. Date of Incorporation or organization: _____

20. List all individuals, corporations, or other entities who own shares or membership interests, as applicable. Provide a separate sheet if additional space is needed. (For Private Non-Profit organizations, please list corporate officer's names and their titles since there are no owners, and leave percentage section blank)

Name	Address	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Designated Contact Name From Above: _____ Email: _____

Address: _____ Phone: _____ Fax: _____

(*Note: Must be a Physical Address not a Post Office Box)

Type C Ownership:

21. List the other corporations or other owner entities, including individuals who own the entities, in order closest to institution ownership. Provide a separate attachment to clearly show Tiers accurately, if needed.

Institution Name: _____

Type B Ownership: _____

Tier 3: _____

Tier 4: _____

Tier 5: _____

22. Please list the names and locations of all other institutions offering programs within NACCAS scope, under the same ownership, management, and/or control. Please indicate if the institution is presently accredited or holds candidate status (Add pages as needed).

Name and Location:	Accredited by:	Candidate for Accreditation with

23. a. Is the applicant institution currently accredited by another accrediting agency? Yes ___ No ___
 If yes, please identify the agency. _____
- b. Has the applicant institution ever sought accreditation from any other accrediting agency? Yes ___ No ___
 If yes, please identify the agency. _____
- c. If another accrediting agency recognizes this institution as an additional location campus, please identify the main campus.

24. Has any owner or any employee of the institution been debarred from participation in any Federal or state program or been disallowed by the US Department of Education to own any institution that participates in federal financial aid within the past five years? Yes ___ No ___
 If yes, please list: _____

25. Has this institution ever been denied candidate status or (re)accreditation either by this Commission or any other accrediting agency? Yes ___ No ___
 If yes, please list the date of denial or withdrawal and the accrediting agency. _____

26. Please indicate if the institution contracts with any institution district, state-funded program, colleges, local junior colleges or technical institutions for cosmetology training. Yes ___ No ___

27. The person responsible for the day-to-day operations of the applicant institution is:
 Name: _____
 Title: _____
 Tel. _____ E-mail: _____

28. The designated accreditation liaison that has attended or will attend the required NACCAS accreditation workshop:
 Name: _____
 Title: _____
 Tel. _____ E-mail: _____

29. **PROGRAM SCHEDULE:** List and provide information on every program offered at your institution which is over 150 hours in length and/or leads to state licensure. If your institution 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 ensure all applicable programs are listed.

Required Information		Programs and Schedule			
Name of Program					
State Requirements: Total clock hours, credit hour or competencies required by State law or regulation. Put N/A if not applicable					
Institution Requirements: Total Clock Hours, credit or competencies.					
Total weeks required to complete the program (full-time student)					
Total weeks to complete the program (part-time student)					
Do you offer instruction via distance learning for any of these courses?					
If so, what % of the program is delivered via distance education? *					
Number of Clock Hours or Credits of Program(s) delivered via distance education:					
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				

* Note: NACCAS has chosen at this time not to approve programs offering distance education as a mode of delivery that is over 50% of the program. In addition, the institution is responsible for the management, control and delivery of distance education.

30. Is the institution seeking approval from NACCAS to offer any continuing education classes? Yes____ No____
 If yes, complete the following chart. Attach as many copies and additional pages as necessary to ensure that all programs are listed.

Class Title	Contact Hours

C. REQUIRED ATTACHMENTS

A copy of this application and the following attachments must be received in order to proceed through the accreditation process.

1. Verification of attendance at a NACCAS Accreditation Workshop. (Note: See Appendix #3)
2. Institutional Self-Study (ISS). A reference number will be assigned upon receipt of a complete application which will enable the institution to upload the ISS electronically. Please submit within thirty (30) days of submitting the application. (Note: Application process will not move forward until the ISS is received.)
3. A clear outside photo of the institution showing the advertising sign with the institutions’ name.
4. Verification from the appropriate state agency with the date the institution was originally licensed.
5. A copy of the institution’s current license.
6. Verification that all programs offered at the institution has been approved by the state.
7. Fees owed:
 - a. The basic application fee of \$1,440.00 is due with this application. Since this institution was not required to go through candidate status, the applicant must pay the non-refundable basic fee for Application for Initial Accreditation: \$1,440.00 and must pay a prorated amount toward the annual sustaining fee (see the Chart that follows).
 - b. All applicants must pay a program fee of \$350.00 for each program over the one program included in this process and to be approved within the aegis of institutional accreditation.
 - c. All applicants must pay a \$805.00 deposit toward the on-site evaluation in addition to the application fee, if applicable.
 - d. Within 30 days of receipt of this application the institution will receive an invoice for the balance due for the on-site evaluation visit, payable within 30 days.
8. If applicable: If the name of the institution incorporates a trade name the institution must attach a certification that it has authority from the franchisor or licensing company to use that name.
9. If applicable: Copies of contracts or training agreements for any arrangements you have to train students from institution districts, community colleges, State-funded programs, etc. (See Item 26.)

10. To offer a course and/or program that exceed the required minimum course or program length by more than 50%, the institution must justify the course or program length. In accordance with the mission of the institution, the justification must state how the course or program length is necessitated by the following factors:
 - a. Industry needs as determined and/or recommended by the institution's Advisory Committee;
 - b. Special academic needs of the students served

11. Send under separate cover:
 A financial statement (audited), prepared by an independent Certified Public Accountant, on an accrual basis. 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**).

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

Sustaining Fees Chart

Month Application Received by NACCAS	Pro-Rated Fee Due With Application*	Month Application Received by NACCAS	Pro-Rated Fee Due With Application*
January	\$847.50	July	\$847.50
February	\$706.25	August	\$706.25
March	\$565	September	\$565
April	\$423.75	October	\$423.75
May	\$282.50	November	\$282.50
June	\$141.25	December	\$141.25

*Note: NACCAS sustaining fees are invoiced semi-annually in January and July. See Schedule of Fees at www.naccas.org for additional information. In the event the Initial application is denied or voluntarily withdrawn, the school may be eligible for a pro-rated refund of sustaining fees paid.

D. 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 / Designee Signature

Date

Print Name (Clearly)

Title

Do you have a consultant for accreditation matters? Yes_____ No_____

Notification Form #2 re: Consultant information is attached: Yes_____ No_____ N/A_____

Please refer to NACCAS’ *Rules of Practice and Procedure*, for details relevant to an application for accreditation. In particular, Part 4 requires any substantive changes (i.e., additional programs, name, location, ownership) which occur after this application is submitted to the NACCAS office, to be followed by the corresponding change application and no fee is required. For any change that occurs after the initial accreditation on-site evaluation takes place associated with this application, the corresponding change application and fee must be submitted and it must be considered by the Commission. For each non-substantive change that occurs after this application is submitted, submit Notification Form #1. If the change occurs prior to the initial accreditation on-site evaluation, no fee is required. If the change occurs after the initial accreditation on-site evaluation, the appropriate fee is required. Refer to Section 4.18 of the *Rules*.