APPLICATION FOR APPROVAL OF A PROGRAM
MEASURED IN CREDIT HOURS

For NACCAS Use Only: Fee Paid: __________________

Submit seven (7) copies of the application and required attachments for approval prior to start date of the first class. Before starting, read application form 5 - 7 instructions, available on the website, to ensure you are using the correct form. For planning purposes please refer to “Processes and Estimated Timetable for Actions” available on the website, and part 4.12 of the Rules of Practice and Procedure. Please note that all Sections of this application must be completed and all attachments must be included, with the appropriate fee, or NACCAS will return the application to you. If an item on the application does not apply, 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. Prepare the application in accordance with Section 1.6 of NACCAS’ Rules of Practice and Procedure. Be sure to keep a copy of this entire application including attachments for your records.

A. APPLICANT INFORMATION

Institution Ref. # ______________________

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.

What is the expected start date of the first class? ____________________________

You must fill out this Section (Institution Information) of this application for each location at which this new program or substantive change will be taught, and attach it to this application. See Addendum #6A on page 4 of this application for the format to submit additional information.

Name of Institution’s Owner (If owned by an individual list the names or if corporation or L.L.C., list entity name as registered with the state):

__________________________________________________________________________

__________________________________________________________________________

Campus Address ____________________________________________________________

City __________________________ State __________ Zip __________

Telephone: __________________________ E-mail: __________________________

Fax: __________________________ Website: ______________________________________

Enrollment projections and related information
A. How many students in all programs the Institution can comfortably accommodate? ________
B. What is the total current enrollment of the institution? ________________________
C. What is the size of each class group you hope to maintain for this new program? ________
D. What is the projected annual enrollment in this new program? __________
E. What state requirements for the facility or instructor-student ratios, if any?

__________________________________________________________________________

__________________________________________________________________________

Initials______
B. PROGRAM INFORMATION

Name of Program: __________________________________________ # of Credit Hours__________
Type: Please check: _____ Semester _____ Quarter
Equivalent number of clock hours: _____________________

Program is:
  i. ( ) A new program OR
  ii. ( ) A change in program credits.

The length of the existing program is _____ credits.

1. Select one approval process: Check One
   _____ Program to be reviewed through the addition or change of a program process.
   _____ Program to be reviewed as part of a renewal of accreditation process.

   Note: Please refer to the instructions for this application (Instructions for Forms #5-7) to determine what documentation needs to be submitted.

2. Who will be responsible for supervision of instruction for this program?
   Name: __________________________________________ Title: ____________________________

3. Specify the length of time in credits and weeks to complete the distance education portion of the program._______________________________

4. Specify the length of time in credits and weeks to complete on-site portion of the program.______________________________________________

5. Was this program offered as a test market program? (Refer to Section 4.12 of the Rules).
   Yes____ No____  If yes, list date of first class start______________

   Note: The institution is responsible for the management, control, and delivery of distance education instruction. Distance education cannot be used as a mode of delivery for more than 50% of any program.

C. BASIC STATE INFORMATION

You must fill out Section C of this application for each state in which the new or changed program will be taught, and attach it to the application.

State: __________________________________________

6. Is state certification or licensing available to graduates from this program? ___ Yes ___ No
7. Is a state certification or license required for admission to this program? ___ Yes ___ No
8. Does the state allow graduates of a program measured in academic credits to sit for the licensing examination:
   a. With a certificate of clock hours of training completed? ___ Yes ___ No
   b. Without a certificate of clock hours of training completed? ___ Yes ___ No
   c. If hours must be certified, how many hours (or percent of hours) may a student miss without making them up? __________
9. How many credit hours of training are required by the state for licensure of graduates from this program? ____________________________

   If your program exceeds state requirements by more than 50% you must include an assessment for the program length in accordance with Standard VI, Criterion 13. See Instructions for Application Forms #5 through #7.

Initials______ NACCAS Ref. # ______________________________
D. REQUIRED ATTACHMENTS

Application through Program Approval Procedure:
1. Program Self-Study (see Instructions for Application Forms #5 through #7.)
2. Evidence of state approval.
3. Non-refundable application fee: Refer to Appendix #2, the Schedule of Fees.
4. Written documentation of state authority to offer the distance education portion of the program.
   (Letter, state regulation, etc.), if applicable.

Application through the Renewal of Accreditation Procedure:
1. Institutional Self-Study (see Instructions for Application Forms #5 through #7)
2. Evidence of state approval
3. Non-refundable application fee: Refer to the Schedule of Fees on the NACCAS website.
4. Written documentation of state authority to offer the distance education portion of the program.
   (Letter, state regulation, etc.), if applicable.

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

E. 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 /or Designee Signature        Date

Printed 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 _____

Initials_____          NACCAS Ref. # ________________________
Addendum #6A- Complete and submit additional pages as needed.

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

_________________________________________________________ Ref. #

Name of Institution Owner (If owned by an individual list the names or if corporation or L.L.C., list entity name as registered with the state):

_________________________________________________________

Campus Address___________________________________________

City ___________________________ State _________ Zip _____________

Telephone: ______________________ E-mail: ______________________

Fax: ___________________________ Website: ______________________

Enrollment projections and related information:

A. How many students in all programs can the Institution comfortably accommodate? ______
B. What is the total current enrollment of the institution? __________
C. What is the size of each class group you hope to maintain for this new program? ______
D. What is the projected annual enrollment in this new program? ________
E. What are there state requirements for the facility or instructor-student ratios if any? ________________________________

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_________________________________________________________

Campus Address___________________________________________

City ___________________________ State _________ Zip _____________

Telephone: (______) ____________ E-mail: ______________________

Fax: Area Code (______) ___________ Website: ______________________

Enrollment projections and related information:

A. How many students in all programs can the Institution comfortably accommodate? ______
B. What is the total current enrollment of the institution? __________
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Initials______ NACCAS Ref. # ________________