October 1, 2012

Dear Interested Parties:

The National Accrediting Commission of Career Arts and Sciences is requesting all interested parties to submit applications for appointment to the following positions on its Appeal Review Panel for the calendar year 2013:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Positions Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panelist Representing Schools Within NACCAS’ Scope</td>
<td>1</td>
</tr>
<tr>
<td>Panelist Representing the Public Interest</td>
<td>1</td>
</tr>
</tbody>
</table>

Persons selected to serve on the Appeal Review Panel in 2013 shall be appointed for 3-year terms commencing on January 1, 2013 and ending on December 31, 2015.

Service on the NACCAS Appeal Review Panel is both an honor and a reflection of a person’s caring for the future of education in cosmetology, massage therapy and related disciplines. We strongly encourage you to apply if you meet the qualifications for appointment and would be willing to serve on the Appeal Review Panel.

The qualifications for each category of Appeal Review Panelist, as well as the procedures for applying to the Commission to be appointed to a seat on the Panel, are detailed in a separate section following this letter. ALL NAMES AND APPLICATION MATERIALS MUST BE SUBMITTED TO NACCAS BY NOVEMBER 1, 2012.

Our organization is looking for competent, hardworking individuals who are willing to make a commitment to serve the Commission and the Commission’s goal of fostering quality post-secondary education in the fields of cosmetology, massage therapy and related disciplines. Please send in your application today!

Sincerely,

Jessica Wolman, Chairman
Appeal Review Panel Application Committee
QUALIFICATIONS FOR APPEAL REVIEW PANELISTS

Panelists Representing Schools Within NACCAS’ Scope

All candidates for Appeal Review Panelist representing schools in fields of training within NACCAS’ scope, as a condition precedent to consideration, must document that they meet the following qualifications:

1. Have a total of at least five (5) years of administrative/supervisory experience in a school accredited by the Commission (of which the experience set forth in subparagraph 2 below may be counted as a part);

2. Have been active in the day-to-day operation of school(s) accredited by the Commission in an administrative/supervisory capacity for the three (3) years immediately preceding his/her election; and

3. Have no interest in any institution which has had its accreditation withdrawn (appeal rights exhausted) or which has voluntarily relinquished accreditation while the institution was in withdrawal status, during the past five years.

Panelists Representing the Public Interest

All candidates for Appeal Review Panelist representing the public interest, as a condition precedent to consideration, must document that they meet the following qualifications:

1. Not be an employee, member of the governing board, an owner in full or in part, a member of a partnership, or a stockholder in a corporation that is the owner of any school or professional service operation or consultant to an institution or program offering programs or services in a field within NACCAS’ scope, and shall not be active in the operation of any school or professional service operation offering programs or services in a field within NACCAS’ scope, whether accredited by NACCAS or not;

2. Not be a member of any trade association or membership organization related to, affiliated with, or associated with NACCAS; and

3. Not be a spouse, parent, child, or sibling of an individual identified in subparagraph 1 or 2 above.

All Candidates for Appeal Review Panelist

1. No person may serve simultaneously as a member of the Appeal Review Panel and as a Commissioner. No former Commissioner may serve on the Appeal Review Panel until at least one (1) year after his or her term as Commissioner has ended.

2. No person may serve simultaneously as a member of the Appeal Review Panel and as an Officer or member of the Board of Directors of an organization dedicated to the interests of any field within NACCAS’ scope. A person holding such other office may apply to be appointed as an Appeal Review Panelist, but if appointed must immediately tender a resignation from such office to the other organization, such resignation to be effective no later than the commencement of his or her term as Appeal Review Panelist. An Appeal Review Panelist-elect may not be seated until such resignation has been tendered.
3. All members of the Appeal Review Panel must have attended a NACCAS accreditation workshop within the previous three years. A person who does not meet this qualification may apply to be appointed as an Appeal Review Panelist, but if appointed must sign a written agreement to attend such a workshop prior to the first meeting of the Appeal Panel on which he or she will serve. An Appeal Review Panelist-elect may not be seated until he or she has attended such a workshop.¹

4. All members of the Appeal Review Panel shall agree to abide by the NACCAS Code of Ethics as it may from time to time be promulgated, and shall refrain from discussing or voting on any appeal before the Appeal Review Panel for which the Panelist’s participation would represent a conflict of interest.

EXPECTED COMMITMENT

The Appeal Review Panel meets at least two times a year (and may meet more frequently, as determined by the Panel). The meetings typically last from two to three days, depending on the number of appeals to be heard. Consequently, a person considering applying for service on the Appeal Review Panel should realize that, if appointed, he or she may be required to spend ten (10) or more days a year away from home and his/her principal place of business. In addition, Panelists will be expected to devote time prior to each meeting reviewing the appeal files of each school whose appeal is scheduled to be heard at that meeting.

¹ The last NACCAS Workshop of 2012 will be held in Las Vegas, NV on December 1-4, 2012.
APPLICAtION PROCEDURES

1. Persons meeting the qualifications of one or more categories of Appeal Review Panelist are hereby invited to submit applications and resumes to the NACCAS office, no later than November 1, 2012.

2. The Appeal Review Panel Application Committee will review the resumes and applications and, if the Committee deems it necessary or appropriate, will arrange interviews with the applicants.

3. Subject to receipt of at least two applications, the Appeal Review Panel Application Committee will present a slate of at least two candidates for each open position on the Appeal Review Panel to the Commission for consideration and appointment at the Commission’s November 2012 meeting.

Persons wishing to apply for a position on the NACCAS Appeal Review Panel should submit a completed application form and resume to:

Chair, Appeal Review Panel Application Committee
c/o Aisha Burrell
National Accrediting Commission of Career Arts and Sciences
4401 Ford Avenue, Suite 1300
Alexandria, VA 22302

or

Submit electronically to aburrell@naccas.org.

ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN NOVEMBER 1, 2012.

For your convenience, application forms for both categories of Panelist are attached below in the following order:

Panelists Representing Schools within NACCAS’ Scope

Panelist Representing the Public Interest
2013 NACCAS APPEAL REVIEW PANEL
APPLICATION AND QUESTIONNAIRE:

PANELIST REPRESENTING SCHOOLS WITHIN NACCAS’ SCOPE

Name: __________________________________________________________ (Please Type or Print)

Please list any organization of which you are a member (including State school associations, trade associations and licensing boards) that is dedicated to the interests of any field within NACCAS’ Scope.\(^1\) 
For each such organization, please indicate whether you are an Officer or Board member. If not applicable, put N/A:

Officer or Board Member?

________________________________________ ( ) Yes ( ) No

________________________________________ ( ) Yes ( ) No

________________________________________ ( ) Yes ( ) No

(Attach additional pages if necessary.)

If you indicated “Yes” with respect to any organization above, do you certify that you will resign from such position upon appointment to the NACCAS Appeal Review Panel?

( ) Yes ( ) No

Please answer “Yes” or “No” to the following:

Do you have a total of at least five (5) years of administrative or supervisory experience in a school accredited by the Commission? (The experience listed in the next question may count as a part of the required 5 years experience.)

( ) Yes ( ) No

Are you the sole owner of a school accredited by NACCAS?

( ) Yes ( ) No

If you answered “Yes” to the question above, please list each such school below, indicating your level of day-to-day involvement for the last 3 years, on a scale of 0 to 5 (with five being the highest possible level of involvement). Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Ref. #</th>
<th>Involvement</th>
<th>Years at this Level of Involvement</th>
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<tbody>
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<td>0 1 2 3 4 5</td>
<td></td>
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</tbody>
</table>

\(^1\) See Attachment A for NACCAS’ Statement of Scope.
Please list any employee or representative of any such school who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

______________________________
______________________________
______________________________

Are you the owner of at least a 10% interest in a partnership, limited liability company or private corporation that owns a school accredited by NACCAS?  
( ) Yes  ( ) No

If you answered “Yes” to the question above, please list each such school below, indicating your ownership % and level of day-to day involvement for the last 3 years, on a scale of 0 to 5 (with five being the highest possible level of involvement). Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Ref. #</th>
<th>Ownership %</th>
<th>Involvement</th>
<th>Years at this Level of Involvement</th>
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</tbody>
</table>

Please list any employee or representative of any such school who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

______________________________
______________________________
______________________________

Are you an officer of a publicly held corporation which owns a School accredited by NACCAS?  
( ) Yes  ( ) No

If you answered “Yes” to the question above, please list each such school below, indicating the office you hold and level of day-to day involvement for the last 3 years, on a scale of 0 to 5 (with five being the highest possible level of involvement). Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Ref. #</th>
<th>Office Held</th>
<th>Involvement</th>
<th>Years at this Level of Involvement</th>
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</thead>
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</table>
Please list any employee or representative of any such corporation, or school owned by such corporation, who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

______________________________
______________________________
______________________________

Please list any other school accredited by NACCAS with which you have been involved (as owner or administrator) in the last 5 years, indicating your ownership interest and/or the office you held and level of day-to-day involvement on a scale of 0 to 5 (with five being the highest possible level of involvement). Attach additional pages if necessary. If not applicable, put N/A:

<table>
<thead>
<tr>
<th>Name</th>
<th>Ref. #</th>
<th>Ownership %/Office Held</th>
<th>Involvement</th>
<th>Years at this Level of Involvement</th>
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<td>0 1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Do you have (or did you have at the time of withdrawal or relinquishment) a direct or indirect ownership interest in any school offering programs within NACCAS’ Scope whose accreditation by another accrediting agency was withdrawn (all appeal rights exhausted) or voluntarily relinquished while in withdrawal status during the last 5 years?  

( ) Yes  ( ) No

Has any school in which you have or have had an ownership interest, or which is owned by a public corporation in which you are or were an officer, ever been found in violation of applicable Federal, State or local statutes or regulations?  

( ) Yes  ( ) No

If you answered “Yes” to the question above, please explain:
Have you attended a NACCAS Workshop within the last 3 years?  
( ) Yes  ( ) No  
If “Yes”, please indicate date of attendance: ______________

Can you devote at least 10 business days per year to the business of the Appeal Review Panel?  
( ) Yes  ( ) No

I certify that all answers and information provided here in are true and correct to the best of my knowledge.

_____________________________  __________________________
Signature Date

Please attach any appropriate letters of reference from regulatory agencies, associations, community organizations, etc. that support your qualifications for appointment to the NACCAS Appeal Review Panel.

Applicant’s Contact Information:
Street Address: ______________________________
City: ____________ State: ____________ Zip Code: ____________
Daytime Phone: ____________ Evening Phone: ____________ E-Mail: ____________

Please Send Correspondence to: ( ) Home ( ) Business

RETURN TO:
NACCAS  
c/o Aisha Burrell  
4401 FORD AVENUE, SUITE 1300  
ALEXANDRIA, VA 22302  
ATTENTION: AISHA BURRELL

If “No”, as a condition of appointment the applicant must agree in writing to attend a NACCAS Accreditation Workshop before the first meeting of the Appeal Review Panel.
ATTACHMENT A

NACCAS STATEMENT OF SCOPE

The following non-exhaustive list illustrates curricula and programs covered under NACCAS’ scope of accreditation:

1. Advanced Cosmetology
2. Barbering
3. Beauty School Management
4. Cosmetology (Basic)
5. Esthetics and Skin Care
6. Ethnic Hair Studies
7. Hair Coloring
8. Hair Cutting
9. Hair Waving
10. Hair Removal (Temporary and Permanent)
11. Makeup Specialist, including stage and theatrical
12. Manicuring
13. Massage Therapy
14. Permanent Waving
15. Platform Artistry
16. Refresher Course
17. Salon Coordination
18. Salon Management and Administration
19. Sculptured Nails
20. Shampoo Specialist
21. Teacher Training
22. Wig Specialist

The following is a non-exhaustive list of cognate curricula and programs covered under NACCAS’ expanded scope of accreditation, including programs unrelated to cosmetology or massage. Note that while NACCAS can accredit these programs within the institution’s accreditation, they may not be eligible for purposes of federal student aid until such time as NACCAS applies for and secures an expanded scope from the U.S. Department of Education.

Cognate Areas (Expanded Scope)
(non-exhaustive)

1. Dental Assistant
2. Interpersonal Communication
3. Marketing/Advertising
4. Medical Assistant
5. Modeling
6. Nursing Assistant
7. Related Computer Training
8. Repair and Maintenance of Industry Equipment
9. Retailing and Merchandising, including Fashion
10. Salon Accounting
11. Spa/Health Club Management
12. Tanning
2013 NACCAS APPEAL REVIEW PANEL
APPLICATION AND QUESTIONNAIRE

PANELIST REPRESENTING THE PUBLIC INTEREST

Name: ___________________________________________________________ (Please Type or Print)

Name of Employer: ______________________________

Street Address: ______________________________

City: _______________     State: __________     Zip Code: __________

Please list any employee or representative of this organization who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

______________________________  
______________________________  
______________________________

Please list any organization of which you are a member (including State school associations, trade associations and licensing boards) that is dedicated to the interests of any field within NACCAS’ Scope.¹ For each such organization, please indicate whether you are an Officer or Board member. If not applicable, put N/A:

________________________________________________________________________

Officer or Board Member?

( ) Yes  ( ) No

________________________________________________________________________

( ) Yes  ( ) No

________________________________________________________________________

( ) Yes  ( ) No

(Attach additional pages if necessary.)

If you indicated “Yes” with respect to any organization above, do you certify that you will resign from such position upon appointment to the NACCAS Appeal Review Panel?  

( ) Yes  ( ) No

Please answer “Yes” or “No” to the following:

Are you employed by a school² or professional service operation (an “Entity”) in a field within NACCAS’ Scope?  

( ) Yes  ( ) No

Are you a member of the governing board of such an Entity?  

( ) Yes  ( ) No

Are you a direct or indirect owner, in full or in part, of such an Entity?³  

( ) Yes  ( ) No

¹ See Attachment A for NACCAS’ Statement of Scope.
² Whether or not accredited by NACCAS.
³
Are you a consultant, or an employee of a consultant, to such an Entity?  ( ) Yes  ( ) No

Are you active in the operation of such an Entity?  ( ) Yes  ( ) No

Are you a spouse, parent, child or sibling of a person who would answer “Yes” to any of the questions above?  ( ) Yes  ( ) No

Are you a member of a trade association or membership organization related to, affiliated with, or associated with NACCAS?  ( ) Yes  ( ) No

If you answered “Yes” to any question above, please explain.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Have you attended a NACCAS Workshop within the last 3 years?  ( ) Yes  ( ) No 4

If “Yes”, please indicate date of attendance: ______________

Can you devote at least 10 business days per year to the business of the Appeal Review Panel?  ( ) Yes  ( ) No

I certify that all answers and information provided here in are true and correct to the best of my knowledge.

___________________________________  ____________________
Signature  Date

Please attach any appropriate letters of reference from regulatory agencies, associations, community organizations, etc. that support your qualifications for appointment to the NACCAS Appeal Review Panel.

Applicant’s Contact Information:
Street Address: ______________________________
City: _______________  State: __________  Zip Code: __________

3 An “indirect owner” would include a partner in a partnership or a stockholder of a corporation that owns such an Entity.
4 If “No”, as a condition of appointment the applicant must agree in writing to attend a NACCAS Accreditation Workshop before the first meeting of the Appeal Review Panel.
Daytime Phone: ____________  Evening Phone: ____________  E-Mail: ____________

Please Send Correspondence to:  

( ) Home  ( ) Business

RETURN TO:

NACCAS

c/o Aisha Burrell

4401 FORD AVENUE, SUITE 1300

ALEXANDRIA, VA 22302

ATTENTION: AISHA BURRELL
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