

APPLICATION TO REQUEST RE-DESIGNATION OF MAIN AND/OR ADDITIONAL LOCATION

For NACCAS Use Only: TYPE: 1=AL-M 2=M-AL 3=M-AL/AL-M 4=AL-AL Fee Paid: _____

You must submit seven (7) copies of this application with its attachments together with the application fee. 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. Each page must be initialed affirming data is final and correct and the NACCAS reference number must be included on all pages of the application. Please refer to NACCAS' *Rules of Practice and Procedure*, for details relevant to an application for additional location accreditation. Documents must be submitted to NACCAS in accordance with Section 1.6 of the *Rules*. To qualify for a re-designation as a main campus, an additional location must have achieved full additional location status and have been in operation for two years. The previous requirement is not applicable for an additional location re-designating as an additional location under a different main campus provided the ownership is exactly the same. Be sure to keep a copy of this entire application including attachments for your records.

A. TYPE OF RE-DESIGNATION

- 1 Change additional location Ref. #B _____ to a free-standing institution (main campus) (Sec. 4.9(f) of NACCAS' *Rules of Practice and Procedure*). Fill in Sections B, C, F & G.
- 2 Re-designation of main campus Ref. # _____ to become an additional location of main campus Ref. # _____ (Sec. 4.9(g)) Fill in Sections B, D, E, F & G.
- 3 Switch the designations of additional location Ref. # B _____ and its main campus Ref. # _____ (Sec. 4.9(h)). Note: Fill in Sections B, C, D, F & G.
- 4 Move additional location campus Ref. # B _____ to become an additional location of a different main campus Ref. # _____. (Sec. 4.9(i)) Fill in Section B, C, E, F, & G.

Note: If either Item #1 or #3 is checked above that campus must have achieved Full Additional Location status with NACCAS and have been in operation for a minimum of two years and the main campus and its additional locations must be under the exact same ownership. NACCAS will verify the ownership of the requesting institution(s) in its database and request additional information if needed.

B. OFFICIAL CONTACT INFORMATION

Please indicate if this address should be used for correspondence regarding the main and/or additional location. Yes ____ No ____

**Official Contact Person for all Communications: _____

Official Address for all Communications: _____

Phone and Email of Official Contact Person: _____

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

Note: The main campus and its additional locations must be under the exact same ownership. NACCAS will verify the ownership of the requesting institution(s) in its database and request additional information if needed.

Initials _____

C. INFORMATION ON ADDITIONAL LOCATIONS SEEKING RE-DESIGNATION (Type 1, 3 or 4)

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

Note: If the name of the school will change UPON approval of the re-designation, an Application for Change of Institution Name will have to be submitted thirty (30) days prior to the change.

2. Street Address: _____
City: _____ State: _____ Zip: _____
3. Additional Location Telephone: _____ E-mail: _____
Fax: _____ Website: _____
4. Date additional location was originally licensed: _____
5. Date first class started at additional location: _____
6. Date campus achieved full additional location status with NACCAS: _____
7. Current school license number of additional location: _____

D. INFORMATION ON MAIN CAMPUS SEEKING REDESIGNATION (Type 2 or 3)

1. Official Name on State License (must match institution's state license):

Note: If the name will change UPON approval of the re-designation, an Application for Change of Institution Name will have to be submitted thirty (30) days prior to the change.

2. Street Address: _____
City _____ State _____ Zip _____
3. Main Campus Telephone: _____ E-mail: _____
Fax: _____ Website: _____
4. Date campus was originally licensed: _____
5. Date first class started: _____
6. Date campus originally accredited by NACCAS: _____
7. Current school license number: _____

E. INFORMATION ON MAIN CAMPUS TO WHICH RE-DESIGNATED ADDITIONAL LOCATION
WILL ATTACH (Type 2 or 3)

1. Official Name on State License (must match institution's state license):

Note: If the name will change UPON approval of the re-designation, an Application for Change of Institution Name will have to be submitted thirty (30) days prior to the change.

2. Street Address: _____
City _____ State _____ Zip _____
3. Main Campus Telephone: _____ E-mail: _____
Fax: _____ Website: _____
4. Date campus was originally licensed: _____
5. Date first class started: _____
6. Date campus originally accredited by NACCAS: _____
7. Current school license number: _____

F. REQUIRED ATTACHMENTS

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

1. Copies of current state licenses for the institution(s) subject of this request.
2. Submit mapquest or equivalent Internet application showing distances between related main and additional locations after the re-designation if it is approved. Note: A main campus and its additional locations must be at least two miles apart. The Additional Locations also must be at least two miles from each other.
3. Non-Refundable Application Fee of \$875.00. Note: Please check Schedule of Fees on the NACCAS website for the current fee.
4. Submit verification that U.S. Department of Education will permit the change for Types 1 or 3.

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

G. 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

Print Name (Clearly)

Title

Do you have a consultant for accreditation matters? Yes _____ No _____
Notification Form #2 re: Consultation information is attached: Yes _____ No _____ N/A _____