APPLICATION FOR APPROVAL OF A PROGRAM
MEASURED IN CLOCK 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 #5A 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):

_____

_____

Street Address of Institution:

_____

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?
      _____
      _____

Initials_____

B. PROGRAM INFORMATION

Name of Program: _____   # of Clock Hours_____

Program is:
           i.   (   ) A new program OR
          ii.   (   ) A change in program hours.
               The length of the existing program is ____ hours.

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. Do you offer instruction via distance learning for this course? Yes ____ No ____
    If so, what % of the program is delivered via distance education? _____

4. Specify the length of time in clock hours and weeks to complete the distance education portion of the program _____

5. Specify the length of time in clock hours and weeks to complete on-site portion of the program.
    _____

6. 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: _____

7. Is state certification or licensing available to graduates from this program? ___ Yes   ___No
8. Is a state certification or license required for admission to this program? ___ Yes   ___No
9. How many hours of training are required by the state for licensure of graduates from this program? _____
10. Is this program regulated by the State? ____ Yes ____ No

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.

D. REQUIRED ATTACHMENTS

Application through Program Approval Procedure:
1.   Program Self-Study (see Instructions for Applications #5 through #7 on NACCAS website)
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.

Application through the Renewal of Accreditation Procedure:
1.   Institutional Self-Study (see Instructions for Applications #5 through #7 on NACCAS website)
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.

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 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 _____

Addendum #5A- 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? _____
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      _____

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_____ **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: 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? _____
   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?

      _____