

American Association for Higher Education and Accreditation
APPLICATION FOR ACCREDITATION

I. MAIN CAMPUS INFORMATION

All of the questions in this application pertain to the site listed immediately below unless otherwise indicated.

1. Name of the Institution:
(This is the authorized name under which the institution is doing business.)
2. Street Address:
3. City/State/Zip:
4. Telephone Number: () -
5. FAX Number: () -
6. E-mail Address:
7. Institution's Website(s):
8. Contact Person Name:
9. Contact Person Title:

II. LEGAL NATURE OF THE INSTITUTION

1. Designate the form of legal entity of the applicant institution and its tax status with the Internal Revenue Service.
Please check all that apply.

- Corporation
- Non-profit entity
(If a non-profit entity, you must provide a letter from the Internal Revenue Service that recognizes such status.)
- For-profit entity
- Wholly owned subsidiary
- Partnership
- Sole proprietorship
- Limited Liability Company (LLC)
- Limited Partnership
- General Partnership
- Professional/Trade Association
- If other, please identify:

2. Employer Identification Number (EIN):
3. Tax Year or Fiscal Year End Date:
4. Is there a legal name or corporate name other than the name indicated in section I, "Main Campus Information," item #1?
_____ Yes _____ No

5. If yes, provide the legal or corporate name and the state under whose laws the entity is organized. **If the applicant is a limited partnership, a limited liability company, a corporation, or other institution that requires authorization from the state to create the entity, indicate above the name of the applicant exactly as it appears on the document of authorization.**

Name:

State:

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III. OFF-SITE ADMINISTRATIVE HEADQUARTERS/CORPORATE OFFICE

If the organization has an administrative office other than the main campus, please complete the following:

1. Name of the Institution:
2. Corporate Name (if applicable):
3. Street Address:
4. City/State/Zip:
5. Telephone Number: () -
6. FAX Number: () -
7. E-mail Address:
8. Contact Person Name:
9. Contact Person Title:

IV. ADDITIONAL SITES

If the institution operates training sites in addition to the main campus, please indicate the number of sites below:

1. Number of Branches:
Location:
2. Number of Auxiliary Classrooms:
Location:
3. Number Classroom Extensions:
Locations:

V. OWNERSHIP INFORMATION

1. The institution has been under continuous operation under the ownership described herein since: / (month/year)

Please provide the information required on the "Ownership Addendum" at the end of this application for all owners with a ten percent or greater interest in the institution, which must include an alternate means by which they may be contacted, e.g. home address or an alternate business address with telephone number and email address. Alternately, if the institution is a not-for-profit entity, attach a list of the board members indicating the length of time each has served in months and years.

2. Has any owner, officer, or key management staff person (i) been convicted or pled nolo contendere or guilty to a crime involving the acquisition, use, or expenditure of public funds; (ii) been judicially determined to have committed fraud involving their fiduciary responsibilities; or (iii) been debarred by an accrediting agency and/or state/federal agency? ___Yes ___No

If yes, attach a detailed narrative explanation.

VI. LICENSURE INFORMATION

1. Is the institution required to obtain state authorization (e.g., licensure, certification, approval) to operate? ___ Yes ___ No

If state authorization to operate is required, attach a copy of the current state license or other certificate to operate for each site included in this application and complete the remaining questions in this section. If not required, attach written verification of this fact from the state that is no more than *two years* old, skip items #2-9, and proceed to item #10 on the following page.

2. State Agency:
3. Street Address:
4. City/State/Zip:
5. Telephone Number: () -
6. FAX Number: () -
7. E-Mail Address:
8. Contact Person Name:
9. Contact Person Title:

10. Is the institution and/or any of its sites currently under an appeal, show cause, probation, warning, or any form of adverse status with any state or federal agency? ___ Yes ___ No

If yes, attach a narrative explanation and relevant documentation regarding this action or status.

11. Has the institution been subject to any limitation, suspension, or termination action by a guarantee agency or state or federal government agency relative to the eligibility to process student financial aid? ___ Yes ___ No

If yes, attach a narrative explanation and relevant documentation regarding this action.

12. Has the institution and/or any of its sites operated or received licensure within the last ten (10) years under a different name than that indicated in section I, "Main Campus Information," item 1? ___ Yes ___ No If yes, provide the previously used Name:

VII. COMPLAINTS

1. Has there been any complaints made against any officer, director, instructor, or against the institution? ___ Yes ___ No
If yes, please explain below. If additional paper is needed you can attach a plain piece of paper:

VIII. ACCREDITATION HISTORY

1. Has the institution previously held, applied for, been denied, or been withdrawn from accredited status with an accrediting agency recognized by the U.S. Department of Education? Yes No
Attach a copy of the denial/withdrawal/resignation letter as applicable.
2. Does the institution presently hold either institutional or programmatic accreditation with *another* accrediting agency?
 Yes No
3. If yes, what is the name of the accrediting agency?
4. If yes, on what date did the accreditation begin? / (month/year)
5. If yes, on what date is the accreditation scheduled to expire? / (month/year)
6. Is the current accreditation with *another* agency held under a different name than the name indicated in section I, "Main Campus Information," item #1? Yes No If yes, provide the alternately used name.
Name:
7. Is the institution and/or any of its sites currently under an appeal, show cause, probation, warning, or any form of adverse status with *another* accrediting agency? Yes No **If yes, attach a narrative explanation and relevant documentation regarding this action.**

IX. PROGRAM AND PARTICIPANT INFORMATION

1. **Indicate the types of continuing education and training that your institution offers. Please check all that apply.**

- programs of study/courses less than 300 clock hours
- programs of study/courses 300 or more clock hours
- avocational/professional development
- avocational/personal development
- vocational
- credit hour programs of study/courses (semester or quarter credit hours)
- ESL programs of study/courses
- programs enrolling F-1/M-1 visa students
- foreign language training
- seminar/workshop training
- corporate in house training
- test preparation
- certification training
- interactive distance learning

___Occupational Associate Degree

2. On what date was the first class taught? / (month/year)

3. Have classes been taught *continuously* for the previous two consecutive years? ___Yes ___No

If no, attach a narrative explanation with applicable timeframes and enrollment information.

4. **Reaccreditation Applicants only:** Have classes been taught *continuously* since your last grant of accreditation? ___Yes ___No

If no, attach a narrative explanation with applicable timeframes and enrollment information.

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X. ATTESTATION

The undersigned, authorized representative of this institution hereby attests to the following:

- That he or she has read this application for accreditation and that it and all attached materials are accurate and complete.
- That during the application process and upon and following accreditation, the institution will abide by and support the following:
The AAHEA Bylaws,
The AAHEA Principles of Ethics,
The AAHEA Eligibility Requirements,
The AAHEA Standards for Accreditation,
The AAHEA policies, procedures and practices, and
The goals and integrity of the accreditation process.
- That during the application process and upon and following accreditation, the institution will timely notify AAHEA of email address changes and that it will regularly check the Documents and Forms pages of AAHEA's website at www.aahea.org to obtain any modifications to the items listed in the paragraph above.
- That the institution consents to the exchange of information between AAHEA and the institution's lawyers and accountants and between AAHEA and all other accrediting agencies and state and federal administrative agencies to the extent that such exchange of information is necessary or convenient to the consideration of the institution's application for AAHEA accreditation.

1. Name: _____ 2. Title _____ 3. Signature of Attesting Party: _____

(Non-profit organizations must provide the name and signature of the chairman of the board and/or the managing director of the applicant institution.)

XI. NOTARIZATION

1. State: _____
2. County: _____
3. Signed and attested to before me, a notary public in and for said state, on this date: / / (month/day/year), by:
4. Signature of Notary Public: _____
5. My Commission Expires: / / (month/day/year) _____

6. (Seal)

CHECKLIST OF REQUIRED EXHIBITS

Institution Name: _____

Main Campus City, State: _____

The following checklist *must* be completed and provided with the application. The information requested should be provided as separately attached exhibits rather than a reference to another document, such as a catalog.

APPLICABLE TO ALL INSTITUTIONS (Items A-L)

- A. A copy of the current state license(s) or authority to conduct courses/programs *for each site* or an exemption letter from each state *that is not more than two years old*. If the certificate of licensure does not list the programs that the licensed site is approved to offer, but instead is accompanied by a letter from the state to this effect, please include a copy of this letter as well. **NOTE: If renewal of state licensure is pending, or if the license has expired, provide supporting documentation to evidence that the institution has taken the necessary steps to maintain authority by the state agency for continued operation (e.g., copies of the new application cover and signature pages, or an extension letter from state).**
- B. Copies of all promotional materials that are being distributed by the institution, including transcripts of current or recent radio or television advertisements. If in a foreign language, please include an English language translation.
- C. A copy of the state cancellation and refund policy, if your institution is state licensed. If not, submit a separate copy of the refund policy being utilized.
- D. A completed copy(ies) of the "Program Chart,"
- E. A completed copy(ies) of the "Ownership Addendum."
- F. Appropriate application fee.
- G. A completed copy(ies) of the "Interactive Distance Learning (IDL) Program Chart."
- H. **Applies to applicants with multiple training sites only:** A completed copy(ies) of the "Additional Locations Addendum."
- I. A current organizational chart with both the titles and the names of faculty and staff denoted.

- J. **Applies to *initial applicants* only:** Supporting documentation to evidence two years of continuous operation, such as either master student rosters or single examples of signed enrollment Agreements/application forms/registration forms for each of the institution's start dates over the last two years.
- K. Supporting documentation to evidence two years of continuous state licensure, if applicable, such as a copy of a state license, certification, or registration document showing an approval date at least two years past.
- L. Financial information for the two most recently completed fiscal years

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APPLICABLE ONLY TO VOCATIONAL INSTITUTIONS (Items M-P)

- M. Submit a completed copy of AAHEA Document Profile of Institutional Clientele and Programs, for **all programs** at **all sites** included in this application.
- N. One copy of the school catalog with a **completed** AAHEA Document Catalog Guidelines & Checklist, which must indicate the page number where each item on the checklist is located in the catalog. If the institution operates sites for which it publishes multiple, unique catalogs, include a copy of each catalog with its own corresponding AAHEA Document .
- O. One copy of the enrollment agreement, with a **completed** AAHEA Document , Enrollment Agreement Checklist. If the institution uses multiple, unique enrollment agreements for multiple sites and/or programs, include a copy of each enrollment agreement with its own corresponding AAHEA Document .
- P. : A **completed** AAHEA Document, Completion and Placement Statistics, for each program at each site included in this application, for the 12-month period prior to submittal of the application

PROGRAM CHART

PROGRAMS OF STUDY OR COURSES OFFERED AT THE SITE INDICATED BELOW

Institution Name:

City, State: ,

Main Campus Branch Campus Auxiliary Classroom

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- ✓ This form must be completed separately for each site, and the City/State and type of site must be identified. State approved institutions must ensure that the information provided below matches the *State License* or *Program Approval Certificate* or other program approval documentation provided by the state. **See the “Checklist of Required Exhibits,” item A.**
- ✓ Title IV institutions must ensure that the information provided below matches the *ECAR* and the *PPA* issued by the Department of Education.
- ✓ Institutions subject to SEVIS requirements for reporting program offerings must clearly identify the programs and program lengths below as they are reported on SEVIS.
- ✓ Initial Applicants are advised that any programs without enrollees at the time of, or within the 12-month period preceding the on-site visit by AAHEA, will neither be evaluated in the team report nor subsequently considered by the Accrediting Commission in its review of the institution for initial accreditation. Any exception to this provision is contingent upon the institution submitting a request for Special Consideration concurrent with the receipt of its application by AAHEA. Programs failing to be appropriately identified, reviewed, and approved cannot be offered or enroll students
- ✓ Accredited institutions must ensure that the program titles and lengths below match the AAHEA approval document. **If not, refer to AAHEA Document #56 and contact AAHEA.**
- ✓ The program information provided on this chart must match the institution’s catalog, brochure(s), enrollment agreement, website, and all promotional literature. **If the program titles differ, all materials MUST be modified accordingly.**

Program of Study/Course Include <u>all</u> AAHEA-approved programs, <u>regardless</u> of current enrollment or delivery method. If there are more than seven programs, attach additional copies of this page.	Total Clock Hours	Credit Hours, (S)emester or (Q)uarter	Hours per Week F=Full-time P=Part-time	Weeks to Complete F=Full-time P=Part-time	Current Enrollment F=Full-time P=Part-time	Month/Year of most recent Graduating Class (if applicable)
EXAMPLE: Paralegal Studies	720	36Q	F= 30 P= 20	F= 24 P= 36	F= 60 P= 40	08/2003
1.			F= P=	F= P=	F= P=	/
2.			F= P=	F= P=	F= P=	/
3.			F= P=	F= P=	F= P=	/
4.			F= P=	F= P=	F= P=	/
5.			F= P=	F= P=	F= P=	/
6.			F= P=	F= P=	F= P=	/
			F= P=	F= P=	F= P=	/

7.			P=	P=	P=	
					TOTAL:	

SAMPLE

INTERACTIVE DISTANCE LEARNING (IDL) PROGRAM CHART
 IDL OFFERED FOR STUDENTS ENROLLED AT THE SITE INDICATED BELOW

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Institution Name:

City, State: ,

Main Campus Branch Campus Auxiliary Classroom

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If the institution offers IDL Programs, list the programs below and on the "Program Chart," page 7, and briefly describe the medium used to deliver training for each, such as synchronous vs. asynchronous, videoconferencing, internet-based delivery, etc. Indicate the percentage of students in each program who receive training at a distance as well as the percentage of the total program length, which is available at a distance. For example, the hypothetical Paralegal Studies program has a total of 100 enrolled students, as can be seen on page 7. Of these, however, only 15 full-time and 10 part-time students are receiving any training at a distance, as can be seen below in the right-most column; thus, the percentage in the third column from the left. Furthermore, the courses available for IDL delivery only comprise half of the total program length for Paralegal Studies, as can be seen below in the fourth column from the left. These 25 students receive the other half of their training at the site listed above, at which they are enrolled.

Program of Study/Course Include all AAHEA-approved IDL programs, regardless of current enrollment, here and on the "Program Chart" on page 7. If there are more than nine programs, attach additional copies of this page.	Interactive Delivery Method or Training Medium	% of IDL Students Compared to Total Enrollment at This Program	% of Program Length Taught via IDL	Total Clock Hours	Credit Hours, (S)emester or (Q)uarter	Weeks to Complete, FT/PT	Current Enrollment, FT/PT	Mo./Yr. of Last Graduating Class
EXAMPLE: Paralegal Studies	Asynchronous, Internet-Based Delivery	25%	50%	720	36Q	F= 24 P= 36	F= 15 P= 10	08/2003
1.		%	%			F= P=	F= P=	/
2.		%	%			F= P=	F= P=	/
3.		%	%			F= P=	F= P=	/
4.		%	%			F= P=	F= P=	/
5.		%	%			F= P=	F= P=	/
6.		%	%			F= P=	F= P=	/
7.		%	%			F= P=	F= P=	/
8.		%	%			F= P=	F= P=	/
9.		%	%			F= P=	F= P=	/

SAMPLE

Program of Study/Course Include all AAHEA-approved IDL programs, regardless of current enrollment, here and on the "Program Chart" on page 7. If there are more than nine programs, attach additional copies of this page.	Interactive Delivery Method or Training Medium	% of IDL Students Compared to Total Enrollment in This Program	% of Program Length Taught via IDL	Total Clock Hours	Credit Hours, (S)emester or (Q)uarter	Weeks to Complete, FT/PT	Current Enrollment, FT/PT	Mo./Yr. of Last Graduating Class
EXAMPLE: Paralegal Studies	Asynchronous, Internet-Based Delivery	25%	50%	720	36Q	F= 24 P= 36	F= 15 P= 10	08/2003
1.		%	%			F= P=	F= P=	/
2.		%	%					/
TOTAL:								

SAMPLE

ADDITIONAL LOCATIONS ADDENDUM

Please provide contact information for each additional site. If operating more than four additional sites, complete additional copies of this page to include all sites.

Additional Site #1

Name of the Institution:

Type of Site:*

Street Address:

City/State/Zip:

Telephone Number: () -

FAX Number: () -

E-mail Address:

Contact Person Name:

Contact Person Title:

Additional Site #2

Name of the Institution:

Type of Site:*

Street Address:

City/State/Zip:

Telephone Number: () -

FAX Number: () -

E-mail Address:

Contact Person Name:

Contact Person Title:

Additional Site #3

Name of the Institution:

Type of Site:*

Street Address:

City/State/Zip:

Telephone Number: () -

FAX Number: () -

E-mail Address:

Contact Person Name:

Contact Person Title:

Additional Site #4

Name of the Institution:

Type of Site:*

Street Address:

City/State/Zip:

Telephone Number: () -

FAX Number: () -

E-mail Address:

Contact Person Name:

Contact Person Title:

*branch campus, auxiliary classroom, or classroom extension

OWNERSHIP ADDENDUM

Institution Name: _____

Main Campus City, State: , _____

If there are more than four owners, attach additional copies of this page to include all owners with a ten percent or greater interest in the institution. Refer to the instructions under Section V on page 2 of this application.

Owner #1 Name:

Title:

Social Security Number:

% of Ownership:

This % Owned Since: / (month/year)

Street Address:

City/State/Zip:

Telephone Number: () -

Email Address:

Owner #1 Signature

Date

Owner #2 Name:

Title:

Social Security Number:

% of Ownership:

This % Owned Since: / (month/year)

Street Address:

City/State/Zip:

Telephone Number: () -

Email Address:

Owner #2 Signature

Date

Owner #3 Name:

Title:

Social Security Number:

% of Ownership:

This % Owned Since: / (month/year)

Street Address:

City/State/Zip:

Telephone Number: () -

Email Address:

Owner #3 Signature

Date

Owner #4 Name:

Title:

Social Security Number:

% of Ownership:

This % Owned Since: / (month/year)

Street Address:

City/State/Zip:

Telephone Number: () -

Email Address:

Owner #4 Signature

Date

BOARD OF DIRECTORS ADDENDUM

Director Name:
Title:
Social Security Number:
% of Ownership:
This % Owned Since: / (month/year)
Street Address:
City/State/Zip:
Telephone Number: () -
Email Address:

Director Signature Date

Director Name:
Title:
Social Security Number:
% of Ownership:
This % Owned Since: / (month/year)
Street Address:
City/State/Zip:
Telephone Number: () -
Email Address:

Director Signature Date

Director Name:
Title:
Social Security Number:
% of Ownership:
This % Owned Since: / (month/year)
Street Address:
City/State/Zip:
Telephone Number: () -
Email Address:

Director Signature Date

Director Name:
Title:
Social Security Number:
% of Ownership:
This % Owned Since: / (month/year)
Street Address:
City/State/Zip:
Telephone Number: () -
Email Address:

Director Signature Date

Director Name:
Title:

Social Security Number:

% of Ownership:

This % Owned Since: / (month/year)

Street Address:

City/State/Zip:

Telephone Number: () -

Email Address:

Director Signature

Date

SAMPLE