

**APPLICATION FOR CHANGE OF INSTITUTION NAME**

*For NACCAS Use Only:* Fee Paid: \_\_\_\_\_

You must submit seven (7) copies of this application together with required attachments and the application fee at least thirty (30) days before the new name is to be used. Please note that all sections of this application must be complete and all attachments and fee 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 the data is final and correct and the reference number must be provided at the bottom of each subsequent page. Documents must be submitted to NACCAS in accordance with Section 1.6 of the *Rules*. Be sure to keep a copy of this entire application including attachments for your records.

*Read Section 8.10(c)(2) of the NACCAS Rules of Practice and Procedure (Accreditation on Probation).*

**Does this apply to your institution? Yes \_\_\_\_\_ No \_\_\_\_\_**

*If yes STOP and contact your NACCAS representative immediately. If no, you may proceed with completing the application.*

A. APPLICANT INFORMATION

Ref. # \_\_\_\_\_ Date of Proposed Change: \_\_\_\_\_

1. Official Current Name of Institution (must match institution’s state license):  
\_\_\_\_\_

2. Official Proposed 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.**

3. Alternate Institution Names Used (2 Maximum) 1. \_\_\_\_\_  
2. \_\_\_\_\_

(\*Note: The official name and alternate or shortened names must comply with NACCAS’ Policy on Advertising and clearly identify the institution as an educational institution, the term “college”, “institution”, “academy”, etc., may never be abbreviated. Example: Joy Barber College could be JB College)

4. Street Address of Institution: \_\_\_\_\_

5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Institution Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

FAX: \_\_\_\_\_ Website: \_\_\_\_\_

B. REQUIRED ATTACHMENTS

1. If the institution has an agreement of any kind under which it is permitted to incorporate a registered trade name into the Institution name, submit a copy of that agreement.
2. Copy of the state license issued to the Institution in its new name. Note: This may be submitted within 30 days after the application is submitted, but final approval by NACCAS will be held until it is received.
3. A non-refundable application fee is due upon submission of the application. Please refer to the Schedule of Fees on the NACCAS website [www.naccas.org](http://www.naccas.org) for the current change of name application fee.

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

Initials \_\_\_\_\_

C. 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 \_\_\_\_\_**

**Reminder: It is the institution's obligation to notify the U.S. Department of Education of changes, if applicable.**