

APPLICATION FOR CHANGE OF LOCATION

For NACCAS Use Only : Category: 1 _____ 2 _____ Fee Paid: _____

You must submit seven (7) copies of this application, the required attachments and fees within the required timeframes set in Section 4.3 of the NACCAS Rules of Practice and Procedure. All questions must be answered. If an item does not apply to your institution, write in N/A. Each page must be initialed affirming data is final and correct and the NACCAS reference number must be listed at the bottom of each subsequent page. Documents must be submitted in accordance with Section 1.6 of NACCAS' Rules. Applications that are incomplete in any way will be returned. Be sure to keep a copy of this entire application including attachments for your records. Please see important note on page four (4) regarding Commission meeting schedule.

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

Institution Ref. #: _____ Date of Proposed Change: _____

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

2. *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)

3. Name of Institution's Owner (If owned by an individual list the name(s) or if corporation or L.L.C., list entity name as registered with the state): _____

4. Current Address of Institution: _____
City _____ State _____ Zip _____

5. New Address of Institution: _____
City _____ State _____ Zip _____

6. Institution Telephone: (_____) _____ E-mail: _____
FAX (_____) _____ Website: _____

7. Official Contact for all NACCAS correspondence: _____
Official Address for all Communications: _____
(*NOTE: This must be a physical address not a post office box.)

Phone and Email of Official Contact: _____
(*NOTE: When considering who will be the Official Contact Person be aware that these communication can include invoices, Commission decisions, adverse actions, etc. In addition it is the institution's responsibility to notify NACCAS when any information in Question # 7 changes.)

8. Square footage: At current location _____ At new location _____

9. Date classes end at current facility _____ Date classes begin at new facility _____
(*NOTE: If there is a lapse between when the previous location is closed and when the new location begins training students, you must contact your NACCAS specialist immediately.)

10. Designated Owner Mailing Address:
Owner Contact Name: _____ E-mail: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Mobile Phone: (_____) _____

11. Total Number of Students Enrolled at the Time of the Relocation: _____

12. When and how were students notified of the relocation? _____

13. Has there been a lapse in licensure or will there be a lapse? Yes _____ No _____
If YES, how many days and why? _____

14. Will curriculum be the same in the new location as in the old? Yes _____ No _____
If NO, please explain the difference: _____

(*NOTE: If the relocation is across state lines, the institution must also submit an application for approval of a program for each program affected.)

15. Mark Applicable Item:

() Operations have ceased at the current facility or will cease on or before the relocation date.

() Operations will continue at the current location as an unaccredited Institution. All versions of the NACCAS logo, certificates, and name will have been eliminated at the old location.

NOTE: If you have marked the first of the two items in Question #15 STOP and contact your NACCAS representative immediately.

16. State the distance between the current location and the new location in miles _____

Relocation must be 75 miles or less between locations

1. Thirty (30) days prior to the relocation: Complete and submit this application.
2. Thirty (30) days prior to the relocation: Complete and submit Change of Location Certification Form which must be notarized.
3. Within six (6) months after the approval of this relocation: Institution must undergo a partial team on-site evaluation consisting of a NACCAS Team Lead and Practitioner Evaluator (Independent Contractor Peer Evaluator).

Effective January 1, 2015: Pursuant to Section 4.2(b) of the NACCAS Rules, the Commission considers a relocation of operations to a site more than 75 miles from the institution's current location to be a closure of the existing institution and the establishment of a new institution.

B. REQUIRED ATTACHMENTS

1. A copy of the state license showing the proposed address. If the new facility is not yet licensed, submit an explanation. The license must be submitted within thirty (30) days after the relocation.
2. A map-quest or equivalent showing the distance between the current address and the anticipated new address as well as the new address and the main campus and any linked additional locations.
3. A list of students enrolled at the time of relocation showing what arrangements have been made for each of them:
 - Transferring to the new location.
 - Unable to transfer; given a pro-rata refund.*
 - Does not accept alternate education options, given a pro-rata refund.*
 - Transferred to another Institution under same ownership.
 - Transferred to another institution in the area under different ownership.
 - Other, (please specify). _____

*Accompanying documentation showing that the pro-rata refunds have been made must be submitted.

Note: If the institution relocates to a new location across state lines, no additional charges may be charged to students transferring to the new location if the program is longer at the new location. If the program is shorter, then a pro-rata refund must be made to students transferring to the new location across state lines.

4. A list of names and titles of teaching staff at the Institution immediately preceding the relocation. Indicate who intends to transfer, who does not, and reasons why not.
5. A list of names and titles of all administrative staff of the Institution immediately preceding the relocation. Indicate who intends to transfer, and who does not and the reasons why not.
6. A blueprint of the new facility, to scale.
7. Certificate of Occupancy or other final approval from the applicable local authority authorizing that the facility is fit for its intended purpose and safe for public use. Note: final approval from the local authority should be attained only after any renovations to the new facility have been completed. At no time can an accredited institution be closed from its normal published operating time without formal approval from NACCAS, this includes for renovations.
8. The non-refundable application fee of \$875.00 and the fee for a two (2) person team visit of \$2,351.00 to occur within six (6) months after the approval date of the relocation. Note for Candidate Schools: If the change occurs prior to the initial accreditation on-site evaluation, no fee is required. If the change occurs after the initial accreditation on-site evaluation, the appropriate fee is required. Refer to Section 4.16 of the *Rules*.
9. The Change of Location Certification Form which must be notarized (pages 5 & 6).
10. If applicable: Application for Approval of a Program if moving across state lines for each applicable program.

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

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

Note: If the institution submits less copies than those required as outlined on Page 1 of this application, NACCAS will make the additional required copies at the expense of the institution as outlined in the Schedule of Fees found on the NACCAS website at www.naccas.org.

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

Note: Beginning in 2015, the Commission will meet to consider applications eight (8) times a year. The meetings will be in the months of January, February, April, May, July, August, October and November so please consider your submission time in relation to this schedule.

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

CHANGE OF LOCATION CERTIFICATION

The undersigned hereby certifies that s/he has read, understands and acknowledges the following terms and conditions relating to the approval of the Application for Change of Location (the “**Application**”) submitted to NACCAS by (School Name) _____ (NACCAS Ref. # _____) (the “**School**”), for which this Certification is a Required Attachment:

1. The NACCAS-approved current address of the School is _____ (the “**Current Location**”).
2. The Application seeks approval by NACCAS’ Board of Commissioners (the “**Commission**”) for a change of location by the School (the “**Change of Location**”) to _____ (the “**New Location**”).
3. The Application specifies that the effective date of the Change of Location will be _____ (the “**Designated Effective Date**”).
4. On behalf of the School, I acknowledge and agree that if the Change of Location does not or will not occur on or before the Designated Effective Date, the School must notify NACCAS promptly, and in no event later than one (1) business day after the Designated Effective Date. Such notice must either (a) notify NACCAS that the School is withdrawing the Application or (b) specify a new effective date for the Change of Location.
5. The School **is** **is not** (CHOOSE ONE) requesting that the Commission approve the Application prior to the Designated Effective Date.

School Requests Approval of Application Prior to Designated Effective Date

6. On behalf of the School, I acknowledge and agree that the Commission may, in its discretion, grant the School’s request to review and take action on the Application prior to the Designated Effective Date.
7. On behalf of the School, I further acknowledge and agree that if the Commission grants such request and approves the Application prior to the Designated Effective Date, such approval (a) shall be subject to a stipulation that the Change of Location must actually occur on or before the Designated Effective Date and (b) shall not become effective until such stipulation has been met. I further acknowledge and agree that the Commission may impose such other stipulations to its approval of the Application as it may deem appropriate.
8. On behalf of the School, I acknowledge and agree that if the School fails to meet the required stipulation(s) by the date designated by the Commission (e.g., if the School fails to provide proof that the Change of Location occurred on or prior to the Designated Effective Date), that failure may result in a final denial of the Application.

School Does NOT Request Approval of Application Prior to Designated Effective Date

- 9. On behalf of the School, I acknowledge and agree that the Commission will review and take final action on the Application only after the Designated Effective Date has passed, and that unless the Commission has received a timely notice to the contrary (as described in Paragraph 4 above) the Commission will assume that the Change of Location has occurred.
- 10. On behalf of the School, I acknowledge and agree that if and when the Commission approves the Application, the New Location will become the **only** NACCAS-approved location for operation of the School. On behalf of the School, I acknowledge and agree this means that the School’s Current Location will no longer be an approved location for operation of the School.
- 11. Accordingly, on behalf of the School, I acknowledge and agree that if the School fails to promptly notify NACCAS that the Change of Location has not occurred (or will not occur) by the Designated Effective Date and the Commission thereafter approves the Application, then:
 - (a) The School will no longer be approved to operate in its Current Location (even though the Change of Location has not occurred); and
 - (b) Operation of the School anywhere other than the New Location (including, but not limited to, the School’s Current Location) will be deemed by NACCAS to constitute an unapproved “relocation” of the School, in violation of NACCAS’ Rules of Practice and Procedure, and may result in relinquishment of the School’s accreditation and the imposition of a \$5000 fine.

I certify that I have been expressly authorized by the School to submit this Certification in support of the Application.

I certify that the information provided in this application is true and correct to the best of my knowledge and belief. I further acknowledge that knowingly providing false or misleading information to NACCAS may result in the Commission taking adverse action against the School.

Institution’s Owner or Designee Signature

Date

Print Name (Clearly)

Title

Subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission expires:

Initials_____

NACCAS Ref. #_____