

B. OLD ORGANIZATIONAL STRUCTURE

7. This institution is (check one): Private Non-Profit () Private For-Profit () Publicly Traded ()
8. Institution owned by: Individual(s): _____ (Complete Type A Ownership below)
Institution owned by: Corporation or LLC: _____ (Complete Type B Ownership below)
Institution owned by: Subsidiary of Parent Corporation: _____ (Complete Type B and C below)

Type A Ownership: (Check One): Sole Proprietorship () or Partnership ()

9. List the name and address of the sole proprietor or partners and their percentages of ownership.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Designated Owner Contact Name: _____ Phone and Email: _____
(*Note: Must be a Physical Address not a Post Office Box)

Type B Ownership:

11. Name of Corporation/LLC _____
Check one: LLC LTD Inc. Other _____

12. State of Incorporation or organization: _____

13. Date of Incorporation or organization: _____

14. List all individuals, corporations, or other entities who own shares or membership interests, as applicable.
Provide a separate attachment if more space is needed.
(For Private Non-Profit organizations, please list corporate officer's names and their title since there are no owners, and leave percentage section blank)

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Designated Contact Name From Above: _____ Email: _____
Address: _____ Phone: _____ Fax: _____
(*Note: Must be a Physical Address not a Post Office Box)

Type C Ownership:

16. List the other corporations or other owner entities, including individuals who own the entities, in order closest to institution ownership. Provide a separate attachment to clearly show Tiers accurately, if needed.

Institution Name: _____

Type B Ownership: _____

Tier 3: _____

Tier 4: _____

Tier 5: _____

C. NEW ORGANIZATIONAL STRUCTURE

17. This institution is (check one): Private Non-Profit () Private For-Profit () Publicly Traded ()
18. Institution owned by: Individual(s): _____ (Complete Type A Ownership below)
Institution owned by: Corporation or LLC: _____ (Complete Type B Ownership below)
Institution owned by: Subsidiary of Parent Corporation: _____ (Complete Type B and C below)

Type A Ownership: (Check One): Sole Proprietorship () or Partnership ()

19. List the name and address of the sole proprietor or partners and their percentages of ownership.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Designated Owner Contact Name: _____ Phone and Email: _____
(*Note: Must be a Physical Address not a Post Office Box)

Type B Ownership:

21. Name of Corporation/LLC _____
Check one: LLC LTD Inc. Other _____

22. State of Incorporation or organization: _____

23. Date of Incorporation or organization: _____

24. List all individuals, corporations, or other entities who own shares or membership interests, as applicable.
Provide a separate attachment if more space is needed.

(For Private Non-Profit organizations, please list corporate officer's names and their title since there are no owners, and leave percentage section blank)

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. Designated Contact Name From Above: _____ Email: _____
Address: _____ Phone: _____ Fax: _____
(*Note: Must be a Physical Address not a Post Office Box)

Type C Ownership:

26. List the other corporations or other owner entities, including individuals who own the entities, in order closest to institution ownership. Provide a separate attachment to clearly show Tiers accurately, if needed.

Institution Name: _____

Type B Ownership: _____

Tier 3: _____

Tier 4: _____

Tier 5: _____

27. The person responsible for the day-to-day operations of the applicant institutions is:
Name: _____
Title: _____
Telephone: _____ E-mail: _____

D. REQUIRED ATTACHMENTS

To be submitted with this Application:

1. A non-refundable application fee is due upon submission of the application. Please refer to the Schedule of Fees on the NACCAS website for the current change of control application fee.
2. A report of any other changes that have been made or will be made in the near future as a result of this change in structure.
3. If the institution is organized as (or is a Subsidiary of) a Business Entity, provide a copy of the (recorded) Articles of Incorporation, articles of formation, or equivalent state authorization for formation of such Business Entity (ies) to include a list of current stock holders and their number of shares.

To be submitted within thirty (30) days after the change in structure:

1. A copy of the Institution's current license showing the owner(s) or statement from the state licensing agency registering the new owner(s).
2. A notarized closing document from when the school ownership transferred from the old entity/business structure to the new entity/business structure.
(Note: This document must be received prior to Commission consideration.)

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 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: Consultant information is attached: Yes _____ No _____ N/A _____

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