

**APPLICATION FOR ADDITIONAL LOCATION  
UNDER UNIVERSAL ADDITIONAL LOCATION APPLICATION**

*For NACCAS Use Only:* Temporary Ref. # \_\_\_\_\_ Fee Paid: \_\_\_\_\_  
 Universal Additional Location Application for Owner: Current? \_\_\_\_\_

The purpose of this application is to provide a streamlined process for institutions seeking to open multiple additional locations within one fiscal year and is to be used in conjunction with Application #16A. You must submit seven (7) copies of this application with its attachments together with the application fee. Please note that all sections of this application must be complete and all attachments 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 data is final and correct and the reference number must be provided at the bottom of each subsequent page. Please refer to NACCAS' *Rules of Practice and Procedure* for details relevant to an application for additional location accreditation. Documents must be submitted to NACCAS in accordance with Section 1.6 of the *Rules* and must be printed or typed. Be sure to keep a copy of this entire application including attachments for your records. Please see important note on page six (6) regarding Commission meeting schedule.

*Note: Read Section 8.10(c) of the NACCAS Rules of Practice and Procedure (Accreditation 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. APPLICABILITY OF UNIVERSAL ADDITIONAL LOCATION APPLICATION**

Please answer "True" or "False" to each of the following statements. **This Form may only be used if the applicant Institution answers "True" to each of the following statements.** If the answer to any statement is "False", DO NOT PROCEED FURTHER. The Institution must apply for additional location accreditation using NACCAS Application Form #3 (Application for Initial Additional Location Campus).

	<u>True</u>	<u>False</u>
<b><u>Questions concerning Universal Additional Location Application</u></b>		
1. NACCAS has approved a Universal Additional Location Application for the owner of the main campus to which this application applies (the "Applicant Additional Location"), and that Universal Additional Location Application is effective as of the date of this application and has not been Terminated or Suspended.	_____	_____
2. The information provided on the applicable Universal Additional Location Application is true and correct as of the date of this application and applies to the Applicant Additional Location.	_____	_____
3. The Applicant Additional Location will be an additional location of, and will be under exactly the same ownership as, the main campus described in the applicable Universal Additional Location Application (the "Main Campus").	_____	_____

**Questions concerning the Main Campus**      NACCAS Ref.# \_\_\_\_\_

4. The accreditation of the Main Campus has not been withdrawn (pending appeal or final) and is not currently on probation.	_____	_____
5. The Main Campus has submitted the most recent financial statements required to be submitted under NACCAS' <i>Rules of Practice and Procedure</i> , those financial statements demonstrated compliance with NACCAS' Standard for Financial Practices and Management, and the Main Campus is not currently subject to financial reporting requirements.	_____	_____
6. The Main Campus has submitted the most recent annual report as required to be submitted under NACCAS' <i>Rules of Practice and Procedure</i> , that annual report demonstrated compliance with NACCAS' Standard for Educational Objectives and Institutional Evaluation, and the Main Campus is not currently subject to low outcomes monitoring or reporting requirements.	_____	_____

Initials \_\_\_\_\_

- |  | <u>True</u> | <u>False</u> |
|--|-------------|--------------|
| 7. The Main Campus is not currently subject to a show cause order.     | _____       | _____        |
| 8. The Main Campus does not currently owe any past due fees to NACCAS. | _____       | _____        |

**Questions concerning the Applicant Additional Location**

- |  |       |       |
|--|-------|-------|
| 9. All of the programs proposed to be offered by the Applicant Additional Location (see Question #26 below) have been approved by NACCAS to be offered at the Main Campus.                         | _____ | _____ |
| 10. All programs to be offered by the Applicant Additional Location are regulated by the state, and the requirements for each such program do not exceed state requirements by 50 percent or more. | _____ | _____ |
| 11. The Applicant Additional Location does not employ any person debarred from participation in any federal or state program within the past five (5) years.                                       | _____ | _____ |
| 12. The Applicant Additional Location is not currently accredited by another accrediting agency.   | _____ | _____ |
| 13. The Applicant Additional Location has never been denied candidate status, initial accreditation or had its accredited status withdrawn by NACCAS or any other accrediting agency.              | _____ | _____ |

**B. ADDITIONAL LOCATION INFORMATION**

14. Official Name of Institution (must match institution’s state license) :  
\_\_\_\_\_
15. Alternate Institution Names Used (2 maximum allowed) :
- A. \_\_\_\_\_
- B. \_\_\_\_\_

(\*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)

16. Street Address: \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
17. Additional Location Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_
- Fax (\_\_\_\_\_) \_\_\_\_\_ Web site: \_\_\_\_\_

18. Official Contact Person for all Communications: \_\_\_\_\_

Address of Official Contact Person: \_\_\_\_\_  
(\*Note: Must be a Physical Address not a Post Office Box.)

Business Phone and Email of Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

(When considering who will be the Official Contact Person be aware that these communications can include invoices, Commission decisions, adverse actions, etc. In addition, it is the institution's responsibility to notify NACCAS when any information in Question #18 changes.)

19. Date campus was originally licensed: \_\_\_\_\_

20. Date first class started: \_\_\_\_\_

20a. Total students currently enrolled: \_\_\_\_\_

21. Current Institution license number: \_\_\_\_\_

22. Institution acquired by applicant on: \_\_\_\_\_

23. Please indicate any periods in the calendar year when the additional location is closed (i.e., holidays, etc).

Date(s): \_\_\_\_\_

24. Does your institution offer instruction in a language other than English? Yes \_\_\_\_ No \_\_\_\_

If yes, please identify the language(s) in which instruction is delivered. \_\_\_\_\_

25. What is the total square footage of your institution's space: \_\_\_\_\_

26. PROGRAM SCHEDULE. Please list all programs to be offered at the additional location. (See Question #9 above). The program schedule must list and provide information on every program offered at your institution which is more than 150 hours in length or leads to state licensure. If your Institution obtains state licensure by means of accreditation, you must list all programs offered at your institution, including programs 150 hours or less in length and not leading to licensure. Effective January 1, 2014: Programs offered in more than one language are considered to be different programs and need to be listed separately on the Program Schedule. Please complete a separate column on the Program Schedule for each language in which a program is offered. Attach as many copies of the chart as needed to provide information on all of the programs for which information is required.

Required Information		Programs and Schedule			
Name of Program					
State Requirements: Total clock hours, credit hour or competencies required by State law or regulation. Put N/A if not applicable *					
Institution Requirements: Total Clock Hours, credit or competencies. *					
Total weeks required to complete the program (full-time student)					
Total weeks to complete the program (part-time student)					
List language program is offered in, including English, as applicable.**					
Do you offer instruction via distance learning for any of these courses?					
If so, what % of the program is delivered via distance education? ***					
Number of Clock Hours or Credits of Program(s) delivered via distance education:					
Tuition					
# of Current Students					
Date of First Graduating Class					
# of Full-Time Instructors					
# of Part-Time Instructors					
CLASS SCHEDULE: Full-Time					
Hours per week	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				

\* If reporting a program measured in competencies, please refer to the *Instructions for Reporting Competency Based Programs*, available on the NACCAS website under "Other Key Documents." Attach additional pages to this application as necessary.

\*\* If your institution offers any programs in a language other than English, the visit team members may also include an outside translator(s). In the event an outside translator(s) is required, the additional **actual** cost will be charged in addition to the visit fees, both are outlined in the Schedule of Fees posted on the NACCAS website.

\*\*\* NACCAS has chosen at this time not to approve programs offering distance education as a mode of delivery that is over 50% of the program. If an institution offers distance education as a method of delivery it must have a policy containing, at minimum, the elements listed below. An institution's distance education policy must be in compliance with all local, state and federal laws and regulations, NACCAS Standards and Criteria and *Policy VI.02 – Curriculum: Policy on Distance Education*.

27. Does the institution wish to seek approval by NACCAS to offer any continuing education classes?  
 Yes\_\_\_\_ No\_\_\_\_

If yes, complete the following chart. Attach as many copies and additional pages as necessary to ensure that all programs are listed.

Class Title	Contact Hours

28. The person responsible for the day-to-day operations of the applicant institution is:  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_
29. The designated accreditation liaison who attended the require NACCAS accreditation workshop is:  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**C. REQUIRED ATTACHMENTS**

1. A clear outside photo of the Institution showing the advertising sign.
2. A floor plan to scale of the institution’s facility including any expanded campus space(s).
3. Verification from the appropriate state agency as to when the Institution was originally licensed.
4. A copy of the Certificate of Occupancy.
5. Verification that all programs offered at the institution have been approved by the state.
6. Submit a Mapquest printout or equivalent showing distance between this additional location and the related main campus any other additional locations linked to the main campus and this additional location.
7. A \$350.00 fee for each additional program to be reviewed through the accreditation process (application fee includes the cost of reviewing one program). A prorated amount must also be paid toward the annual sustaining fee (see the Chart on the following page). The on-site evaluation fees are based on a team of four (4) members. If additional evaluators or interpreters are needed additional fees will apply. (Refer to the Schedule of Fees).
8. Submit one (1) copy of the Institutional Self-Study (ISS) with this application formatted according to Appendices #5B and #5C of the NACCAS *Rules of Practice and Procedure* utilizing the most current version available. (Note: Applications submitted without an Institutional Self-Study will be returned without review. Additionally, effective, April 1, 2016, schools must submit their ISSs electronically to NACCAS. Schools can do so through the member login portal. There will be a \$250 processing fee assessed for schools who fail to submit their ISSs electronically.)

If applicable:

9. If the name of the Institution incorporates a trade name, the institution must attach a certification that it has authority from the franchisor or licensing company to use that name.
10. Copies of contracts or training agreements for any arrangements you have to train students from Institution districts, community colleges, State-funded programs, etc.

**SUSTAINING FEES CHART**

Month Application Received by NACCAS	Prorated Fee Due with Application	Month Application Received by NACCAS	Prorated Fee Due with Application
January	\$886.00	July	\$886.00
February	\$738.34	August	\$738.34
March	\$590.68	September	\$590.68
April	\$443.02	October	\$443.02
May	\$295.36	November	\$295.36
June	\$147.70	December	\$147.70

NACCAS sustaining fees are invoiced semi-annually in January and July. See Schedule of Fees at [www.naccas.org](http://www.naccas.org) for additional information. In the event the application is denied or voluntarily withdrawn, the school may be eligible for a pro-rated refund of sustaining fees paid.

**Note: Application 16B must be received by NACCAS two (2) weeks prior to the expiration of the main campus’ application 16A. All documents must be submitted prior to Commission consideration.**

**D. CERTIFICATION**

I hereby certify that the additional location campus for which this application is being made is not under any citation by the state licensing agency for any violations of licensing laws. The additional location will not make any promotional use of the application prior to receiving a grant of accreditation (provisional additional location status).

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 grant of accreditation and that NACCAS’ Board of Commissioners has the final authority in determining an institution’s compliance with accreditation requirements.

I understand that if the Main Campus’s Universal Additional Location Application is Terminated or Suspended prior to the approval of this application, this application will not be approved

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 /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](http://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.**