

APPLICATION FOR SECONDARY FACILITY

You must submit seven (7) copies of this application, the required attachments and fees in accordance with Section 4.6 of the NACCAS *Rules of Practice and Procedure* at least thirty (30) days in advance of the effective date of the change. 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.

Please note that this new facility may only be approved as a secondary facility to your primary facility if all of the following are true:

- (a) The facility must be under common ownership with the primary facility.
- (b) The Secondary Facility must (i) be a component of the same physical structure (e.g., an enclosed mall or strip mall) as the Institution's Primary Facility or (ii) be located not more than 0.25 miles from the Institution's Primary Facility;
- (c) The Secondary Facility must be authorized to operate as an educational institution under the same license(s) as the Institution's Primary Facility (i.e., the two facilities are treated by applicable regulatory entities as components of the same educational institution); and
- (d) All students enrolled at the Institution, including students enrolled in programs taught (in whole or in part) at the Secondary Facility, must have comparable access to the Institution's administrative services.

Additionally, within six (6) months after Secondary Facility status is granted the Secondary Facility shall undergo an on-site evaluation.

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. Address of Primary Facility: _____
City _____ State _____ Zip _____

5. Address of Secondary Facility: _____
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 of secondary facility: _____

9. Intended use of secondary facility (i.e.: clinic floor, theory classroom, administrative services, etc.):

10. If student instruction is to be provided at the secondary facility, please indicate the program(s) for which the secondary facility will be utilized: _____

11. Mark the applicable item:

- The secondary facility is a component of the same physical structure as the primary facility.
- The secondary facility is located within 0.25 miles of the primary facility.

B. REQUIRED ATTACHMENTS

1. Proof of ownership of the primary facility and secondary facility showing that the ownership of both facilities is identical (notarized articles of incorporation, state or local government documentation of ownership such as proof of corporation registration, notarized statement, etc.).
2. Documentation from the State licensing agency indicating the secondary facility is authorized to operate as an educational institution under the same license(s) as the Institution’s Primary Facility
3. Submit either:
 - a) if the primary and secondary facilities are components of the same physical structure, a floorplan of the physical structure noting the locations of each facility; or
 - b) if the primary and secondary facilities are not components of the same physical structure, a map-quest or equivalent showing the distance between the primary facility and the secondary facility.
4. A blueprint of each primary facility, secondary facility, and/or additional classroom space, to scale.
5. Certificate of Occupancy or other final approval from the applicable local authority authorizing that the secondary 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.
6. The non-refundable application fee of \$875.00 and the fee for a one (1) person visit of \$1,500.00 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*.

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 _____

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