

APPLICATION FOR INITIAL ACCREDITATION

For NACCAS Use Only: New Ref. # _____ Fee Paid: _____
Candidate Process: Required Candidate Ref. # _____

Submit two (2) copies of this application and required attachments with the appropriate fees. Refer to Section C for attachments and fees required. Incomplete submissions will be returned. 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. 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. Please see important note on page seven (7) regarding Commission meeting schedule.

A. APPLICANT INFORMATION

1. Official 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. Therefore, the information provided in Question #1 must match the institution’s name listed on the institution’s state license unless the state agency’s official requirement is to list the ownership instead.

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. Street Address of Institution: _____

City: _____ State: _____ Zip: _____

4. Institution Telephone: _____ E-mail: _____

Fax: _____ Website: _____

5. **Official Contact Person for all Communications: _____

Official Address for all Communications: _____

(Note: Must be a Physical Address not a Post Office Box)

Phone and Email of Contact Person: _____

6. Date institution originally licensed: _____

7. Current institution license number: _____ 7a. Date first class started: _____

8. Date institution acquired by present owner, if applicable: _____

9. What is the total number of students enrolled at the applicant institution now? _____

10. During the past 12 months, how many students enrolled in the applicant institution? _____

11. During the past 12 months, how many students graduated? _____

12. Please indicate any periods in the calendar year when the institution is closed (i.e. holidays, etc.)Date(s):

13. 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. _____

14. What is the total square footage of your institution’s space: _____

(** RE: Question #5 – When considering who will be the Official Contact Person be aware that these communications could include invoices, Commission decisions, adverse actions, etc. In addition: it is the institution’s responsibility to notify NACCAS when any information in Question #5 changes.)

Initials_____

B. OWNER INFORMATION

15. This institution is (check one): Private Non-Profit () Private For-Profit () Publicly Traded ()
16. 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 ()

17. 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Type B Ownership:

18. Name of Corporation/L.L.C.: _____
 Check One: LLC LTD Inc. Other _____

19. State of Incorporation or organization: _____

20. Date of Incorporation or organization: _____

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

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

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

Type C Ownership:

22. 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: _____

23. As a requirement to apply for initial accreditation the institution must undergo a candidate consultation visit. Please list the date of this institution’s candidate consultation visit.

24. Please list the names and locations of all other institutions offering programs within NACCAS scope, under the same ownership, management, and/or control. Please indicate if the institution is presently accredited or holds candidate status (Add pages as needed).

Name and Location:	Accredited by:	Candidate for Accreditation with

25. a. Is the applicant institution currently accredited by another accrediting agency? Yes ___ No ___
 If yes, please identify the agency. _____
- b. Has the applicant institution ever sought accreditation from any other accrediting agency? Yes ___ No ___
 If yes, please identify the agency. _____
- c. If another accrediting agency recognizes this institution as an additional location campus, please identify the main campus.

26. Has any owner or any employee of the institution been debarred from participation in any Federal or state program or been disallowed by the US Department of Education to own any institution that participates in federal financial aid within the past five years? Yes ___ No ___
 If yes, please list: _____

27. Has this institution ever been denied candidate status, initial accreditation or had its accreditation withdrawn either by this Commission or any other accrediting agency? Yes ___ No ___
 If yes, please list the date of denial or withdrawal and the accrediting agency. _____

28. Please indicate if the institution contracts with any institution district, state-funded program, colleges, local junior colleges or technical institutions for cosmetology training. Yes ___ No ___

29. The person responsible for the day-to-day operations of the applicant institution is:
 Name: _____
 Title: _____
 Tel. _____ E-mail: _____

30. The designated accreditation liaison that has attended or will attend the required NACCAS accreditation workshop:
 Name: _____
 Title: _____
 Tel. _____ E-mail: _____

31. **PROGRAM SCHEDULE:** List and provide information on every program offered at your institution which is over 150 hours in length and/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 ensure all applicable programs are listed.

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*.

32. Is the institution approved 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

33. The institution’s audited financial statements, prepared and submitted electronically by an independent Certified Public Accountant (CPA) on an accrual basis, must be prepared in compliance with Standard VII and submitted to NACCAS within six (6) months after the institution’s fiscal year end date. In order for this application to be reviewed for accreditation by the Commission, the financial statements are never to be older than fourteen (14) months from the institution’s fiscal year end date. Note: Once the financial statements already submitted to NACCAS become older than fourteen (14) months, the institution’s independent CPA must electronically submit new audited financial statements before the Commission will consider granting initial accreditation.

I have read and understand this requirement._____ (Initials)

C. REQUIRED ATTACHMENTS

Two (2) copies of this application and the following attachments must be received in order to proceed through the accreditation process unless otherwise noted.

1. Verification of attendance at NACCAS Accreditation Workshops. (Note: Refer to Section 2.3 of the NACCAS Rules and Appendix #3).
2. 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.)
3. A clear outside photo of the institution showing the advertising sign with the institution’s name.
4. A floor plan to scale of the institution’s facility including any expanded campus space(s).
5. Verification from the appropriate state agency with the date the institution was originally licensed.
6. A copy of the institution’s current license.
7. Verification that all programs offered at the institution has been approved by the state.
8. Fees owed:
 - a. All applicants must pay a program fee of \$350.00 for each program over the one program included in this process and to be approved within the aegis of institutional accreditation.
 - b. All applicants must pay a deposit of \$980.00 toward the on-site evaluation in addition to the application fee, if applicable. 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).

- c. Within 30 days of receipt of this application the institution will receive an invoice for the balance due for the on-site evaluation visit, payable within 30 days.
 - d. If this institution went through candidate status immediately preceding submission of this application for initial accreditation the basic application fee of \$1,440.00 is waived and no sustaining fees are due with this application.
 - e. If the institution was not required to go through candidate status, the applicant must pay the non-refundable basic fee for Application for Initial Accreditation: \$1,440.00 and must pay a prorated amount toward the annual sustaining fee (see the Chart that follows).
9. If applicable: 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. If applicable: Copies of contracts or training agreements for any arrangements you have to train students from institution districts, community colleges, State-funded programs, etc. (See Item 27.)
11. To offer a course and/or program that exceed the required minimum course or program length by more than 50%, the institution must justify the course or program length. In accordance with the mission of the institution, the justification must state how the course or program length is necessitated by the following factors:
- a. Industry needs as determined and/or recommended by the institution's Advisory Committee; and
 - b. Special academic needs of the students served

Upload separately via the NACCAS Customer Relationship Management (CRM) system:

12. A financial statement (audited), prepared by an independent Certified Public Accountant, on an accrual basis. Note: The U.S. Department of Education requires applicants for federal financial assistance programs to submit audited financial statements prepared according to GAGAS (**See Standard VII**).
13. Annual Report Data: Per Section 2.5 of the *Rules of Practice and Procedure*, an institution seeking initial accreditation must provide its annual report data for the most recent reporting year before its initial accreditation on-site evaluation may be scheduled.

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

Sustaining Fees Chart

Month Application Received by NACCAS	Prorated Fee Due with Application	Month Application Received by NACCAS	Prorated Fee Due with Application
January	\$885.98	July	\$1772.00
February	\$738.31	August	\$1624.33
March	\$590.64	September	\$1476.66
April	\$442.97	October	\$1328.99
May	\$295.30	November	\$1131.82
June	\$147.63	December	\$1033.65

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

D. 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 / 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.

Please refer to NACCAS' *Rules of Practice and Procedure*, for details relevant to an Application for Accreditation. In particular, Part 4 requires any substantive changes (i.e., additional programs, name, location, ownership) which occur after this application is submitted to the NACCAS office, to be followed by the corresponding change application and no fee is required. For any change that occurs after the initial accreditation on-site evaluation takes place associated with this application, the corresponding change application and fee must be submitted and it must be considered by the Commission. For each non-substantive change that occurs after this application is submitted, submit Notification Form #1. 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*.