

**APPLICATION FOR INITIAL ACCREDITATION**  
**(for institutions not required to complete candidate status)**

For NACCAS Use Only:    Temporary Ref. # \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Submit two (2) copies of this application and required attachments with the appropriate extra course/program fee. 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 eight (8) regarding Commission meeting schedule.

**Prior to completing this application, please answer the following questions:**

1. Institution is owned by a person(s) or entity that owns at least 10% of an institution currently accredited by NACCAS.    \_\_\_\_\_ Yes                  \_\_\_\_\_ No
  
2. Institution is owned by a person(s) or entity that has owned at least 10% of an institution accredited by and in good standing with a recognized accrediting agency within the past 24 months.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide any additional explanation necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes:**

- *If you answered “No” to the questions above you do not qualify to skip the Candidate process and must complete Application #1 – Application for Candidate Status.*
  
- *If you answered “Yes” to either question proceed with this application.*
  
- *If this institution was previously an additional location of a NACCAS-accredited school in good standing with NACCAS, the institution must be in operation for two (2) years as an independent institution for two years to be eligible to apply for initial accreditation.*

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**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.)**

**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)

| Name | Address | Percentage |
|------|---------|------------|
|      |         |            |
|      |         |            |
|      |         |            |

\* Designated Contact Name From Above: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(\*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. 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 |
|--------------------|----------------|----------------------------------|
|                    |                |                                  |
|                    |                |                                  |
|                    |                |                                  |

24. 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.  
 \_\_\_\_\_  
 \_\_\_\_\_

- d. Is/Are there additional locations of this institution applying for initial additional location accreditation at the same time as this additional location? Yes \_\_\_\_ No \_\_\_\_  
 If yes, list the name and address of each additional location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. 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: \_\_\_\_\_

26. 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. \_\_\_\_\_  
 \_\_\_\_\_

27. 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 \_\_\_\_

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

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

30. 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:<br>Total clock hours, credit hour or competencies required by State law or regulation. Put N/A if not applicable * |           |                       |  |  |  |
| Institution Requirements:<br>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*.

31. Is the institution seeking approval from 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 |
|-------------|---------------|
|             |               |
|             |               |
|             |               |
|             |               |
|             |               |

32. 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.*

1. Verification of attendance at NACCAS Accreditation Workshop. (Note: Refer to Section 2.3 and Appendix #3 of the NACCAS Rules.)
2. Institutional Self-Study (ISS). 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. 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.) A reference number will be assigned upon receipt of an application and the institution shall be notified by letter that the application has been received. Upon receipt of this letter, the institution may contact the NACCAS office to acquire access to the online Customer Relationship Management (CRM) system. The ISS must be uploaded to the CRM via the member login portal within two weeks of receipt of NACCAS’ letter acknowledging the application. If the ISS is not received by NACCAS within this timeframe, the application will be returned to the institution.
3. A clear outside photo of the institution showing the advertising sign with the institutions’ 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. The basic application fee of \$1,440.00 is due with this application. Since this 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).
  - b. 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.
  - c. All applicants must pay a \$980.00 deposit 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).
  - d. 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.
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](http://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](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.**

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 4.15 of the *Rules*.