

APPLICATION FOR INITIAL ADDITIONAL LOCATION

For NACCAS Use Only: Temporary Ref. # _____ Fee Paid: _____

Submit seven (7) copies of this application and required attachments (unless otherwise specified) with the appropriate fees. Refer to Required Attachments on page 5. 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 provided at the bottom of pages 2 through 6. 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.

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

1. Is the ownership of this Additional Location exactly the same as the main campus?
 _____ Yes _____ No
2. Is the Additional Location open, operating and training students?
 _____ Yes _____ No
3. Has the main campus been accredited for a minimum of two (2) years prior to submitting this application?
 _____ Yes _____ No
4. I have downloaded the "Feasibility Study Form for New Campuses" and have considered all of the information obtained through the use of this Study in my decision to open up this new campus.
 _____ Yes _____ No

*If the answer to any of the above questions is **NO, DO NOT PROCEED.** The institution does not qualify as an additional location. Refer to Section 4.6 of the NACCAS Rules of Practice and Procedure.*

A. MAIN CAMPUS INFORMATION

Main Campus Ref. # _____

1. Name of Institution at Main Campus: _____
2. Street Address: _____
 City: _____ State: _____ Zip: _____
3. Telephone: _____ Fax: _____ Website: _____
4. Date main campus was originally accredited by NACCAS: _____
5. Has the ownership changed since the last application process with NACCAS? Yes _____ No _____

*** According to Section 4.6 of the Rules, the definition of a "main campus" is a school of career arts and sciences which has been accredited by NACCAS for the two (2) most recent years. Therefore, a main campus must be accredited for a minimum of two (2) years prior to applying for accreditation of an additional location.**

B. ADDITIONAL LOCATION INFORMATION

6. 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.**

7. 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**

8. Contact Person at the Additional Location: _____

9. ****Official Contact Person for all communications regarding Additional Location:**

Official Address for all Communications: _____

Business Phone and Email of Official Contact Person: _____

Home Phone: _____ Mobile Phone: _____

10. Street Address of Additional Location: _____
City: _____ State: _____ Zip: _____

****RE: Question #8 – 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 #8 changes.**

11. Additional Location Telephone: _____ Email: _____
Fax: _____ Website: _____

12. Date first class started: _____

12a. Total students currently enrolled: _____

13. Date additional location originally licensed: _____

13a. Current additional location license number: _____

14. Date additional location acquired by present owner: _____

15. Please indicate any periods in the calendar year when the additional location is closed, including holidays.
Date(s): _____

16. 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. _____

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

18. 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:

19. Is this institution currently accredited as an additional location by another accrediting agency?
 Yes ____ No ____
 a. If yes, name of the agency: _____
 b. Has the applicant institution ever sought accreditation from any other agency? Yes ____ No ____
 If yes, name of the agency: _____
20. Is the main campus of this institution applying for initial accreditation at the same time as this additional location? Yes ____ No ____ If yes, name of the main campus and city and state: _____
21. 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:

22. Please indicate if the institution contracts with any school district, state-funded program, colleges, local junior colleges or technical Institutions for cosmetology training. Yes ____ No ____
23. The person responsible for the day-to-day operations of the additional location institution is:
 Name: _____
 Title: _____
 Telephone: (_____) _____ Email: _____
24. The designated accreditation liaison that has attended or will attend the required NACCAS accreditation workshop is:
 Name: _____
 Title: _____
 Telephone: _____ E-mail: _____
25. 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

26. The institution’s audited financial statements, prepared and submitted electronically by an independent Certified Public Accountant (CPA) on an accrual basis for the main campus, 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 provisional accreditation for the additional location by the Commission, the financial statements of the main campus 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 for the main campus become older than fourteen (14) months, the institution’s independent CPA must electronically submit new audited financial statements before the Commission will consider provisional accreditation for the additional location.

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

Initials _____ NACCAS Ref. # _____

27. **PROGRAM SCHEDULE:** Please list all programs you wish to have approved. 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 hours or competencies required by State law or regulation. *					
Institution Requirements: Total clock hours, credit and competencies. *					
Total weeks required to complete the program (full-time student)					
Total weeks to complete the program (part-time student)					
List language(s) 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.

28. Does this additional location offer only programs related to the programs offered at the main campus?
 Yes ___ No ___

If yes, list Name and Length of each program that applies:

Program Name	Program Length (in clock hours, credits or competencies, as applicable)

29. Does this additional location offer programs unrelated to the programs offered at the main campus?
 Yes ___ No ___

If yes, list Name and Length of each program that applies:

Program Name	Program Length (in clock hours, credits or competencies, as applicable)

*** Note: If the additional location offers programs unrelated to the programs offered at the main campus, the institution must submit an Application for Approval of a Program (refer to Section 4.9 of the Rules) with its application for Initial Additional Location accreditation and undergo its additional location evaluation visit before it is granted accreditation, so that both applications may be considered by the Commission at the same time.**

30. If the newly-acquired additional location was accredited by NACCAS at the time of its acquisition (i.e., under its former ownership) and offers at least one complete program related to the programs offered at the (new) main campus, the additional location may continue to offer the “legacy” program as a NACCAS-approved program.
 Does this apply? Yes ___ No ___

If yes, list Name and Length of each program that applies:

Program Name	Program Length (in clock hours, credits or competencies, as applicable)

If the newly-acquired additional location was not accredited by NACCAS at the time of its acquisition and/or has no program related to the programs taught at its (new) main campus, the additional location must either:

- (a) Cease to teach the “legacy” program immediately, and make appropriate provision for teach-out of the affected students; or
- (b) Petition the Commission for approval to continue to teach the “legacy” program solely for the purpose of teaching out the students already enrolled in the program at the time it receives provisional accreditation and, if the institution wishes to continue to offer the “legacy” program to new students, (ii) submit an Application for Approval of a Program (refer to Section 4.9 of the *Rules*) with its application for Initial Additional Location accreditation and undergo its additional location evaluation visit **before** it is granted accreditation, so that both applications may be considered by the Commission at the same time.

Does this (Item b) apply? Yes ___ No ___

If yes, list Name and Length of each program that applies and an Application for Approval of a Program for each applicable program must be submitted:

Program Name	Program Length (in clock hours, credits or competencies, as applicable)

D. REQUIRED ATTACHMENTS

1. Verification of attendance at a NACCAS Accreditation Workshop.
(Refer to Appendix #3 NACCAS Workshop Policy)
2. A clear outside photo of the institution showing the advertising sign with the institution's name.
3. A floor plan to scale of the institution's facility including any expanded campus space(s).
4. A copy of the Certificate of Occupancy.
5. Verification from the appropriate state agency as to when the Institution was originally licensed.
6. A copy of the institution's current state license.
7. Verification that all programs offered at the institution have been approved by the State.
8. Documentation showing proof the main campus submitted the most recent NACCAS Annual Report.
9. Proof of ownership of the main campus and additional location showing that the ownership of both institutions is identical (notarized articles of incorporation, state or local government documentation of ownership such as proof of corporation registration, notarized statement, etc.).
10. 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.
11. Non-refundable Application Fee of \$2730.00. 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 fee is 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). Within six (6) months after provisional Additional Location accreditation status is granted the institution shall undergo a full team on-site evaluation unless Item (b) under Question #30 applies in which case a full team on-site evaluation must occur prior to consideration of this application by the Commission.
12. 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.

If applicable:

13. 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.
14. If you answered yes to Question #22, submit copies of contracts or training agreements for any arrangements you have to train students from school districts, community colleges, State-funded programs, etc.
15. To offer a course and/or program that exceeds 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.
16. If applicable: Application(s) for Approval of a Program(s). Refer to Questions #28-31.

Note: All required documents and attachments 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

NACCAS sustaining fees are invoiced semi-annually in January and July. See Schedule of Fees at www.naccas.org for additional information.

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.

I certify that the ownership of this Additional Location is exactly the same as the main campus.

Institution’s Owner /or other 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.

Initials _____ NACCAS Ref. # _____