

APPLICATION FOR RENEWAL OF ACCREDITATION

<i>For NACCAS Use Only:</i> Anniversary _____ Fees Paid _____

You must submit two (2) copies of this application, the attachments, and fees twelve (12) months before your anniversary date. Please note that all sections of this application must be completed 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. 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.

A. APPLICANT INFORMATION

Institution Ref. #: _____

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: _____
-
- Institution Telephone: _____ E-mail: _____
-
- Fax: _____ Website: _____

4. Has the school expanded its campus facility since its last NACCAS visit? ___ Yes ___ No
-
- If so please provide the address here: _____
-
- Does the school have any Additional Classroom Space that is not located at the approved campus address?
-
- ___ Yes ___ No
-
- If so please provide the address here: _____

5. **Official Contact Person for all Communications: _____
-
- Official Address for all Communications (must be a physical address): _____
-
- _____

Phone and Email of Contact Person: _____

6. Date institution originally licensed: _____ 6a. Date first class started: _____
-
7. Current institution license number: _____
-
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 can 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: _____ Phone and 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. 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. _____

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 who 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: 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 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 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

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. In order for this application to be reviewed for re-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 renewing accreditation.

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

C. REQUIRED ATTACHMENTS

1. A copy of the current institution’s license.
2. Institutional Self-Study (ISS). Refer to Appendices 5B & C to the *Rules*. (Note: the ISS is due by the deadline as specified in the renewal instruction letter sent to the school. 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. Verification of attendance at a NACCAS Accreditation Workshop or of registration for a future NACCAS workshop. (Note: See Appendix #3)
4. A clear outside photo of the institution showing the advertising sign with the institution’s name.
5. Verification that all programs offered at the institution has been approved by the State.
6. Non-Refundable Application Fee of \$1695.00 plus:
 - a. \$350.00 for each additional program to be reviewed through the accreditation process (application fee includes the cost of reviewing one program) *and*
 - b. The first installment toward the on-site evaluation of \$980.00. 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).

Please check the NACCAS web site for changes in the Schedule of Fees (Appendix #2). Institutions in the renewal process are billed separately for annual sustaining fees and remaining installments for the on-site evaluation fee which will be adjusted for longer visits and/or additional team members (See Section 3.3 of the *Rules*).

7. Documentation that the institution has submitted the most recent NACCAS Annual Report.
8. If the applicant is an additional location campus: Submit MapQuest or equivalent showing distances between related main and additional location campuses.

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: Attach copies of contracts or training agreements for any arrangements you have to train students from institution districts, community colleges, State-funded programs, etc. (See Question 27)
11. 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;
 - b. Special academic needs of the students served

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

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 /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_____
Consultation Notification Form #2 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.

Please refer to NACCAS' *Rules of Practice and Procedure*, for details relevant to an application for accreditation. In particular, Part 4 requires a change application to be submitted for any changes (i.e., name, location, ownership) which occur after this application is submitted to the NACCAS office.