APPLICATION FOR APPROVAL OF A PROGRAM
MEASURED IN CLOCK HOURS (Substantive Change)

For NACCAS Use Only: Fee Paid: _____

Submit seven (7) copies of the application and required attachments. The institution must receive approval from the Commission prior to start date of the first class. Before starting, read application form 5 - 7 instructions, available on the website, to ensure you are using the correct form. For planning purposes please refer to "Processes and Estimated Timetable for Actions" available on the website and Section 4.9 of the *Rules of Practice and Procedure*. Please note that all Sections of this application must be completed and all attachments must be included, with the appropriate fee, or NACCAS will return the application to you. If an item on the application does not apply, mark it N/A. Each page must be initialed affirming data is final and correct. Prepare the application in accordance with Section 1.6 of NACCAS' *Rules of Practice and Procedure*. 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.

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. # _____

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.**

What is the expected start date of the first class? _____

You must fill out this Section (Institution Information) of this application for each location at which this new program or substantive change will be taught, and attach it to this application. See Addendum #5A on page 4 of this application for the format to submit additional information.

Name of Institution's Owner (If owned by an individual list the names or if corporation or L.L.C., list entity name as registered with the state):
_____
_____
_____

Street Address of Institution:

_____

City:_____ State:_____ Zip:_____

Business Telephone:_____ E-mail:_____

Fax:_____ Website:_____

Home Phone:_____ Mobile Phone:_____

Enrollment projections and related information:
- A. How many students in all programs can the Institution comfortably accommodate? _____
- B. What is the total current enrollment of the institution? _____
- C. What is the size of each class group you hope to maintain for this new program? _____
- D. What is the projected annual enrollment in this new program? _____
- E. What are the state requirements for the facility or instructor-student ratios if any? _____

B. PROGRAM INFORMATION

Name of Program:_____ # of Clock Hours:_____

Program is:

        i.   ( ) A new program; OR

       ii.   ( ) A change in program hours,
              The length of the existing program is_____ hours; OR

      iii.   ( ) A change in program delivery including distance education; OR

      iv.   ( ) A change in program delivery in another language.
              The program is currently delivered in_____
              The program will be delivered in_____

1. Select one approval process: **Check One**

   ☐   Program to be reviewed through the addition or change of a program process.

   ☐____Program to be reviewed as part of a renewal of accreditation process.

Note: Please refer to the instructions for this application (Instructions for Forms #5-7) to determine what documentation the institution must submit.

2. Who will be responsible for supervision of instruction for this program?

   Name:_____Title:_____

3. Do you offer instruction via distance learning for this course? Yes ____ No ____
   If so, what % of the program is delivered via distance education? _____

    a. Specify the length of time in clock hours and weeks to complete the distance education portion of the program _____

    b. Specify the length of time in clock hours and weeks to complete on-site portion of the program. _____

The institution is responsible for the management, control, and delivery of distance education instruction. 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. Refer to the Glossary definition for "Distance Education."

Effective January 2015: Policy VI.02 – Curriculum: Policy on Distance Education
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 and NACCAS Standards and Criteria. The policy must contain at a minimum the following and schools offering Distance Education should be aware that they will be required to ensure the following.

Please initial in the blank beside each item that this is true at your institution:

_____ c. The interaction with the instructor must be validated by measureable participation (clock hour) in the academic programs;

_____ d. All assessments that will be used for calculating a student's GPA must be executed while the student is physically on campus;

_____ e. The student participates in learning activities while physically present at the contracted campus at least once every 10 business days for the length of a scheduled class day as outlined in the enrollment contract;

_____ f. All transcripts or other documents, (official or unofficial), listing academic attainment received must identify the distance education component; and

_____ g. Prior to enrollment, students are provided with a disclaimer that academic achievement earned via distance education may not be accepted for reciprocity or eligible for licensure in other states. A signed and dated copy of this disclosure must be found in the student file.

4. Was this program offered as a test market program? (Refer to Section 4.14(c)(7) of the *Rules*).

_____Yes_____ No   If Yes, list date of first class start_____

Note: If this program was offered as a test market program, the institution may not offer the program again until it has been approved by the Commission as outlined in Section 4.9(a)(1) of the NACCAS *Rules of Practice and Procedure*.

C. BASIC STATE INFORMATION

You must fill out this section of the application (C), for each state in which the new or changed program will be taught, and attach it to the application.

 State: _____

5. Is state certification or licensing available to graduates from this program?_____Yes____No
6. Is a state certification or license required for admission to this program?_____Yes____No
7. How many hours of training are required by the state for licensure of graduates from this program?_____
8. Is this program regulated by the State?_____Yes_____No

Note: If your program exceeds state requirements by more than 50% you must include an assessment for the program length in accordance with Standard VI – Criterion 13. See Instructions for Application Forms #5 through #7.

D. REQUIRED ATTACHMENTS

Application through Program Approval Procedure:
1. Program Self-Study (see Instructions for Applications #5 through #7 on NACCAS website)
2. Evidence of state approval.
3. Non-refundable application fee: Refer to the Schedule of Fees on the NACCAS website.
4. Written documentation of state authority to offer the distance education portion of the program, (Letter, copy of state regulation, etc.), if applicable.

Application through the Renewal of Accreditation Procedure:
1. Institutional Self-Study (see Instructions for Applications #5 through #7 on NACCAS website)
2. Evidence of state approval
3. Non-refundable application fee: Refer to the Schedule of Fees on the NACCAS website.
4. Written documentation of state authority to offer the distance education portion of the program, (Letter, copy of state regulation, etc.), if applicable.

Note for Candidate Schools: If the change occurs prior to submitting the application for initial accreditation, no fee is required. If the change occurs after submitting the application for initial accreditation, but prior to the on-site evaluation, a fee of $350 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 documents must be submitted prior to Commission consideration.

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.

_____   _____

Institution's Owner /or Designee Signature   Date

_____

Printed 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.

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.

Addendum #5A- Complete and submit additional pages as needed.

Official Name of Institution (must match institution's state license):

_____

NACCAS Reference #:_____

Name of Institution Owner (If owned by an individual list the names or if corporation or L.L.C., list entity name as registered with the state):

_____

Campus Address:_____

City:_____State:_____Zip:_____

Telephone:_____E-mail:_____

Fax:_____Website:_____

Home Phone:_____Mobile Phone:_____

Enrollment projections and related information:
   A. How many students in all programs can the Institution comfortably accommodate?_____
   B. What is the total current enrollment of the institution?_____
   C. What is the size of each class group you hope to maintain for this new program?_____
   D. What is the projected annual enrollment in this new program?_____
   E. What are the state requirements for the facility or instructor-student ratios if any?_____

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_____

Campus Address:_____

City:_____State:_____Zip:_____

Telephone:_____E-mail:_____

Fax:_____Website:_____

Home Phone:_____Mobile Phone:_____

Enrollment projections and related information:
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_____

_____