

**APPLICATION FOR APPROVAL OF A
CLOCK HOUR/CREDIT HOUR CONVERSION: (SUBSTANTIVE)**

For NACCAS Use Only: Reference #: _____ Fee Paid: _____

Please submit seven (7) copies of this application and attachments thirty (30) days prior to implementation of classes using the new measurement. Make sure you are using the correct form. 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 the 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.

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. # _____

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.**

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 #8A on page 4 of this application for the format to submit additional information.

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

3. Campus Address:

City _____ State _____ Zip _____

Telephone: () _____ E-mail: _____

Fax: () _____ Website: _____

B. PROGRAM INFORMATION

4. Name of Program being converted: _____

5. This application is to offer the above program at the following institution(s): Ref. # _____;

Ref. # _____; Ref. # _____; Ref. # _____

6. A. Current length of program in clock hours or credits: _____

B. Length of program in, clock hours or credits after conversion: _____

7. State-mandated length of program, if any: _____ clock hours _____ credit hours.

Initials _____

8. In credit hour programs, how many total hours may a student miss, without making it up, and still complete the program? _____

9. What is the expected start date of the first class after the conversion? _____

10. If the present application is approved by NACCAS, (mark one):

- _____ The Institution will continue to offer the existing program.
- _____ The Institution will only continue to offer the existing program until current enrollees complete or terminate it.
- _____ The Institution will replace the existing program with this new or changed program as soon as the latter receives NACCAS approval.

11 Who will be responsible for supervision of instruction for this program?

Name: _____ Title: _____

12. Enrollment projections and related information

- A. What is the total current enrollment of the institution? _____
- B. How many students in all programs can the Institution comfortably accommodate? _____
- 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? _____

13. Does the conversion increase or decrease the program length? (37.5 hours per credit) __Yes __No
 a. If yes provide a detailed rationale _____

14. Do you offer instruction via distance learning for this course? Yes___ No___
 If so, what % of the program is delivered via distance education? _____

15. Specify the length of time to complete the distance education portion of the program (Express in clock hours, credits and weeks). _____

Clock Hours	Credits	Weeks

16. Specify the length of time to complete on-site portion of the program (Express in clock hours, credits and weeks).

Clock Hours	Credits	Weeks

Note: The institution is responsible for the management, control, and delivery of synchronous 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.”

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:

- _____ All assessments of student learning are executed while the students are physically present on campus.
- _____ All students participate in learning activities while physically present on campus a minimum of four (4) hours per day every ten (10) business days.
- _____ All students are provided a pre-enrollment disclosure, separate from the school catalog, which indicates that hours earned via distance education may not be acceptable for reciprocity or eligible for licensure in other states.
- _____ To clearly indicate on transcripts, or any other official document being submitted to the State, those hours obtained by the student via distance education.

C. BASIC STATE INFORMATION

You must fill out Part C of this application for each state in which the new program or substantive change will be taught, and attach it to the application.

17. Name of state: _____
18. Does your state require state approval of this program? ___ Yes ___ No
19. Is state certification or licensing available to graduates from this program? ___ Yes ___ No
20. Is a state certification or license required for admission to this program? ___ Yes ___ No
21. Will the state allow graduates of this program, after the conversion, to sit for the licensing examination:
- a. Without a certificate of clock hours of training completed? ___ Yes ___ No
 - b. With a certificate of clock hours of training completed? ___ Yes ___ No
 - c. If hours must be certified, how many hours (or percent of hours) may a student miss without making them up? _____
22. Is this program regulated by the State? ___ Yes ___ No
If your program exceeds state requirements by more than 50% must include a rationale for the program length in accordance with Standard VI, Criterion 14.

D. REQUIRED ATTACHMENTS

Application through Program Approval Procedure:

1. Evidence of state approval.
2. Non-refundable application fee: Refer to the Schedule of Fees on the NACCAS website.
Note for Candidate Schools: 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.
3. Written documentation of state authority to offer the distance education portion of the program. (Letter, state regulation, etc.), if applicable.

Application through the Renewal of Accreditation Procedure:

1. Evidence of state approval.
2. Non-refundable application fee: Refer to the Schedule of Fees on the NACCAS website.
Note for Candidate Schools: 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.
3. Written documentation of state authority to offer the distance education portion of the program. (Letter, state regulation, etc.), if applicable.

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.

Addendum #8A- Complete and submit additional pages as needed.

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

_____ **Ref. #:** _____

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):

Designated Individual Owner Home Phone: _____ Mobile Phone: _____

Campus Address _____

City _____ State _____ Zip _____

Telephone: () _____ E-mail: _____

Fax: Area Code () _____ Website: _____

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 there state requirements for the facility or instructor-student ratios if any?

.....

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

_____ **Ref. #:** _____

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):

Designated Individual Owner Home Phone: _____ Mobile Phone: _____

Campus Address _____

City _____ State _____ Zip _____

Telephone: () _____ E-mail: _____

Fax: Area Code () _____ Website: _____

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 there state requirements for the facility or instructor-student ratios if any?
