

NOTIFICATION OF A NON-SUBSTANTIVE CHANGE

Refer to Section 4.14 of the NACCAS *Rules of Practice and Procedure*. At least thirty (30) days prior to the change: Please submit two (2) copies of this form for each non-substantive change and for each campus listed below. Note that all sections of this form must be completed and all attachments required must be included along with the fee (\$695.00) per institution affected by the change. The aforementioned fee is nonrefundable. Otherwise, NACCAS will return the notification to you. (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*.)

If an item on the form does not apply, mark it N/A. Each page must be initialed affirming data is final and correct. Documents must be submitted to NACCAS in accordance with Section 1.6 of the *Rules of Practice and Procedure* and must be printed or typed. Attach additional sheets, if needed. Be sure to keep a copy of this entire application including attachments for your records.

Note: Read Section 8.10(c) of the NACCAS Rules of Practice and Procedure (Accreditation 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.

Is this notification being submitted ninety (90) days or more after the deadline for notifying NACCAS of the non-substantive change? _____ Yes _____ No

If Yes, STOP. You must complete Non-substantive to Substantive Change Form #5 as this change must now be considered by the Commission prior to approval.

This change will take place at the following institution(s):

Ref. #(s) and Official Name(s) of Institution(s):

- | | |
|----------|--------------|
| 1. _____ | Ref. # _____ |
| 2. _____ | Ref. # _____ |
| 3. _____ | Ref. # _____ |
| 4. _____ | Ref. # _____ |
| 5. _____ | Ref. # _____ |
| 6. _____ | Ref. # _____ |

Note: According to Section 1.8 of the NACCAS Rules, the institution's name must be consistent between all regulatory agencies including federal, state, and NACCAS.

Effective date of change: _____

Official Contact Person for all Communications: _____

Title: _____

Official Address for all Communications: _____

City: _____ State _____ Zipcode: _____
(Note: Must be a Physical Address not a Post Office Box.)

Telephone of Contact Person: _____ Email of Contact Person _____

Home Phone: _____ Mobile Phone: _____

Disclaimer: 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 changes.

Initials _____

TYPE OF NON-SUBSTANTIVE CHANGE

LOCATION

A. Expansion or Reduction of Campus Facilities/Additional Classroom Space:

N/A

Select all that apply:

Addition of facilities within a two (2) mile radius of the primary campus facility (facilities) not evaluated by NACCAS during the most recent initial or re-accreditation process.

Address of Primary Facility: _____

Address of Expansion Facility: _____

Addition or reduction of the contiguous space comprising to the approved facilities and the expansion or reduction aggregate change in total contiguous space is greater than 25% of the existing approved space.

Does the addition of the additional contiguous space have a separate address or suite number associated with it?

_____ Yes _____ No (If yes, include the address in the space provided above)

Does the reduction in space results in deleting a suite number or separate address?

_____ Yes _____ No

If yes, please list the address to be deleted here _____

Required Attachments for any of the checked boxes above:

- Distance verification to show distance between Primary and Expansion facilities, (i.e. mapquest, etc.).
- State license or letter from the State approving the expanded campus facility attached.
- Floor plan and dimensions, include total sq. footage, for both the original and proposed new facilities.
- Certificate of Occupancy (C.O.) for the new space from your local, county or state government.

PROGRAMS

For Program Length, please specify the number of clock hours, credits (semester, quarter, non-standard term) or competencies.

B. The new program is being offered only to employees, at no charge (if leads to licensure it is not eligible for non-substantive change process. Institution must submit an Application for Change in Program (Application #5, 6 or 7, as applicable) and attachments.

N/A

Program Name: _____

Program Length: _____

Proof of state approval is attached.

C. The length of the program, already approved by NACCAS, is being increased or decreased by 25% or less. (This is allowed one time only. Subsequent increases or decreases would be considered substantive and require approval by the Commission.)

N/A

Program Name: _____

Program Length Previously Approved by NACCAS: _____

Program Length after the Change: _____

Proof of state approval is attached.

D. The program is being changed to comply with a State mandate.

- N/A
- Program Name: _____
 Program Length Previously Approved by NACCAS: _____
 Program Length after the Change: _____
- Proof of state mandate is attached.
- Proof of state approval is attached.

Note: There is a two (2) week grace period for submitting the required information after the effective date of the state-mandated change. Any application submitted after that grace period is subject to a late fee.

E. The referenced institution(s) is(are) adding a crossover program to allow completers in one program previously approved by NACCAS to meet the requirements for licensure in the area covered by another program previously approved by NACCAS.

- N/A
- Name of the new crossover program: _____
 Names of programs previously approved by NACCAS: _____

- Program Length: _____
- Proof of state approval is attached.

F. The following program, already approved by NACCAS at our campus will now be offered at the following campus(es) in the same state, under the exact same ownership.

- N/A
- Ref. # _____
- Name of Program: _____ Length of Program: _____

Campus	Start Date
Ref. # _____	_____
Ref. # _____	_____
Ref. # _____	_____
Ref. # _____	_____

- Proof of state approval is attached.

G. Test Market Exception:

- N/A
- Name of Program _____
 Length of Program _____

Note: An institution may advertise a maximum of one new program a year before it receives approval from NACCAS. However, the course must be advertised: This must comply with Section 4.11(a)(1) of the NACCAS Rules.
 (1) In accordance with NACCAS Policy on Advertising; and
 (2) An application for approval must be submitted within fifteen (15) days of the start of the first class. Note that the program is not eligible for Title IV funding until the Commission has issued final approval for the program.
 In all other instances, the course is subject to related policies and accreditation requirements.

H. The referenced institution(s) is (are) contracting with the following institution to offer 25% or less of the listed program.

N/A

Contracting with: (Name and address of Institution): _____

I have read Appendix 8 of the NACCAS *Rules* regarding contracting programs and this contract agreement complies with those requirements.

A copy of the written contract or agreement between the accredited institution and the other institution, institution or organization is attached.

Name of Program: _____ Length of Program: _____

Length of Portion of Program contracted: _____

I. Program - Removal of Approval of a Program Approved by NACCAS

N/A

Note: No Fee Required

Name of Program _____

Length of Program _____

Date program was last offered _____

Start date of last student in program _____

Date last student enrolled in program either completed or withdrew from the program

NAMES

J. Change of Institution Name used in accordance with the NACCAS *Policy on Advertising*.

N/A

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

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

If adding or modifying alternate name(s) in conjunction with the change of institution name please list the new alternate name(s) below. Note: The alternate name(s) must comply with the NACCAS *Policy on Advertising*. (A maximum of two (2) alternate names are allowed).

N/A

1. _____

2. _____

Note: There is not any additional fee associated with adding or modifying alternate names in conjunction with changing the institution's name.

If deleting any alternate name(s) associated with the former institution name, please list those alternate name(s) below for removal from NACCAS records.

- N/A
- 1. _____
- 2. _____

Note: There is not any additional fee associated with deleting alternate names in conjunction with changing the institution's name.

Mark one (1) of the following:

- Proof of state approval (license issued to the Institution in its new name) is attached OR
- Proof of the state approval (license issued to the Institution in its new name) will be submitted within thirty (30) days after this non-substantive notification is submitted, but final approval by NACCAS will be held until it is received.

Mark one (1) of the following

- If the institution has an agreement of any kind under which it is permitted to incorporate a registered trade name into the Institution name, submit a copy of that agreement.
- This is Not Applicable (N/A)

Note: According to Section 1.8 of the *Rules* the institution's name must be consistent between all regulatory agencies Federal, State, and NACCAS.

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)

K. Alternate names used in accordance with the NACCAS Policy on Advertising.

Note: This includes additions, deletions, or modifications of alternate names.

(A maximum of two (2) alternate names are allowed).

- N/A
- Complete Here if Adding Alternate Name(s)
- 1. _____
- 2. _____

- Complete Here if Modifying Alternate Name(s)
- Current Alternate Name(s)
- 1. _____
- 2. _____

- Proposed New Alternate Name(s)
- 1. _____
- 2. _____

- Complete Here if Deleting Alternate Name(s)
- 1. _____
- 2. _____

OFFICIAL CONTACT PERSON

L. Change to Official Contact Person for the referenced institution(s)

N/A

Note: No Fee Required

Current Official Contact Person for All Communications including Name and Contact Information:

Name: _____

Address: _____

Telephone: _____ Email: _____

Proposed New Contact Person for All Communications including Name and Contact Information:

(Note: Must be a physical address)

Name: _____

Address: _____

Telephone: _____ Email: _____

FISCAL YEAR END DATE CHANGE

M. Change to Fiscal Year End Date for the referenced institution(s)

N/A

Note: No Fee Required

What is the institution's current fiscal year end? _____

What will be the institution's new fiscal year end? _____

OWNERSHIP

N. Changes in Ownership Not Resulting in a Change of Control:

N/A

List the name of the corporation and the shareholders and percentages **Before** the change:

Corporation Name Before the Change: _____

Ownership Before the Change: _____

(include all applicable _____

Names and percentages) _____

List the name of the corporation and the shareholders and percentages **After** the change:

Corporation Name After the Change: _____

Ownership After the Change: _____

(include all applicable _____

Names and percentages) _____

Is the name of the corporation changing? Yes _____ No _____

(If yes, contact NACCAS prior to submitting).

Is a new corporation being formed as a result of the change listed above?

Yes _____ No _____ (If yes, contact NACCAS prior to submitting).

What is the institution's current fiscal year end? _____
 What will be the institution's fiscal year end after the change? _____

Select one of the following eligible situations that qualify this change as non-substantive.

- Transfer of Non-Voting Interests.
- Transfer of less than 50% of Voting Interests, without any Change in Control.
- Transfer of Voting Interests among existing Owners, without any Change of Control.
- Transfer of Voting Interests of an Owner who has died or retired, to a Family Member of the deceased or retiring Owner
- Transfer of the Voting Interests of an Owner who has died or retired to one or more of the remaining Owners; provided that the person to whom such Voting Interests are transferred (i) is a Natural Person who (ii) has been involved in management of the institution for at least two years preceding the transfer and who (iii) has established and retained an Ownership Interest in the institution for at least two years prior to the transfer.

Submit the following at least 30 days prior to the change attached to this Notification form:

- Resolution or Agreement which included all terms of the transfer, without consideration, of stock or partnership shares, including names and signatures of all parties involved in transaction. Must be notarized.
- Biographies and/or Resumes of the new owners after the change (including, where applicable, proof that the new owners are Qualified Transferees).
- A copy of the institution's current license showing the owner(s) or statement from the state licensing agency registering the new owner(s). (if applicable).
- Information on the parent corporation (if applicable attach additional pages).
- Name and contact information for the owner or employee designated as the liaison with NACCAS for accreditation processes below.

Submit the following with this Notification form (if applicable):

- Transfer, through inheritance, to a family member and/or a current shareholder of the shares or interest of an owner who just died; provided that such person (i) has an ownership interest in the institution, (ii) has been involved in management of the institution for at least two years preceding the transfer and (iii) has established and retained the ownership interest for at least two years prior to the transfer. (if applicable)

O. Changes in Organizational Structure Not Resulting in a Change of Control:

- N/A

Please answer the follow question:

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?

- No
- Yes If yes, please list name:

To be submitted with this Application:

- Complete the Addendum at the end of this application showing the detailed Old Organizational Structure and the New Organizational Structure after the change.**
- A report of any other changes that have been made or will be made in the near future as a result of this change in structure.
- Is the institution organized as (or is a Subsidiary of) a Business Entity?
 - No
 - Yes If Yes, provide the following documentation: A copy of the (recorded) Articles of Incorporation, articles of formation, or equivalent state authorization for formation of such Business Entity (ies) to include a list of current stock holders and their number of shares.

Mark one (1) of the following:

- Proof of state approval (license issued showing the new owner(s) or statement from the state licensing agency registering the new owner(s) is attached

OR

- Proof of the state approval (license issued showing the new owner(s)) or statement from the state licensing agency registering the new owner(s) will be submitted within thirty (30) days after this non-substantive notification is submitted, but final approval by NACCAS will be held until it is received.

Mark one (1) of the following:

- Notarized closing document from when the school ownership transferred from the old entity/business structure to the new entity/business structure is attached

OR

- Notarized closing document from when the school ownership transferred from the old entity/business structure to the new entity/business structure will be submitted within thirty (30) days after this non-substantive notification is submitted, but final approval by NACCAS will be held until it is received.

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 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 _____

Reminder: It is the institution's obligation to notify the U.S. Department of Education of changes, if applicable.

Disclaimers:

All required documents must be submitted prior to consideration unless otherwise noted.

NACCAS reserves the right to require a full application and fee, if it determines that the change listed on this form is substantive rather than non-substantive.

Addendum for Change in Organizational Structure (Page 1 of 2)

OLD ORGANIZATIONAL STRUCTURE

1. This institution is (check one): Private Non-Profit () Private For-Profit () Publicly Traded ()
2. 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 ()

3. 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. 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:

5. Name of Corporation/LLC _____
 Check one: LLC LTD Inc. Other _____
6. State of Incorporation or organization: _____
7. Date of Incorporation or organization: _____
8. List all individuals, corporations, or other entities who own shares or membership interests, as applicable.
 Provide a separate attachment if more space is needed.

(For Private Non-Profit organizations, please list corporate officer's names and their title since there are no owners, and leave percentage section blank)

Name	Address	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. 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:

10. 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: _____

Addendum for Change in Organizational Structure (Page 2 of 2)

NEW ORGANIZATIONAL STRUCTURE

1. This institution is (check one): Private Non-Profit () Private For-Profit () Publicly Traded ()
2. 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 ()

3. 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. 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:

5. Name of Corporation/LLC _____
 Check one: LLC LTD Inc. Other _____
6. State of Incorporation or organization: _____
7. Date of Incorporation or organization: _____
8. List all individuals, corporations, or other entities who own shares or membership interests, as applicable.
 Provide a separate attachment if more space is needed.

(For Private Non-Profit organizations, please list corporate officer's names and their title since there are no owners, and leave percentage section blank)

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____

9. 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:

10. 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: _____