

NOTIFICATION OF A NON-SUBSTANTIVE CHANGE - ADD / CHANGE PROGRAM

Please submit two (2) copies of this form at least thirty (30) days prior to the change, unless otherwise directed by this form. Please include a fee of \$695.00 for processing of this application. The aforementioned fee is nonrefundable. Please note that you may be assessed late fees if this change is not received on time, for which you will be billed at a separate time.

(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.) Please retain a copy of this entire application for your records.

1. Ref. # of institution where this program will be taught: _____
2. Name of institution where this program will be taught: _____
3. ***Date change occurred / is scheduled to occur:*** _____
4. Is the institution's accreditation status currently "accreditation on probation?" Yes ___ No ___
5. **Is this notification being submitted sixty (60) days after the change occurred? Yes ___ No ___**

If you answered yes to question #5 above, please submit seven (7) copies of this application to NACCAS, as pursuant to Section 4.15(b) of NACCAS' Rules, this change is now considered substantive (meaning it requires Commission approval). Additionally, please include an extra \$200 processing fee with this application in order to cover the costs associated with Commission review.

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6. **Select one (and only one) of options A, B, C and D below, and complete the relevant section. For all other sections which do not apply, mark the box indicating N/A:**

A. The new program is being offered only to employees, at no charge.

Note: If this program leads to licensure, it is not eligible for the non-substantive change process unless it qualifies under one of the other categories below.

N/A

Program Name: _____

Program Length: _____

B. The length of a program already approved by NACCAS is being increased or decreased by 25% or less.

Note: 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: _____

C. The referenced institution is adding a crossover program to allow completers in one program already approved by NACCAS to meet the requirements for licensure in an area covered by another program already approved by NACCAS.

N/A

Name of New Crossover Program: _____

Crossover Program Length: _____

Names of Programs Already Approved by NACCAS:

1. _____

2. _____

D. The following program, already approved by NACCAS at our campus will now be offered at another campus in the same state which is under the exact same ownership.

N/A

Reference Number of Campus Where Program is Currently Offered: _____

Reference Number of Campus Where Program Will Be Offered: _____

Name of Program: _____ Length of Program: _____

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7. Submit the required attachments with this notification form:

- Proof of state approval (i.e., an approved program listing, letter from state showing approval for new program length, etc.) OR a letter indicating such approval will be provided once NACCAS has provisionally approved the change
- Non-Refundable Non-Substantive Change Fee of \$695*, along with an additional \$200 processing fee if you answered “yes” to question #5 of this application

*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*.

Reminder: You may NOT offer the requested program until you receive final NACCAS approval!

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 Official Contact Person Signature	Date
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Print Name (clearly)	Title
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***Reminder: It is the institution’s obligation to notify the U.S. Department of Education of changes, if applicable.**