



National Accrediting Commission of Career Arts and Sciences

October 1, 2013

Dear Interested Parties:

The National Accrediting Commission of Career Arts and Sciences is requesting all interested parties to submit applications for appointment to the following positions on its Appeal Review Panel for the calendar year 2014:

<u>Category</u>	<u>Number of Positions Available</u>
Panelist Representing Schools Within NACCAS' Scope	2
Panelist Representing Professional Services	1

Persons selected to serve on the Appeal Review Panel in 2013 shall be appointed for 3-year terms commencing on January 1, 2014 and ending on December 31, 2016.

Service on the NACCAS Appeal Review Panel is both an honor and a reflection of a person's caring for the future of education in cosmetology, massage therapy and related disciplines. We strongly encourage you to apply if you meet the qualifications for appointment and would be willing to serve on the Appeal Review Panel.

The qualifications for each category of Appeal Review Panelist, as well as the procedures for applying to the Commission to be appointed to a seat on the Panel, are detailed in a separate section following this letter. **ALL NAMES AND APPLICATION MATERIALS MUST BE SUBMITTED TO NACCAS BY NOVEMBER 1, 2013.**

Our organization is looking for competent, hardworking individuals who are willing to make a commitment to serve the Commission and the Commission's goal of fostering quality post-secondary education in the fields of cosmetology, massage therapy and related disciplines. Please send in your application today!

Sincerely,

Ronald D. Perry, Chairman
Appeal Review Panel Application Committee

QUALIFICATIONS FOR APPEAL REVIEW PANELISTS

Panelists Representing Schools Within NACCAS' Scope

All candidates for Appeal Review Panelist representing schools in fields of training within NACCAS' scope, as a condition precedent to consideration, must document that they meet the following qualifications:

1. Have a total of at least five (5) years of administrative/supervisory experience in a school accredited by the Commission (of which the experience set forth in subparagraph 2 below may be counted as a part);
2. Have been active in the day-to-day operation of school(s) accredited by the Commission in an administrative/supervisory capacity for the three (3) years immediately preceding his/her election;
3. Have no interest in any institution which has had its accreditation withdrawn (appeal rights exhausted) or which has voluntarily relinquished accreditation while the institution was in withdrawal status, during the past five years; and
4. Satisfy the school ownership interest requirements set out in Article III, Section IV.A.4 of NACCAS' By-Laws.¹

Panelists Representing Professional Services

All candidates for Appeal Review Panelist representing professional services in fields within NACCAS' scope, as a condition precedent to consideration, must document that they meet the following qualifications:

1. Be licensed in a field within NACCAS' scope;
2. Have a total of at least five (5) years of administrative/supervisory experience in a professional service which employs at least one other person licensed in a field within NACCAS' scope (of which the experience set forth in subparagraph 3 below may be counted as a part);
3. Have been active in the day-to-day operation of the professional service operation in an administrative/supervisory capacity for the three (3) years immediately preceding his/her election;
4. Not be an owner in full or in part, nor a member of a partnership or a stockholder in a corporation which is the owner of any school offering programs within NACCAS' scope, and not be active in the management of any school offering programs within NACCAS' scope; and
5. Satisfy the professional services operation ownership interest requirements set out in Article III, Section IV.B.5 of NACCAS' By-Laws.

¹NACCAS *Rules* permit no more than one Panel Representing Schools to be a non-owner administrator. This non-owner position is currently filled and is not open for election this year.

All Candidates for Appeal Review Panelist

1. No person may serve simultaneously as a member of the Appeal Review Panel and as a Commissioner. No former Commissioner may serve on the Appeal Review Panel until at least one (1) year after his or her term as Commissioner has ended.
2. No person may serve simultaneously as a member of the Appeal Review Panel and as an Officer or member of the Board of Directors of an organization dedicated to the interests of any field within NACCAS' scope. A person holding such other office may apply to be appointed as an Appeal Review Panelist, but if appointed must immediately tender a resignation from such office to the other organization, such resignation to be effective no later than the commencement of his or her term as Appeal Review Panelist. An Appeal Review Panelist-elect may not be seated until such resignation has been tendered.
3. All members of the Appeal Review Panel must have attended a NACCAS accreditation workshop within the previous three years. A person who does not meet this qualification may apply to be appointed as an Appeal Review Panelist, but if appointed must sign a written agreement to attend such a workshop prior to the first meeting of the Appeal Panel on which he or she will serve. An Appeal Review Panelist-elect may not be seated until he or she has attended such a workshop.²
4. All members of the Appeal Review Panel shall agree to abide by the NACCAS Code of Ethics as it may from time to time be promulgated, and shall refrain from discussing or voting on any appeal before the Appeal Review Panel for which the Panelist's participation would represent a conflict of interest.

EXPECTED COMMITMENT

The Appeal Review Panel is required by NACCAS' Rules of Practice and Procedure to meet at least two times a year (and may meet more frequently, as determined by the Panel). In recent years, the Panel has met three times per year. The meetings typically last from two to three days, depending on the number of appeals to be heard. Consequently, a person considering applying for service on the Appeal Review Panel should realize that, if appointed, he or she may be required to spend ten (10) or more days a year away from home and his/her principal place of business. In addition, Panelists will be expected to devote time prior to each meeting reviewing the appeal files of each school whose appeal is scheduled to be heard at that meeting.

²The last NACCAS Workshop of 2013 will be held in Las Vegas, NV on December 7-10, 2013.

APPLICATION PROCEDURES

1. Persons meeting the qualifications of one or more categories of Appeal Review Panelist are hereby invited to submit applications and resumes to the NACCAS office, no later than November 1, 2013. **Application forms are available on NACCAS' website at www.naccas.org.**
2. The Appeal Review Panel Application Committee will review the resumes and applications and, if the Committee deems it necessary or appropriate, will arrange interviews with the applicants.
3. Subject to receipt of at least two applications, the Appeal Review Panel Application Committee will present a slate of at least two candidates for each open position on the Appeal Review Panel to the Commission for consideration and appointment at the Commission's November 2013 meeting.

Persons wishing to apply for a position on the NACCAS Appeal Review Panel should submit a completed application form and resume to:

**Chair, Appeal Review Panel Application Committee
c/o Aisha Burrell
National Accrediting Commission of Career Arts and Sciences
4401 Ford Avenue, Suite 1300
Alexandria, VA 22302**

or

Submit electronically to aburrell@naccas.org.

ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN NOVEMBER 1, 2013.

**2014 NACCAS APPEAL REVIEW PANEL
APPLICATION AND QUESTIONNAIRE:**

PANELIST REPRESENTING SCHOOLS WITHIN NACCAS' SCOPE

Name: _____ (Please Type or Print)

Please list any organization of which you are a member (including State school associations, trade associations and licensing boards) that is dedicated to the interests of any field within NACCAS' Scope.¹ For each such organization, please indicate whether you are an Officer or Board member. If not applicable, put N/A:

	Officer or Board Member?	
_____	(<input type="checkbox"/>) Yes	(<input type="checkbox"/>) No
_____	(<input type="checkbox"/>) Yes	(<input type="checkbox"/>) No
_____	(<input type="checkbox"/>) Yes	(<input type="checkbox"/>) No

(Attach additional pages if necessary.)

If you indicated "Yes" with respect to any organization above, do you certify that you will resign from such position upon appointment to the NACCAS Appeal Review Panel? () Yes () No

Please answer "Yes" or "No" to the following:

Do you have a total of at least five (5) years of administrative or supervisory experience in a school accredited by the Commission? (The experience listed in the next question may count as a part of the required 5 years experience.) () Yes () No

Are you the sole owner of a school accredited by NACCAS? () Yes () No

If you answered "Yes" to the question above, please list each such school below, indicating your level of day-to day involvement for the last 3 years, on a scale of 0 to 5 (with five being the highest possible level of involvement). Attach additional pages if necessary.

<u>Name</u>	<u>Ref. #</u>	<u>Involvement</u>	<u>Years at this Level of Involvement</u>
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¹ See Attachment A for NACCAS' Statement of Scope.

_____	_____	0 1 2 3 4 5	_____
_____	_____	0 1 2 3 4 5	_____
_____	_____	0 1 2 3 4 5	_____

Please list any employee or representative of any such school who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

Are you the owner of at least a 10% interest in a partnership, limited liability company or private corporation that owns a school accredited by NACCAS? () Yes () No

If you answered "Yes" to the question above, please list each such school below, indicating your ownership % and level of day-to day involvement for the last 3 years, on a scale of 0 to 5 (with five being the highest possible level of involvement). Attach additional pages if necessary.

<u>Name</u>	<u>Ref. #</u>	<u>Ownership %</u>	<u>Involvement</u>	<u>Years at this Level of Involvement</u>
_____	_____	_____	0 1 2 3 4 5	_____
_____	_____	_____	0 1 2 3 4 5	_____
_____	_____	_____	0 1 2 3 4 5	_____

Please list any employee or representative of any such school who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

Are you an officer of a publicly held corporation which owns a School accredited by NACCAS? () Yes () No

If you answered "Yes" to the question above, please list each such school below, indicating the office you hold and level of day-to day involvement for the last 3 years, on a scale of 0 to 5 (with five being the highest possible level of involvement). Attach additional pages if necessary.

<u>Name</u>	<u>Ref. #</u>	<u>Office Held</u>	<u>Involvement</u>	<u>Years at this Level</u>
-------------	---------------	--------------------	--------------------	----------------------------

_____	_____	_____	0 1 2 3 4 5	_____	of Involvement
_____	_____	_____	0 1 2 3 4 5	_____	
_____	_____	_____	0 1 2 3 4 5	_____	

Please list any employee or representative of any such corporation, or school owned by such corporation, who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

Please list any other school accredited by NACCAS with which you have been involved (as owner or administrator) in the last 5 years, indicating your ownership interest and/or the office you held and level of day-to day involvement on a scale of 0 to 5 (with five being the highest possible level of involvement). Attach additional pages if necessary. If not applicable, put N/A:

Name	Ref. #	Ownership %/ Office Held	Involvement	Years at this Level of Involvement
_____	_____	_____	0 1 2 3 4 5	_____
_____	_____	_____	0 1 2 3 4 5	_____
_____	_____	_____	0 1 2 3 4 5	_____

Do you have (or did you have at the time of withdrawal or relinquishment) a direct or indirect ownership interest in any school offering programs within NACCAS' Scope whose accreditation by another accrediting agency was withdrawn (all appeal rights exhausted) or voluntarily relinquished while in withdrawal status during the last 5 years? () Yes () No

Has any school in which you have or have had an ownership interest, or which is owned by a public corporation in which you are or were an officer, ever been found in violation of applicable Federal, State or local statutes or regulations? () Yes () No

If you answered "Yes" to the question above, please explain:

Have you attended a NACCAS Workshop within the last 3 years? Yes No²

If "Yes", please indicate date of attendance: _____

Can you devote at least 10 business days per year to the business of the Appeal Review Panel? Yes No

I certify that all answers and information provided here in are true and correct to the best of my knowledge.

Signature

Date

Please attach any appropriate letters of reference from regulatory agencies, associations, community organizations, etc. that support your qualifications for appointment to the NACCAS Appeal Review Panel.

Applicant's Contact Information:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ E-Mail: _____

Please Send Correspondence to: Home Business

RETURN TO:

NACCAS
c/o Aisha Burrell
4401 FORD AVENUE, SUITE 1300
ALEXANDRIA, VA 22302
ATTENTION: AISHA BURRELL

² If "No", as a condition of appointment the applicant must agree in writing to attend a NACCAS Accreditation Workshop before the first meeting of the Appeal Review Panel.

ATTACHMENT A

NACCAS STATEMENT OF SCOPE

The following non-exhaustive list illustrates curricula and programs covered under NACCAS' scope of accreditation:

- | | |
|--|---|
| 1. Advanced Cosmetology | 12. Manicuring |
| 2. Barbering | 13. Massage Therapy |
| 3. Beauty School Management | 14. Permanent Waving |
| 4. Cosmetology (Basic) | 15. Platform Artistry |
| 5. Esthetics and Skin Care | 16. Refresher Course |
| 6. Ethnic Hair Studies | 17. Salon Coordination |
| 7. Hair Coloring | 18. Salon Management and Administration |
| 8. Hair Cutting | 19. Sculptured Nails |
| 9. Hair Waving | 20. Shampoo Specialist |
| 10. Hair Removal
(Temporary and Permanent) | 21. Teacher Training |
| 11. Makeup Specialist, including
stage and theatrical | 22. Wig Specialist |

The following is a non-exhaustive list of cognate curricula and programs covered under NACCAS' expanded scope of accreditation, including programs unrelated to cosmetology or massage. Note that while NACCAS can accredit these programs within the institution's accreditation, they may not be eligible for purposes of federal student aid until such time as NACCAS applies for and secures an expanded scope from the U.S. Department of Education.

Cognate Areas (Expanded Scope) (non-exhaustive)

- | | |
|--------------------------------|---|
| 1. Dental Assistant | 7. Related Computer Training |
| 2. Interpersonal Communication | 8. Repair and Maintenance of Industry Equipment |
| 3. Marketing/Advertising | 9. Retailing and Merchandising, including Fashion |
| 4. Medical Assistant | 10. Salon Accounting |
| 5. Modeling | 11. Spa/Health Club Management |
| 6. Nursing Assistant | 12. Tanning |

**2014 NACCAS APPEAL REVIEW PANEL
APPLICATION AND QUESTIONNAIRE:**

PANELIST REPRESENTING PROFESSIONAL SERVICES WITHIN NACCAS' SCOPE

Name: _____ (Please Type or Print)

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please list any employee or representative of this organization who currently serves on the NACCAS Commission or NACCAS Appeal Review Panel. If not applicable, put N/A:

Please list any organization of which you are a member (including State school associations, trade associations and licensing boards) that is dedicated to the interests of any field within NACCAS' Scope.¹ For each such organization, please indicate whether you are an Officer or Board member. If not applicable, put N/A:

	Officer or Board Member?	
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Attach additional pages if necessary.)

If you indicated "Yes" with respect to any organization above, do you certify that you will resign such position upon appointment to the NACCAS Appeal Review Panel? Yes No

Please answer "Yes" or "No" to the following:

Are you licensed in a field within NACCAS' Scope? Yes No

Are you:

(a) The sole owner of a professional service organization offering services in a field within NACCAS' Scope? Yes No

¹ See Attachment A for NACCAS' Statement of Scope.

(b) A direct or indirect owner² of a sufficient interest in such a professional service organization to have a direct and abiding interest in the organization's performance and business success?

Yes

No

If you answered "Yes" to the question above, please explain:

(c) An officer of a publicly held corporation which owns such a professional service organization?

Yes

No

If you answered "Yes" to the question above, please explain:

Has the professional service organization identified in (a), (b) or (c) above ever been found in violation of applicable Federal, State or local statutes or regulations?

Yes

No

If you answered "Yes" to the question above, please explain:

Have you been active in the day-to-day operation of such a professional service organization for the three (3) years immediately preceding this Certification?

Yes

No

How would you rate your level of day-to-day involvement in the operations of this organization in the last three (3) years on a scale of 0 to 5 (with 5 being the highest possible level of involvement): ____

Do you have a total of at least five (5) years of administrative or supervisory experience in such a professional service organization that employs at least one other person licensed in a field within NACCAS' Scope? (The experience listed in the preceding question may count

² An "indirect owner" would include a partner in a partnership or a stockholder of a corporation that owns such an Entity.

toward the 5 years required.) Yes No

How many such licensed professionals are employed by the organization(s) in which you have administrative or supervisory experience? _____

How many such licensed professionals do (did) you supervise? _____

Are you a direct or indirect owner, in full or in part, of a school (whether or not accredited by NACCAS) offering instruction in a field within NACCAS' Scope (a "School")?³ Yes No

Are you active in the management of such a School? Yes No

Have you attended a NACCAS Workshop within the last 3 years? Yes No⁴

If "Yes", please indicate date of attendance: _____

Can you devote at least 10 business days per year to the business of the Appeal Review Panel? Yes No

I certify that all answers and information provided here in are true and correct to the best of my knowledge.

Signature

Date

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