

APPLICATION FOR ACCREDITATION

Accrediting Council for Continuing Education and Training (ACCET)

Before completing this application, please review the eligibility requirements for accreditation found in ACCET Document 1 – The Accreditation Process. Upon completion of this form, submit the application, all required exhibits, and the fee to ACCET.

Type of Application: ___ Initial Accreditation
 ___ Reaccreditation

Seeking Accreditation as: ___ Vocational Institution
 ___ Avocational Institution Offering Continuing Education/
 Professional Development

Fee (Exhibit 1): _____ **Check #, if applicable** (*See Document 10 – Fee Schedule*).

I. MAIN CAMPUS INFORMATION

All of the questions in this application pertain to the site listed immediately below, unless otherwise indicated. For ACCET accreditation purposes, this site is designated as the main campus. All correspondence will be sent to the main campus.

1. Institution Name (dba): _____
(This is the authorized name under which the institution is doing business.)
2. ACCET ID #, if currently accredited: _____
3. Street Address: _____
4. City/State/Zip: _____
5. Telephone Number: (____) ____ - _____
6. Fax Number: (____) ____ - _____
7. Email Address: _____
8. Institution's Website(s): _____
9. Primary Contact:
 - a. Name: _____
 - b. Title: _____
 - c. Email: _____
10. Contact for Fiscal Issues (e.g. sustaining fees, etc.):
 - a. Name: _____
 - b. Title: _____
 - c. Email: _____

II. OFF-SITE ADMINISTRATIVE HEADQUARTERS/CORPORATE OFFICE

Does the organization have a corporate or administrative office other than the main campus?
 Yes No

If yes, please complete the following:

1. Name of the Institution: _____
2. Corporate Name (if applicable): _____
3. Street Address: _____
4. City/State/Zip: _____
5. Telephone Number: (____) ____ - _____
6. Fax Number: (____) ____ - _____
7. Email Address: _____
8. Primary Contact:
 - a. Name: _____
 - b. Title: _____
 - c. Email: _____

III. ADDITIONAL SITES

Does the institution operate training sites in addition to the main campus? Yes No

If no, proceed to Section IV, "Legal Nature of the Institution".

If yes, complete the following:

- a. Number of Branches: _____
- b. Number of Auxiliary Classrooms: _____
- c. Number Classroom Extensions: _____

Additionally, complete and provide, as **Exhibit 2**, the "Additional Location Addendum" found on page 14.

IV. LEGAL NATURE OF THE INSTITUTION

1. Indicate the legal tax status of your institution by checking the appropriate box:

- For-profit entity
 Non-profit entity (If a non-profit entity, you must provide, as **Exhibit 3**, written notice from the Internal Revenue Service acknowledging such status).

2. Identify the type of legal entity of the institution by checking all that apply:

- Corporation
 Wholly owned subsidiary
 Partnership

- ___ Sole proprietorship
- ___ Limited Liability Company (LLC)
- ___ Limited Partnership (LP)
- ___ General Partnership
- ___ Professional/trade association
- ___ If other, please identify: _____

3. If applicable, provide, as **Exhibit 4** a copy of the articles of incorporation or other documentation of the state's authorization for your corporation to operate and indicate below the state under whose laws the entity is organized and the name of the applicant exactly as it appears on the document of state authorization.

Name: _____
State: _____

4. Federal Employer Identification Number (EIN): _____

5. Fiscal Year End Date: ____/____ (month/day). Refer to ACCET Document 27 - Guidelines for Filing Financial Reports.

V. OWNERSHIP INFORMATION

1. The institution has been under continuous operation under the ownership described herein since what date? ____/____ (month/year)
2. Provide the following as exhibits:
 - a. An ownership organizational chart specifying the legally recognized line of authority from the ultimate parent entity to the institution (**Exhibit 5**). For a multi-tier ownership structure, the chart must include all entities in the corporate governance structure.
 - b. An organizational chart of the internal structure of the institution with the names and title of all operational management, faculty, and staff identified (**Exhibit 6**).
3. Proprietary (For-Profit) Institutions Only: Provide, as **Exhibit 7**, the information required on the "Ownership Addendum" (found on page 15) for all owners with at least 10% interest in the institution to include an alternate means by which each owner may be contacted (e.g. home address or an alternate business address with telephone number and email address). For a multi-tier ownership structure, complete a separate "Ownership Addendum" for each entity.
4. Non-Profit Institutions Only: Provide, as **Exhibit 8**, a list of all members of the Board of Directors to include: (a) name, (b) title, (c) email address, (d) address, and (e) the length of time each has served in months and years.

5. Has any owner, officer, or key management staff person been: (a) convicted or pled nolo contendere or guilty to a crime involving the acquisition, use, or expenditure of public funds; (b) judicially determined to have committed fraud involving their fiduciary responsibilities; or (c) debarred by an accrediting agency and/or state/federal agency?
___ Yes ___ No

If yes, provide, as **Exhibit 9**, a detailed narrative explanation of: (a) the crime involving the acquisition, use, or expenditure of public funds; (b) committed fraud involving fiduciary responsibility; or (c) debarment by an accrediting agency and/or state/federal agency.

VI. LICENSURE/APPROVAL INFORMATION

1. Is the institution required to obtain state authorization (e.g., licensure, certification, approval) to operate? ___ Yes ___ No

If no, provide, as **Exhibit 10**, written verification of this fact from the state that is no more than two years old and proceed to item #2 below. See the "Checklist of Required Exhibits", Exhibit 10.

If yes, provide as **Exhibit 10**, a copy of the current state license or certificate to operate for each site included in this application and complete the items below. See the "Checklist of Required Exhibits," Exhibit 10.

- a. State Agency: _____
- b. Street Address: _____
- c. City/State/Zip: _____
- d. Telephone Number: (____) ____ - _____
- e. Fax Number: (____) ____ - _____
- f. EMail Address: _____
- g. Contact Person's Name: _____
- h. Contact Person's Title: _____

2. Is the institution and/or any of its sites currently under an appeal, show cause, probation, warning, or any form of adverse status with any state or federal agency?
___ Yes ___ No

If yes, provide, as **Exhibit 11**, a narrative explanation and relevant documentation regarding this action or status.

3. Has the institution been subject to any limitation, suspension, or termination action by a guarantee agency or state or federal government agency relative to the eligibility to process student financial aid? ___ Yes ___ No

If yes, provide, as **Exhibit 12**, a narrative explanation and relevant documentation regarding this action.

4. Is the institution authorized by BICE to issue I-20 forms to prospective international students? ___ Yes ___ No
5. Is the institution approved by the U.S. Department of Education (USDE) to participate in Title IV federal financial aid programs? ___ Yes ___ No

If yes, identify the OPEID # for each campus: _____

If yes, provide the institution's loan default rates reported by the USDE for the past three years, as applicable: _____% in 20__; _____% in 20__; _____% in 20__;

6. **Initial Applicants Only:** Has the institution and/or any of its sites operated or received licensure within the last ten (10) years under a different name and/or address than that indicated in section I, "Main Campus Information," item 1? ___ Yes ___ No

If yes, provide the previously used name and/or address: _____

VII. ACCREDITATION HISTORY

1. **Initial Applicants Only:** Has the institution previously held, applied for, been denied, or been withdrawn from accredited status with an accrediting agency recognized by the U.S. Department of Education? ___ Yes ___ No

If yes, provide, as **Exhibit 13:** (a) a detailed written narrative indicating the name under which the institution made application, the name of the agency, and a chronology of significant events relative to that status; and (b) a copy of the denial/withdrawal/resignation letter as applicable.

2. **All Applicants:** Does the institution presently hold either institutional or programmatic accreditation with *another* accrediting agency? ___ Yes ___ No

If no, proceed to section VIII, "Program and Participant Information", below.

If yes, please complete items a-c below and provide, as **Exhibit 14**, a copy of your current grant of accreditation:

- a. What is the name of the accrediting agency? _____
- b. Initial accreditation began on what date? _____/_____ (month/year)
- c. Is the institution and/or any of its sites or programs currently under an appeal, show cause, probation, warning, or any form of adverse status with *another* accrediting agency? ___ Yes ___ No

If yes, provide, as **Exhibit 15**, a narrative explanation and relevant documentation regarding this action.

VIII. PROGRAM AND PARTICIPANT INFORMATION

1. Indicate the types of training that your institution offers. Please check all that apply.

- programs of study/courses less than 300 clock hours
- programs of study/courses 300 or more clock hours
- occupational associate degree
- avocational/professional development
- avocational/personal development
- vocational
- ESL programs of study/courses
- programs enrolling F-1/M-1 visa students
- foreign language training
- seminar/workshop training
- corporate in-house training
- test preparation
- industry certification preparation
- licensing preparation
- clock hour programs
- credit hour programs (semester or quarter credit hours)

2. Complete and provide, as **Exhibit 16**, the “Program Chart” found on page 16 for each site and in accordance with ACCET approval and, if applicable, state approval. Prior to completing the form, please review all notes on the “Program Chart”.

Note: All institutions are advised that no substantive changes in the institution’s operations will be considered for approval after the designated eASER due date. Substantive changes include new programs, major revisions to existing programs, relocations out of the general market area, opening new sites (branches and auxiliary classrooms) and/or changes in methods of delivery (e.g. classroom delivery to distance learning). Further, if an initial applicant institution adds or revises programs, relocates, or changes its name before the official eASER due date, an amended Application for Accreditation must be provided. Please note that such changes could require additional fees and/or delay scheduling of the visit and final action by the Accrediting Commission.

3. Is any training offered by your institution delivered via interactive distance learning?
Refer to ACCET Documents 3.IDL – Application for Interactive Distance Learning Program(s) and ACCET Document 3.IDL – Template – Interactive Distance Learning.
 Yes No

If yes, complete and provide, as **Exhibit 17**, the “Interactive Distance Learning Program Chart” found on page 17 for each site. See the “Checklist of Required Exhibits”, Exhibit 17.

4. **Initial Applicants Only:**

- a. On what date was the first class taught? _____/_____/_____ (month/year)
- b. Has the institution offered training *continuously* (without unscheduled interruption) for the previous two consecutive years? ___ Yes ___ No
If no, provide, as **Exhibit 18**, a narrative explanation with applicable timeframes and enrollment information. See the “Checklist of Required Exhibits,” Exhibit 18.

5. **Reaccreditation Applicants Only:**

Have classes been taught *continuously* since your last grant of accreditation?
___ Yes ___ No

If no, provide, as **Exhibit 19**, a narrative explanation with applicable timeframes and enrollment information. See the “Checklist of Required Exhibits”, Exhibit 19.

IX. ADDITIONAL INFORMATION

1. **All institutions:** Provide the following as **Exhibits 20 and 21:**

- a. Copies of all recruiting, advertising, and/or promotional materials utilized by the institution including transcripts of radio, television, and/or internet-based advertisement (**Exhibit 20**). If in a foreign language, please include an English language translation. If the total promotional materials prove excessively voluminous, please provide a representative sample with this application, clearly labeled as such, but be sure to assemble all materials for review during the on-site evaluation visit. To ensure compliance prior to submittal, please refer to ACCET Document 30 - Policies for Recruitment, Advertising and Promotional Practices.
- b. A copy of the institution’s cancellation and refund policy and, if the institution is state licensed, the state’s cancellation and refund policy (**Exhibit 21**). To ensure compliance prior to submission, please refer to ACCET Document 31 - Cancellation and Refund Policy and/or Document 31.ESL – Cancellation and Refund Policy Applicable to Students Enrolled at ESL Institutions, as appropriate.

2. **Initial Applicants Only:** Provide the following as **Exhibits 22 and 23.**

- A. Financial information for the two most recently completed fiscal years, in accordance with ACCET Document 27 – Guidelines for Filing Financial Reports (**Exhibit 22**). **Note:** The application for accreditation will be considered incomplete, if the financial information does not meet the specified requirements in Document 27.
- B. A completed ACCET Document 12 – Annual Report and Enrollment Statistics for the institution’s most recent fiscal year (**Exhibit 23**).

3. Institutions Eligible for Alternative Financial Reporting only (e.g. Dale Carnegie Franchises): Provide the following as **Exhibit 24**.
 - a. Financial information for the two most recently completed fiscal years, in accordance with ACCET Document 27 – Guidelines for Filing Financial Reports and ACCET Document 27 Addendum – Guidelines for Filing Financial Reports: Alternative Financial Reporting (Exhibit 24). **Note**: The application for accreditation will be considered incomplete, if the financial information does not meet the specified requirements in Document 27 and Document 27 Addendum.

4. Vocational Institutions Only (Including Initial and Reaccreditation Applicants, Unless Otherwise Specified): Provide, as **Exhibits 25-28**, the documents identified below in accordance with the instructions in the “Checklist of Required Exhibits” Exhibits 24-27:
 - a. Completed Document 24 – Profile of Institutional Clientele and Programs, for all programs at all sites included in this application (**Exhibit 25**).
 - b. School catalog(s) with any addendums and a completed ACCET Document 29 – Catalog Checklist (Exhibit 26). If the institution operates sites for which it publishes multiple, unique catalogs, include a copy of each catalog with its own corresponding ACCET Document 29.
 - c. Enrollment agreement(s) and a completed ACCET Document 29.1 – Enrollment Agreement Checklist (Exhibit 27). If the institution uses multiple, unique enrollment agreements for multiple sites and/or programs, include a copy of each enrollment agreement with its corresponding ACCET document 29.1
 - d. Initial Applicants Only: A completed ACCET Document 28.1 – Completion and Placement Statistics for each program at each site included in this application, for the 12-month period prior to the submittal of the application (**Exhibit 28**). Refer to ACCET Document 28 – Completion and Placement Policy for guidance in the preparation of ACCET Document 28.1s which must be completed on the basis of monthly graduate cohorts in a given calendar year. If the prior 12 monthly graduate cohorts span two calendar years, ACCET Document 28.1s must be submitted for each program at each site for both years.

X. ATTESTATION:

The undersigned, authorized representative of this institution hereby attests to the following statements:

I have read our application for accreditation and affirm that it and all attached materials are accurate and complete.

During the application process and upon and following accreditation, the institution will abide by and support the following:

- The ACCET Bylaws;
- The ACCET Principles of Ethics;
- The ACCET Eligibility Requirements;
- The ACCET Standards for Accreditation; and
- The ACCET policies, procedures and practices

During the application process and upon and following accreditation, the institution will timely notify ACCET of email address changes and that it will frequently check the "Documents and Forms" pages of ACCET's website at www.accet.org to obtain any modifications to the items listed in the paragraph above.

The institution consents to the exchange of information between ACCET and the institution's lawyers and accountants and between ACCET and all other accrediting agencies and state and federal administrative agencies to the extent that such exchange of information is necessary or convenient to the consideration of the institution's application for ACCET accreditation.

1. Name: _____

2. Title: _____

3. Signature of Attesting Party: _____

(**Note:** Non-profit organizations must provide the name and signature of the chairman of the board and/or the managing director of the applicant institution.)

X. NOTARIZATION

1. State: _____

2. County: _____

3. Signed and attested to before me, a notary public in and for said state, on this date:
_____/_____/_____ (month/day/year), by: _____

4. Signature of Notary Public: _____

5. My Commission Expires: ____/____/_____ (month/day/year)
(Seal)

CHECKLIST OF REQUIRED EXHIBITS

Institution Name (dba): _____

Main Campus City, State: _____

The following checklist *must* be completed and provided with the application. The information requested should be provided as separately attached exhibits rather than a reference to another document, such as a catalog. Please indicate “yes” next to each exhibit that is attached to the application or “NA”, if not applicable. All ACCET Documents referenced below can be downloaded from the ACCET website, under “Documents and Forms” (www.accet.org).

EXHIBITS (1-23) FOR ALL INSTITUTIONS, UNLESS OTHERWISE SPECIFIED:

- ___1. Application fee per ACCET Document 10 – Fee Schedule.
- ___2. Only Required of Institutions with Multiple Training Sites: A completed copy of the “Additional Locations Addendum” (page 14).
- ___3. Only Required of Non-Profit Institutions: Written notice from the Internal Revenue Service acknowledging the institution’s non-profit status.
- ___4. If applicable, a copy of any articles of incorporation or other documentation of the state’s authorization for your corporation to operate in the state.
- ___5. An ownership organizational chart specifying the legally recognized line of authority from the ultimate parent entity to the institution. For a multi-tier ownership structure, the chart must include all entities in the corporate governance structure.
- ___6. An organizational chart of the internal structure of the institution with the names and titles of all operational management, faculty, and staff identified.
- ___7. Only Required of Proprietary Institutions: A completed copy of the “Ownership Addendum” (page 15) to include alternative means by which they may be contacted (e.g. home address or an alternative business address with telephone number and email address).
- ___8. Only Required of Non-Profit Institutions: List of all the members of the Board of Directors to include: (a) name, (b) title, (c) email address, (d) address, and (e) the length of time each has served in months and years.
- ___9. If applicable, a detailed narrative explanation of: (a) the crime

involving the acquisition, use, or expenditure of public funds; (b) committed fraud involving fiduciary responsibility; or (c) debarment by an accrediting agency and/or state/federal agency.

- ___10. A copy of the current state license(s) or authority to conduct courses/programs *for each site* or an exemption letter from each state *that is not more than two years old*. If the certificate of licensure does not list the programs that the licensed site is approved to offer, but instead is accompanied by a letter from the state to this effect, please include a copy of this letter as well. **Note:** If renewal of state licensure is pending, or if the license has expired, provide supporting documentation to evidence that the institution has taken the necessary steps to maintain authority by the state agency for continued operation (e.g., copies of the new application cover and signature pages, or an extension letter from the state).

Initial applicants must provide supporting documentation to evidence two years of continuous state licensure, if applicable, such as a copy of a state license, certification, or registration document showing an approval date at least two years past.

- ___11. If applicable, a narrative explanation and relevant documentation regarding an appeal, show cause, probation, or any form of adverse status with any state or federal agency.

- ___12. If applicable, a narrative explanation and relevant documentation regarding any limitation, suspension, or termination action by a guarantee agency or state or federal government agency.

- ___13. Only Required of Initial Applicants: If applicable, (a) a narrative explanation and relevant documentation regarding any denial or withdrawal from accredited status with an accrediting agency recognized by the U.S. Department of Education to include the name under which the institution made application, the name of the agency, and a chronology of significant events relative to that status; and (b) a copy of the denial/withdrawal/resignation letter as applicable.

- ___14. If applicable, a copy of the institution's current grant of institutional or programmatic accreditation with another accrediting agency.

- ___15. If applicable, a narrative explanation and relevant documentation regarding any appeal, show cause, probation, warning, or any form of adverse action with another accrediting agency.

- ___16. A completed copy of the "Program Chart" (page 16) for each site. **Note:** All institutions are advised that no substantive changes in the

institution's operations will be considered for approval after the designated eASER due date. Substantive changes include new programs, major revisions to existing programs, relocations out of the general market area, opening new sites (branches and auxiliary classrooms) and/or changes in methods of delivery (e.g. classroom delivery to distance learning). Further, if an initial applicant institution adds or revises programs, relocates, or changes its name before the official eASER due date, an amended Application for Accreditation must be provided. Please note that such changes could require additional fees or delay scheduling of the visit and final action by the Accrediting Commission.

- ____17. Only Required of Institutions with Interactive Distance Learning: A completed copy of the "Interactive Distance Learning (IDL) Program Chart" (page 17) for each site, as applicable.
- ____18. Only Required of Initial Applicants: Supporting documentation to evidence two years of continuous operation, such as either master student rosters or single examples of signed enrollment agreements/application forms/registration forms for each of the institution's start dates over the last two years. For example, if the institution totals two starts a year, four agreements/forms should be supplied. If the institution enrolls more frequently than once a month, it may limit the examples supplied to twenty-four.
- ____19. Only Required of Reaccreditation Applicants: If classes have not been taught continuously since the last grant of accreditation, a narrative explanation with applicable timeframes and enrollment information.
- ____20. Copies of all recruiting, advertising, and/or promotional materials utilized by the institution, including transcripts of radio, television, and/or internet-based advertisements. If in a foreign language, please include an English language translation. If the total promotional materials prove excessively voluminous, please provide a representative sample with this application, clearly labeled as such, but be sure to assemble all materials for review during the on-site evaluation visit. To ensure compliance prior to submittal, please refer to ACCET Document 30 - Policies for Recruitment and Advertising/Promotional Practices.
- ____21. A copy of the institution's cancellation and refund policy and, if the institution is licensed by the state, the state's cancellation and refund policy. To ensure compliance prior to submittal, refer to ACCET Document 31 - Cancellation and Refund Policy and/or Document 31.ESL - Cancellation and Refund Policy Applicable to Students

Enrolled at ESL Institutions, as appropriate.

- ___22. Only Required of Initial Applicants: Financial information for the two most recently completed fiscal years, submitted in accordance with ACCET Document 27 – Guidelines for Filing Financial Reports. The application for accreditation will be considered incomplete, if the financial information does not meet the specified requirements.
- ___23. Only Required of Initial Applicants: A completed ACCET Document 12 – Annual Report and Enrollment Statistics for the institution's most recent fiscal year.
- ___24. Only Required of Institutions Eligible for Alternative Financial Reporting (e.g. Dale Carnegie Franchises): Financial information for the two most recently completed fiscal years, in accordance with ACCET Document 27 – Guidelines for Filing Financial Reports and ACCET Document Addendum – Guidelines for Filing Financial Reports: Alternative Financial Reporting.

ADDITIONAL EXHIBITS (25-28) ONLY FOR VOCATIONAL INSTITUTIONS:

- ___25. A completed ACCET Document 24 - Profile of Institutional Clientele and Programs, for all programs at all sites included in this application.
- ___26. School catalog including any catalog addendum and a completed ACCET Document 29 - Catalog Guidelines & Checklist. The checklist must indicate the page number where each item on the checklist is located in the catalog or catalog addendum. Additionally, the checklist numbers must be noted in the appropriate sections of the catalog and catalog addendum. If the institution operates sites for which it publishes multiple, unique catalogs, include a copy of each catalog with its own corresponding ACCET Document 29.
- ___27. Enrollment agreement, with a completed ACCET Document 29.1 - Enrollment Agreement Checklist. Additionally, the checklist numbers must be noted in the appropriate sections of the enrollment agreement. If the institution uses multiple, unique enrollment agreements for multiple sites and/or programs, include a copy of each enrollment agreement with its own corresponding ACCET Document 29.1.
- ___28. Only Required of Initial Applicants: A completed ACCET Document 28.1 - Completion and Placement Statistics, for each program at each site included in this application, for the 12-month period prior to submittal of the application. Refer to ACCET Document 28 - Completion and Placement Policy, for guidance in the preparation of ACCET Document 28.1s, which must be completed on the basis of

monthly graduate cohorts in a given calendar year. If the prior 12 monthly graduate cohorts span two calendar years, ACCET Document 28.1s must be submitted for each program at each site for both years.

ADDITIONAL LOCATIONS ADDENDUM

Please provide contact information for each additional site. If operating more than four additional sites, complete additional copies of this page to include all sites.

Additional Site #1

Name of the Institution: _____
Type of Site:* _____
Street Address: _____
City/State/Zip: _____
Telephone Number: (____) ____ - ____
Fax Number: (____) ____ - ____
Email Address: _____
Contact Person Name: _____
Contact Person Title: _____

Additional Site #2

Name of the Institution: _____
Type of Site:* _____
Street Address: _____
City/State/Zip: _____
Telephone Number: (____) ____ - ____
Fax Number: (____) ____ - ____
Email Address: _____
Contact Person Name: _____
Contact Person Title: _____

Additional Site #3

Name of the Institution: _____
Type of Site:* _____
Street Address: _____
City/State/Zip: _____
Telephone Number: (____) ____ - ____
Fax Number: (____) ____ - ____
Email Address: _____
Contact Person Name: _____
Contact Person Title: _____

Additional Site #4

Name of the Institution: _____
Type of Site:* _____
Street Address: _____
City/State/Zip: _____
Telephone Number: (____) ____ - ____
Fax Number: (____) ____ - ____
Email Address: _____
Contact Person Name: _____
Contact Person Title: _____

***branch campus, auxiliary classroom, or classroom extension**

OWNERSHIP ADDENDUM

Institution Name: _____

Main Campus City, State: _____

If there are more than four owners, attach additional copies of this page to include all owners with a ten percent or greater interest in the institution. Include an alternative means by which each owner may be contacted (e.g. home address or an alternative business address with telephone number and email.) Refer to the instructions under Section V on page 3 of this application.

Owner #1 Name: _____
Title: _____
% of Ownership: _____
This % Owned Since: ____/____ (month/year)
Street Address: _____
City/State/Zip: _____
Alternative Business or Cell Telephone Number:(____) ____ - ____
Email Address: _____

Owner #2 Name: _____
Title: _____
% of Ownership: _____
This % Owned Since: ____/____ (month/year)
Street Address: _____
City/State/Zip: _____
Alternative Business or Cell Telephone Number:(____) ____ - ____
Email Address: _____

Owner #3 Name: _____
Title: _____
% of Ownership: _____
This % Owned Since: ____/____ (month/year)
Street Address: _____
City/State/Zip: _____
Alternative Business or Cell Telephone Number:(____) ____ - ____
Email Address: _____

Owner #4 Name: _____
Title: _____
% of Ownership: _____
This % Owned Since: ____/____ (month/year)
Street Address: _____
City/State/Zip: _____
Alternative Business or Cell Telephone Number:(____) ____ - ____
Email Address: _____

PROGRAM CHART

PROGRAMS OF STUDY OR COURSES OFFERED AT THE SITE INDICATED BELOW :

Institution Name: _____

City, State: _____

___ Main Campus ___ Branch Campus ___ Auxiliary Classroom

- This form must be completed separately for each site, with the city/state and type of site identified above.
- Each program name and program length reported on this chart **must match** that reported on the following:
 1. For All Institutions: Match your institution's brochures, promotional literature, website and, if applicable, your catalog and enrollment agreement.
 2. For State Licensed Institutions: Match your State License, Program Approval Certificate, or other program approval documentation from the state.
 3. For Title IV Institutions: Match your ECAR and the PPA issued by the U.S. Department of Education.
 4. For ACCET Accredited Institutions: Match your ACCET approval documents. **(If not, refer to ACCET Document 25 and contact ACCET.)**
- Initial Applicants are advised that any programs without enrollees at the time of, or within the 12-month period preceding, the ACCET on-site visit, will neither be evaluated in the team report nor subsequently considered by the ACCET Commission in its review of the institution for initial accreditation. Any exception to this provision is contingent upon the institution submitting a Request for Special Consideration concurrent with the submission of its application to ACCET. **Note:** The institution may not offer or enroll students in programs that are not appropriately identified, reviewed, and approved by ACCET.

Program of Study/Course Include <u>ALL</u> ACCET approved programs (including Interactive Distance Learning), <u>regardless</u> of current enrollment or delivery method. If necessary, complete additional copies of this form.	Total Clock Hours	Credit Hours S=Semester Q=Quarter	Hours Per Week F=Full-time P=Part-time	Weeks to Complete F=Full-time P=Part-time	Current Enrollment F=Full-time P=Part-time	Month/Year of Last Graduating Class (if applicable)
EXAMPLE: Paralegal Studies	720	36Q	F= 30 P= 20	F= 24 P= 36	F= 60 P= 40	08/2003
1.			F= P=	F= P=	F= P=	/
2.			F= P=	F= P=	F= P=	/
3.			F= P=	F= P=	F= P=	/
4.			F= P=	F= P=	F= P=	/
5.			F= P=	F= P=	F= P=	/
6.			F= P=	F= P=	F= P=	/
7.			F= P=	F= P=	F= P=	/
8.			F= P=	F= P=	F= P=	/
TOTAL:						

INTERACTIVE DISTANCE LEARNING (IDL) PROGRAM CHART

IDL PROGRAMS OFFERED FOR STUDENTS ENROLLED AT THE SITE INDICATED BELOW :

Institution Name: _____

City, State: _____

Main Campus Branch Campus Auxiliary Classroom

ACCET Document 4

Date Developed: November 1989

Revised: April 1999 / December 2005/April 2009

Page: 19 of 19

Pertinent to: All Institutions

If the institution offers Interactive Distance Learning (IDL) Programs, list the programs below and on the "Program Chart" on page 16 and briefly describe the medium used to deliver training for each (e.g. synchronous vs. asynchronous, videoconferencing, internet-based delivery, etc). Indicate the percentage of students in each program who receive interactive distance learning, and the percentage of the total program length which is delivered via interactive distance learning.

For example: The Paralegal Studies Program has a total of 100 enrolled students, as reported on the Program Chart on page 16. Of these, only 15 full-time and 10 part-time students are receiving IDL training, as reported in column 8 below; thus, 25% percent of total program enrollments are reported in column 3 below. Further, the courses available for IDL delivery only comprise 50% of the total program length of the Paralegal Studies Program, as reported in column 4 below. These 25 students receive the other 50% of their training through classroom instruction conducted at the institution's site.

Program of Study/Course Identify below <u>and</u> on the "Program Chart" on page 16 <u>ALL</u> ACCET approved IDL programs, <u>regardless</u> of current enrollment. If necessary, complete additional copies of form.	Interactive Delivery Method or Training Medium	% of IDL Students Compared to Total Enrollment in This Program	% of Program Length Taught via IDL	Total Clock Hours	Credit Hours S=Semester Q=Quarter	Weeks to Complete FT/PT	Current Enrollment FT/PT	Mo./Yr. of Last Graduating Class
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
EXAMPLE: Paralegal Studies	Asynchronous, Internet-Based Delivery	25%	50%	720	36Q	F= 24 P= 36	F= 15 P= 10	08/2003
1.		%	%			F= P=	F= P=	/
2.		%	%			F= P=	F= P=	/
3.		%	%			F= P=	F= P=	/
4.		%	%			F= P=	F= P=	/
5.		%	%			F= P=	F= P=	/
6.		%	%			F= P=	F= P=	/
7.		%	%			F= P=	F= P=	/
8.		%	%			F= P=	F= P=	/
9.		%	%			F= P=	F= P=	/
TOTAL:								