

INQUIRY QUESTIONNAIRE

Name of Inquirer:

Title:

Institution/Organization's Name (dba):

Corporate Name (If applicable):

Address:

Telephone Number:

Fax Number:

Web Site Address:

Email Address:

Institutions beginning the accreditation process must first complete and submit an Inquiry Questionnaire. The following questions serve as the basis for an initial assessment of the institution's eligibility for ACCET accreditation. Further, this step is designed to lessen the financial and logistical burden of a full application for initial accreditation for those institutions that do not meet the established eligibility requirements. Acceptance of an institution's Inquiry Questionnaire does not constitute approval of the institution as an initial applicant, but allows it to continue to the application stage of the process. One Inquiry Questionnaire may be submitted for multi-site institutions on the premise that the responses apply generally to all sites.

Before submitting the Inquiry Questionnaire, please review the [Eligibility Requirements](#) for ACCET accreditation which are found in ACCET Document 1 – [The Accreditation Process](#). Note that two important requirements are that an institution has: (1) successfully operated and conducted education/training programs for a minimum of two consecutive years and (2) had at least one graduating class complete its longest training.

1. Please explain briefly why the institution is interested in pursuing accreditation with ACCET:

2. Has the institution offered training on an on-going, continuous basis (without unscheduled interruption) for at least the past two consecutive years? Yes No
3. Identify the date (month and year) that training was first offered by the institution.
4. Has at least one graduating class completed the longest training program/course offered by the institution? Yes No
5. Has the institution operated under the same ownership and/or control for at least the last two years? Yes No

If no, the institution must seek a waiver of this requirement from the Commission, based upon the provision of acceptable documentation showing the applicant institution is owned or controlled by an organization and/or individual(s) with a reputable history of ethical, competent, and

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H:ISO/Inquiry/Inquiry Questionnaire

effective management and prior experience operating an educational entity. Please contact the ACCET staff for guidance.

6. Has the institution sustained a material loss in either of the two most recently completed fiscal years?
Yes No

If yes, a preliminary financial assessment is required, and the institution must attach financial statements for the two most recently completed fiscal years and a \$250 fee for this preliminary review. These financial statements must be, at minimum, in a compiled format or may be internally generated, but must include: (a) a balance sheet, (b) income statement, (c) narrative describing any losses incurred, and (d) an attestation signed by the Chief Executive Officer or Chief Financial Officer of the institution stating that it is true and correct to the best of his or her knowledge. A full and complete review of the institution's financial capability will be conducted during the accreditation application phase.

7. Has the institution ever been denied accreditation, had its accreditation withdrawn, or been placed on show cause by an accrediting agency recognized by the US Department of Education?
Yes No

If yes, please provide a narrative explanation and attach a copy of the notice of denial, withdrawal, or show cause.

8. Is the institution or any of its sites currently under appeal, or any form of limitation/restriction, or under investigation by any state or federal agency? Yes No

If yes, please provide a narrative explanation and attach documentation pertaining to the action.

9. Is the institution required to have state approval or licensure to operate an educational institution?
Yes No

If yes, please identify the date the institution was granted initial state approval or licensure and provide a copy of the institution's current state approval or license.

10. Does the institution offer any degree programs? Yes No

If yes, does the institution offer a degree(s) above a two-year, associate degree level? Yes No

If yes, please contact ACCET staff for guidance.

11. Identify the type of training offered by the institution by checking all that apply. (Refer to ACCET Document 33 – [Definitions](#).):

- Vocational Training
 Continuing Education/Professional Development (Avocational Training)

11. Identify the complete and official name of each course/program offered at the institution as well as the clock hours, credit hours (if applicable), and current enrollment for each. Additionally, indicate with a check (✓) any programs/courses that are vocational.

Program/Course Name	Check (√) if Vocational Training	# Clock Hours	# Credit Hours (If applicable)	Current Enrollment

12. Indicate the size of the institution by identifying the following:
- Number of total students in previous calendar year:
 - Number of current full-time and part-time faculty and staff:
 - Number of training sites that offer regular, on-going training:

13. If the institution has multiple training sites, provide a listing of the training sites along with the location (city/state or city/country, if located outside the U.S.) of each site.

Training Site Name	City	State	Country

STATEMENT OF AFFIRMATION

The undersigned attests to having read and reviewed the eligibility criteria outline in ACCET Document 1 – The Accreditation Plan: Policies and Procedures and believes that the institution for which he/she is seeking to make application meets these criteria, and that the information contained herein is true and accurate. Upon receipt of this completed questionnaire and a \$100 non-refundable processing fee (see alternate fee applicable to question #5 answer) by the ACCET office, a preliminary determination of eligibility for accreditation will be initiated after which a notification letter will be forwarded to the institution.

Name _____ Title _____

Signature _____ Date _____