

## APPLICATION FOR APPROVAL OF A COMPETENCY-BASED PROGRAM

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|---|
| For NACCAS Use Only:      Fee Paid: _____ |
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Submit seven (7) copies of the application and required attachments for approval prior to start date of the first class. Before starting, read application form 5 - 7 instructions, available on the website, to ensure you are using the correct form. For planning purposes please refer to "Processes and Estimated Timetable for Actions" available on the website, and part 4.11 of the *Rules of Practice and Procedure*. Please note that all Sections of this application must be completed and all attachments must be included, with the appropriate fee, or NACCAS will return the application to you. If an item on the application does not apply, mark it N/A. Each page must be initialed affirming data is final and correct and the reference number must be provided at the bottom of each subsequent page. Prepare the application in accordance with Section 1.6 of NACCAS' *Rules of Practice and Procedure*. Be sure to keep a copy of this entire application including attachments for your records. Please see important note on page three (3) regarding Commission meeting schedule.

*Read Section 8.10(c)(2) of the NACCAS Rules of Practice and Procedure (Accreditation on 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.*

### A. APPLICANT INFORMATION

Institution Ref. # \_\_\_\_\_

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

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**\* According to Section 1.8 of the *Rules* the institution's name must be consistent between all regulatory agencies Federal, State, and NACCAS. Therefore, the information provided in Question #1 must match the institution's name listed on the institution's state license unless the state agency's official requirement is to list the ownership instead.**

What is the expected start date of the first class? \_\_\_\_\_

*You must fill out this Section (Institution Information) of this application for each location at which this new program or substantive change will be taught, and attach it to this application. See Addendum #7A on page 4 of this application for the format to submit additional information.*

Name of Institution's Owner (If owned by an individual list the names or if corporation or L.L.C., list entity name as registered with the state):

\_\_\_\_\_

Campus Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Enrollment projections and related information:

- A. How many students in all programs can the Institution comfortably accommodate? \_\_\_\_\_
- B. What is the total current enrollment of the institution? \_\_\_\_\_
- C. What is the size of each class group you hope to maintain for this new program? \_\_\_\_\_
- D. What is the projected annual enrollment in this new program? \_\_\_\_\_
- E. What are there state requirements for the facility or instructor-student ratios, if any?

\_\_\_\_\_

Initials \_\_\_\_\_

**B. PROGRAM INFORMATION**

Name of Program: \_\_\_\_\_ Estimated Time to complete: \_\_\_\_\_

1. Select one approval process:

A. \_\_\_\_\_ Program to be reviewed through the addition or change of a program process.

B. \_\_\_\_\_ Program to be reviewed as part of an institutional renewal of accreditation process.

**Note: Please refer to the instructions for this application (Instructions for Application Forms #5-7) to determine what documentation needs to be submitted.**

Program is:

- i. ☐ A new program OR
- ii. ☐ A change in program delivery including distance education OR
- iii. ☐ A change in program delivery in another language  
The language of the existing program is delivered in \_\_\_\_\_  
The language of the new program will be delivered in \_\_\_\_\_

2. Who will be responsible for supervision of instruction for this program?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

3. Specify the length of time in weeks to complete the distance education portion of the program  
\_\_\_\_\_

4. Specify the length of time in weeks to complete on-site portion of the program  
\_\_\_\_\_

5. Was this program offered as a test market program? (Refer to Section 4.11 of the *Rules*).  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list date of first class start \_\_\_\_\_

**Note: If this program was offered as a test market, the institution may not teach this program again until the Commission has approved the application for Section 4.11(a)(1)(a-c) of the NACCAS *Rules of Practice and Procedure*.**

**Note: The institution is responsible for the management, control, and delivery of synchronous distance education instruction. Distance education cannot be used as a mode of delivery for more than 50% of any program.**

**C. BASIC STATE INFORMATION**

You must fill out Part C of this application for each state in which the new program or substantive change will be taught, and attach it to the application.

6. Name of State: \_\_\_\_\_  
Does your state require state approval of this program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is state certification or licensing available to graduates from this program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is a state certification or license required for admission to this program? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Does the state allow graduates of a competency-based program to sit for the licensing examination? \_\_\_\_\_  
With a certificate of clock hours of training completed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Without a certificate of clock hours of training completed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If hours must be certified, how many hours (or percent of hours) may a student miss without making them up? \_\_\_\_\_

If yes, please explain state requirements: \_\_\_\_\_

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D. REQUIRED ATTACHMENTS

Application through Program Approval Procedure:

1. Program Self-Study (see instructions for Application Forms #5 through #7.)
2. Evidence of state approval.
3. Non-refundable application fee: Refer to Appendix #2, the Schedule of Fees.
4. Written documentation of state authority to offer the distance education portion of the program. (Letter, state regulation, etc.), if applicable.

Application through the Renewal of Accreditation Procedure:

1. Institutional Self-Study (see instructions for Application Forms #5 through #7)
2. Evidence of state approval
3. Non-refundable application fee: Refer to the Schedule of Fees on the NACCAS website.
4. Written documentation of state authority to offer the distance education portion of the program. (Letter, state regulation, etc.), if applicable.

**Note: All required documents must be submitted prior to Commission consideration.**

E. 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 Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name- (Clearly)

\_\_\_\_\_  
Title

**Do you have a consultant for accreditation matters? Yes\_\_\_ No\_\_\_**

**Notification Form #2 re: Consultant information is attached: Yes\_\_\_ No\_\_\_ N/A \_\_\_**

**Note: Beginning in 2015, the Commission will meet to consider applications eight (8) times a year. The meetings will be in the months of January, February, April, May, July, August, October and November so please consider your submission time in relation to this schedule.**

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

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Addendum #7A- Complete and submit additional pages as needed.

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

\_\_\_\_\_ **Ref. #** \_\_\_\_\_

Name of Institution Owner (If owned by an individual list the names or if corporation or L.L.C., list entity name as registered with the state):

\_\_\_\_\_  
\_\_\_\_\_

Campus Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

**Enrollment projections and related information:**

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\_\_\_\_\_

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Name of Institution Owner (If owned by an individual list the names or if corporation or L.L.C., list entity name as registered with the state):

\_\_\_\_\_  
\_\_\_\_\_

Campus Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: Area Code (    ) \_\_\_\_\_ Website: \_\_\_\_\_

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\_\_\_\_\_

Initials \_\_\_\_\_

NACCAS Ref. # \_\_\_\_\_