**To be submitted by the main school for the establishment of a branch campus.**

**Please Note:** The approval of a branch campus expires if the branch campus is not operational within 12 months after the date of Commission approval of the Application for a Branch Campus-Part I. Once expired, a school must submit a new Application for a Branch Campus-Part I and a new Application for a Branch Campus-Part II, to include the application processing fees.

**GUIDELINES FOR SUBMISSION - PLEASE REVEW PRIOR TO SUBMISSION:**

1. The school must ensure that the **Payment Submission Form** of this application is included and identifies the correct fee amount, check information, and indicates the correct and applicable school(s).

2. The school must provide a response and all appropriate supporting documentation to all items below. The Commission may not process the application and may require a new submission from the school if the application is found to be incomplete.

3. The completed application should not exceed **100 pages** total and should include only the required information. Do not provide copies of the school catalog or information that does not pertain to the items in this application.

4. Prior to final submission of this application, review the entire submission to ensure that all required information is provided, that all intended attachments are included, and that the submission is free of errors and typos.

**Don’t forget to sign and date!**

**ELECTRONIC SUBMISSION FORMAT REQUIREMENTS:**

1. Electronic Submissions may not be transmitted to the Commission via e-mail.

**Take time to review the PDF version after completion to ensure it is readable, the bookmarks work, and all pages are turned for easy viewing.**

1. The school’s response must be prepared in accordance with ACCSC’s [Instructions for Electronic Submission](http://www.accsc.org/UploadedDocuments/Instructions%20for%20Electronic%20Submission%204%201%202014%20web.docx) (e.g., prepared as one Portable Document Format (“PDF”) file that has been prepared using Adobe Acrobat software (version 8.0 or higher) and which has a .pdf extension as part of the file name). The school will receive an e-mail confirmation that the file has been received within 24 hours of the submission.
2. Please visit the ACCSC website for specific resources and guidance regarding how to successfully complete this application: [Forms and Reports](https://www.accsc.org/Forms-and-Reports/Forms-And-Reports.aspx)-Guidance/Sample Applications.ACCSC encourages the school to review this module prior to submitting this application.

**Remember to visit the *Preparing a Successful Application* document for more detailed instructions.**

1. Additionally, **do not copy and paste** answers from previous applications.

**I have read and understand the Guidelines for Submission and the Electronic Document Format Requirements set forth above and I further understand that a failure to adhere to these guidelines and requirements will result in either a delay in the processing of or return of this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Branch School #** | **Name of Proposed Branch** | **Address** | **City** | **State** | **zip code** |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Current On-Site Director** | **Phone** | **Email** |
|  |  |  |
|  |  |  |
| **Contact Person**  **(include salutation Ms. Mrs. or Mr.) (Include title/Position)** | **Phone** | **Email** |
|  |  |  |

**Please complete the following information for the MAIN school:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Main School #** | **School Name** | **Address** | **City** | **State** | **zip code** |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Current On-Site Director** | **Phone** | **Email** |
|  |  |  |
|  |  |  |
| **Contact Person**  **(include salutation Ms. Mrs. or Mr.) (Include title/Position)** | **Phone** | **Email** |

**This application is submitted by the chief executive officer of the branch for which accreditation is sought and that official hereby attests to the following:**

1. The branch is a private, postsecondary institution with trade, occupational or technical education objectives.

2. The branch is voluntarily seeking accreditation by the Commission, recognizing that such accreditation may not be specifically required for state licensure, eligibility for government funding, or other purposes external to the Accrediting Commission of Career Schools and Colleges.

3. Main school and branch officials have reviewed the ACCSC *Rules of Process and Procedure and Substantive Standards* in the *Standards of Accreditation*.

4. Main school and branch officials fully accept and support that accreditation is a voluntary, non-governmental process involving peer review and requires a necessary degree of confidentiality in decision-making and record-keeping.

5. Main school and branch officials understand that, in applying for accreditation, the branch:

* Voluntarily submits itself to a periodic review and a reasoned judgment by the Commission as to the school's qualifications;
* Has every opportunity, as part of the accrediting process, to present itself in its best light and to respond to any concerns;
* Assumes an obligation to be forthcoming, complete, and accurate in presenting information to, and answering questions of the Commission;
* Acknowledges that the Commission’s grant of initial accreditation to the proposed branch is dependent on the main school’s assurance that the branch facility is established, faculty and staff are procured, on-site learning resource materials are in place, and that the proposed branch has identified its Program Advisory Committee(s) members;
* Can exercise the right to appeal a decision to deny or withdraw accreditation by the Commission, thereby assuring an independent review; and
* Voluntarily accepts responsibility to comply with the ACCSC *Standards of Accreditation*.

1. The main school and branch will not make any promotional use of this application for accreditation prior to the Commission’s grant of initial recognition or accreditation to the proposed branch.
2. The proposed branch has submitted all required program applications for the proposed programs which have not been approved to be offered at the main school.

|  |  |  |
| --- | --- | --- |
| **DISCLOSURES** *(Select One)***:** | **YES** | **NO** |
| Has any owner or manager been directly or indirectly employed or affiliated with any school which has lost or been denied accreditation by any accrediting agency during that individual’s period of employment or affiliation? \* |  |  |
| Has any owner or manager been directly or indirectly employed or affiliated with any school which has closed or entered into bankruptcy during that individual’s period of employment or affiliation? \*\* |  |  |
| Is any action pending (e.g., court action, audit, inquiry, review, administrative action), or has action been taken, by any court or administrative body (e.g., federal or state court, grand jury, special investigator, U.S. Department of Education, or any state agency), as to any owner or manager, or any school with which an owner or manager has been directly or indirectly employed or affiliated, in a civil or criminal forum or proceeding that is not otherwise disclosed in this application?† |  |  |

\* If the answer to Item 1 is **yes**, please attach a statement to this application which details the facts and circumstances surrounding the school’s loss or denial of accreditation.

\*\* If the answer to Item 2 is **yes**, please attach a statement to this application which details the facts and circumstances surrounding the bankruptcy or school closure.

† If the answer to Item 3 is **yes**, please attach a statement to this application which gives full disclosure of the persons and matters involved. Include a statement of the facts and circumstances surrounding the action identifying the owner or manager and the school which is involved. If the matter is not yet final, please describe the procedural status of the matter (i.e., still under investigation, preliminary decision under appeal, etc.) and the position taken by the applicant, owner, manager or school involved. If the matter is final, provide a copy of the final action documentation.

**Certification**

A school seeking or holding accreditation from more than one accrediting agency recognized by the U.S. Department of Education must consistently describe itself in identical terms to each accrediting agency with regard to identity (i.e., main school or branch), purpose, governance, programs, degrees, diplomas, certificates, personnel, finances, constituents served, and must keep each accrediting agency apprised of any change in its status with one or another accrediting body.

I grant permission for the Commission to contact the appropriate state agencies, the state and U.S. Department of Education, other accrediting agencies, or any other organizations appropriate for review of this application.

**Don’t forget to sign and date!**

**I certify that the information herein and attached hereto is correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

**\*\*\***

**Application Processing fee**

Please mail a check directly to ACCSC for processing and include a statement identifying the corresponding applications(s). **Note**: Please ensure that the **Payment Submission Form** for this application is included and identifies the corresponding application(s), fee amount, and check number.

**Make sure the Payment Submission Form clearly identifies the school and the type of application. Also, did the school submit a payment for the correct amount?**

* Processing Fee of $2,000 per application.

**Please note**, should an application be deemed incomplete, the school will receive a request for additional information via email. If, upon review of the additional information, the application is still incomplete, the school will receive a deferral letter requesting additional information and the school will be assessed a **$150** **application deferral fee** for the submission of the additional information, which must be paid upon the submission of the additional information response.

**Required Supporting Documentation:**

**State approval is critical! Without state approval or documentation of licensure by means of accreditation we cannot process the application. Sending in the application while you are waiting for state approval does not put you ahead of others with complete applications in the review queue!**

**A. Structural Information to Support Proposed Branch Campus**

1. Copy of the branch's current state(s) license(s) or approval(s) which provide authority to operate.
2. Occupancy permit and/or other documentation of current compliance with local fire, safety and sanitation requirements for the expansion facility as required by appropriate regulatory authorities.

**Must have an Occupancy Permit!**

1. A sketch of floor plan for the branch.
2. Copy of a certificate(s) of insurance showing all coverage carried by the branch.
3. If the branch is required to have its program curricula approved by a state or regulatory agency, attach copies of these approvals.
4. Provide a completed Program Chart for the proposed branch.
5. An Outline of a Non-Degree Program, Outline of a Degree Program, or Allocation of Hours for Clock-Hour Programs, as applicable, for each program.

**B. Program Advisory Committee**

1. Provide a list of the Program Advisory Committee members (**Note**: *Program Advisory Committees must be comprised of appropriately qualified representatives external to the institution (****i.e., non-school employees*)**) for each program or group of related programs, using the following chart (*Section II (A)(5)(a)&(b), Substantive Standards, Standards of Accreditation*)*.*

**PAC members should be local to the branch campus.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **School Name:** | | | **School Number:** | | | | |
| **Program Name:** | | | **Credential:** | | | | |
| **PROGRAM ADVISORY COMMITTEE** | | | | | | | |
| **Advisory Committee Member’s Name** | **Title**  **Company**  **Address**  **City, State** | **Telephone Number**  **Email Address** | | **Review Responsibilities**  *(check as applicable)* | | | |
| Employer / Practitioner | Educator, Regulator, etc. | Master’s degree | Distance Education |
|  |  |  | |  |  |  |  |

**C. Branch Organization**

1. Describe how the branch is monitored and supervised by the oversight school or entity (e.g., the individuals who are responsible, the frequency of communications, and the nature of supervision).

**To receive a grant of accreditation for the branch, the school must have sufficient administrative personnel to support the operation of the campus. Remember, the staff should primarily be branch campus staff and not shared across multiple schools.**

1. An organizational chart showing all staff members who are responsible for the branch’s administration.
2. List all administrative staff for the branch campus. At a minimum, include the **School Director, Director of Admissions and Director of Education**. Report the required information utilizing the charts located below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **School Name:** | | | **School Number:** | | | |
| **ADMINISTRATIVE PERSONNEL** | | | | | | |
| **Staff Name** | **Position** | **Degree/ Credential Earned** *(Year)* | | **Description of Work Experience and/or Training for the Position** | **From** *(m/y)* | **To (***m/y)* |
|  | **School Director** |  | |  |  |  |
|  | **Director of Admissions** |  | |  |  |  |
|  | **Director of Education** |  | |  |  |  |

**If faculty have been hired, please include all the information as requested below. Fill out the charts completely. Be sure to include Month and Year for Practical Work Experience.**

1. List all faculty (technical/occupational and general education faculty if applicable) teaching at the school detailing the program, including the academic credential offered or general education courses taught (*Section III (B), Substantive Standards, Standards of Accreditation*)*.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **School Name:** | | | | **School Number:** | | |
| **TECHNICAL/OCCUPATIONAL FACULTY** | | | | | | |
| **Instructor Name** | **Proposed Program Course**  *Title(s) / Number(s)* | **Degree Earned**  *Year & Institution(s)* | **Practical Work Experience**  *(Note: Instructional experience does not qualify as practical work experience)* | | | |
|  |  |  | Job Title, Place of Employment, and Description of Work Experience | | **From** *(m/y)* | **To** *(m/y)* |
|  | |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **School Name:** | | | **School Number:** | | | | |
| **FACUTLTY TEACHING GENERAL EDUCATION and OTHER COURSES** | | | | | | | |
| **Instructor Name** | **Proposed Program Course**  *Title(s) / Number(s)* | **Degree Earned**  *Year & Institution(s)* | | **Related Subject Matter Credits Earned** | | | |
|  |  |  | | Course Number & Title | Credits | Type *(U/G)* | Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **If this information is not available, submit the specific hiring criteria and timelines when faculty will be hired.**
2. Copies of all current instructors' certificates or licenses, if instructors are required to be licensed or certified by the state or federal government.
3. Describe how the branch recruits students (i.e., geographical recruitment area and how recruiters are selected and supervised).
4. A description of student services to which students have access at the branch and the way in which these services are provided to students.
5. The branch’s catalog cross-referenced with the Catalog Checklist. (The branch’s catalog **must not** include ACCSC’s Complaint Review Process until such time as the Commission has granted initial recognition or accreditation to the branch.)
6. The branch’s enrollment agreement cross-referenced with the Enrollment Agreement Checklist.

**D. Next Steps & Next Applications**

**Note the requirements for separate applications, if appropriate.**

**Please remember that distance education approval at the main school does not automatically grant distance education approval at the branch.**

Submit the following as separate submissions. **Do not include the following information with this Branch Part II application,** but rather submit each applicable application separately using the ACCSC electronic submission process:

1. For each program (non-degree and/or degree) that **has not** been approved by ACCSC to be offered at the main school, submit an appropriate program application with all attachments including the required processing fee (e.g., Application for a New Non-Degree Program, Application for a Degree Program etc.) (*note: Processing Fee required, See Application*).
2. For any program that **has been** approved by ACCSC to be offered at the main school but will be offered with different clock/credit hours at the proposed branch, submit an appropriate program modification application (i.e. Non-Substantive Modification and/or Substantive Modification) with all required attachments (*note: Processing Fee required, See Application*).
3. If the branch plans to offer any courses and/or programs via distance education, submit an Application for Initial Distance Education Approval (*note: Processing Fee required, See Application*).
4. If the branch is seeking to use “university” in its name, submit an Application for Use of “University” in School Name – Part I and Application for Use of “University” in School Name – Part II (*note: Processing Fee required, See Application*).

**SUBMIT TO: Executive Director**

**Accrediting Commission of Career Schools and Colleges**

**2101 Wilson Boulevard / Suite 302**

**Arlington, Virginia 22201**

**Take a few moments to review your entire application!**

**Does the program information provided on Page 1 align with the program clock and credit hours (if appropriate) on the Non-Degree Program Outline or Allocation of Clock Hours form?**

**Did you provide either a narrative or back-up documentation for all items listed?**

**Is the submission free of typos and discrepancies?**

**Is the narrative succinct, specifically addressing the questions asked?**

**Did you fill out each chart with all the necessary information?**

**Did you attach all supporting documentation (i.e., state approval, program outline, etc.)?**

**Is the PDF one continuous document and bookmarked?**

**Do the bookmarks work?**

**INSTITUTIONAL DEVELOPMENT: PAYMENT SUBMISSION FORM FOR APPLICATION SUBMISSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **School(s) #** | **School(s)**  *(Please list all schools applicable to payment)* | **City** | **State** |
|  |  |  |  |
|

|  |  |
| --- | --- |
| **Application Type(s)**  \**Please refer to attached list for application types* | **Payment Amount(s)**  *(Enter payment amount for each application type)* |
|  |  |

|  |  |
| --- | --- |
| **Total Payment Amount** | C**heck Number** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of contact person(s)** | **Title(s)** | **contact phone number(s)** | **contact email(s)** |
|  |  |  |  |

* **Please submit this payment form with each check payment**.

**Submit To: Operations Department**

**Accrediting Commission of Career Schools and Colleges**

**2101 Wilson Boulevard, Suite 302**

**Arlington, VA 22201**

|  |  |  |
| --- | --- | --- |
| **\*Application Type(s)** | | |
| Application of Hours for Clock Hour Programs | Application for Continuing Education and Avocational Courses | Application for Approval of a Baccalaureate Degree |
| Application for Approval of an Academic Associates Degree | Application for Approval of a Master’s Degree | Application for Approval of an Occupational Associates Degree |
| Application for a Branch Part I | Application for a Branch Part II | Application for a Branch Realignment, Part I |
| Application for a Branch Realignment, Part II | Application for a Change of Location Part I | Application for a Change of Location Part I |
| Application for a Change of Name Part I | Application for a Change of Control Part I | Application for a Change of Control Part II |
| Application for Clock to Credit Hour Conversion | Application for a Distance Education Facility | Application for Initial Distance Education |
| Application for Expansion of Distance Education Approval | Application for a Change of Mission | Application for English as a Second Language Courses |
| Application for a New Non-Degree Program | Application for a Satellite Location | Application for a Substantive Program Modification |
| Application for a Substantive Program Modification Addition of Concentration | Modification of Ownership Report | Consortium Partnership Report |
| Distance Education Consortium Partnership Agreement | Facility Expansion Report | Program Modification Report Non-substantive Modification |
| Application for a Baccalaureate Degree – Affiliated | Application for an Associate Degree – Affiliated | Application for a New Non-Degree Program – Affiliated |
| Application for a Substantive Program Modification – Affiliated | Application for a Clock to Credit Hour Conversation – Affiliated | Program Modification – Non Substantive Modification – Affiliated |
| Application for use of “University” in the School Name Part – I | Application for use of “University” in the School Name Part – II | Application for a Change of Name Part II |