MISSOURI
DEPARTMENT OF HIGHER EDUCATION

APPLICATION FOR RECERTIFICATION TO OPERATE A SCHOOL IN MISSOURI

Pursuant to Sections 173.600 through 173.619, RSMo

Submitted By:

_____
(Name of School)

Date of Submission:

_____

THESE FORMS VALID ONLY
IF SUBMITTED BY

MARCH 15, 2014

PROPRIETARY SCHOOL APPLICATION FOR RECERTIFICATION

INTRODUCTION

Purpose

This application is to be completed only by schools seeking **annual recertification** to operate for purposes of offering an instructional program(s) within the state of Missouri. All current certificates expire **June 30**, and failure to submit an application for recertification will result in the lapse of certification.

The department must receive your completed application by the deadline of **March 15, 2014. Failure to submit a complete recertification application by March 15, 2014 may result in a late of $10 per day, exclusive of Saturdays, Sundays and holidays, not to exceed a maximum of $1,500.** Please submit your form to the Missouri Department of Higher Education, Proprietary School Certification, P.O. Box 1469, Jefferson City, Missouri 65102. For overnight delivery (FedEx, UPS, etc.), deliver to the Missouri Department of Higher Education, Proprietary School Certification, 205 Jefferson Street, 11th Floor, Jefferson City, Missouri 65101. It is recommended that you send the application materials using a method that provides a return receipt so you can verify timely delivery.

Do **NOT** send your certification fee with this application. We cannot accept the fee before making a determination regarding your eligibility for recertification.

Application Completion Options

The application consists of three sections and the instructions for completion may be found at the beginning of each section. All sections of the application are available on the Department of Higher Education Internet site in Adobe Acrobat (PDF) document format or as a Microsoft Word document. Anyone with access to the Internet should be able to use these electronic resources. A copy of Acrobat Reader is available free at http://get.adobe.com/reader/ if you wish to use that version of the application. Any Word 97 or later release should be capable of accessing the related version of the application.

There are two options for completing the application.

Option One: You may complete the paper application, just as you have in previous years. You can receive a paper copy by downloading and printing either version of the document in its entirety. If you are unable to access the application electronically, you can contact the Department of Higher Education and we will send you a printed application packet.

Option Two: You can complete the Microsoft Word version of the application electronically. To complete the form in this manner, you must access the application from our Internet site, complete it electronically (either while connected to our site or by saving a copy to your computer hard drive) and save/print the completed application. All data forms can be accessed separately from the application by clicking on underlined links within the application or by visiting our Internet site.

Submission Procedures

Once you have completed the application, you must print a copy of the entire application, sign and initial all pages requiring original signatures or initials, and submit it along with all exhibit materials to the department. Please **submit one** completed copy to the Department of Higher Education and **retain one** completed copy for your records. Do not submit the application by e-mail or other electronic means.

Review Procedures

Care and diligence are required in the preparation of this application. Incoming applications are reviewed for completeness in preparation for an in-depth evaluation. If you are notified that your application is incomplete, you must provide the requested information promptly. Detailed review of the application will not proceed until all application materials are complete. Failure to submit the requested information in a timely manner may result in the assessment of a late fee and/or denial of certification to operate.

All complete applications will be comprehensively evaluated after the March 15 deadline. Because of the thorough nature of these reviews and the volume of applications received, completion of the evaluation process requires at least 45 days. *You will receive written notification of the results of the evaluation*. It is imperative that you **respond immediately** if you receive a request for additional information regarding your application. If the department does not receive sufficient information to make a determination on your application, your certification may be delayed past the June 30 deadline.

When you receive confirmation that your institution is eligible for recertification, you will also be notified regarding the payment of the **certification fee** and the submission of verification of an adequate **security deposit**, both of which are required conditions of recertification. Once those items have been received, a **certificate of approval** and an official **program inventory** will be issued.

Information and Assistance

If you have questions or require additional assistance, visit our Internet site or
contact the Proprietary School Certification Program staff at (573) 751-2361.

SECTION I

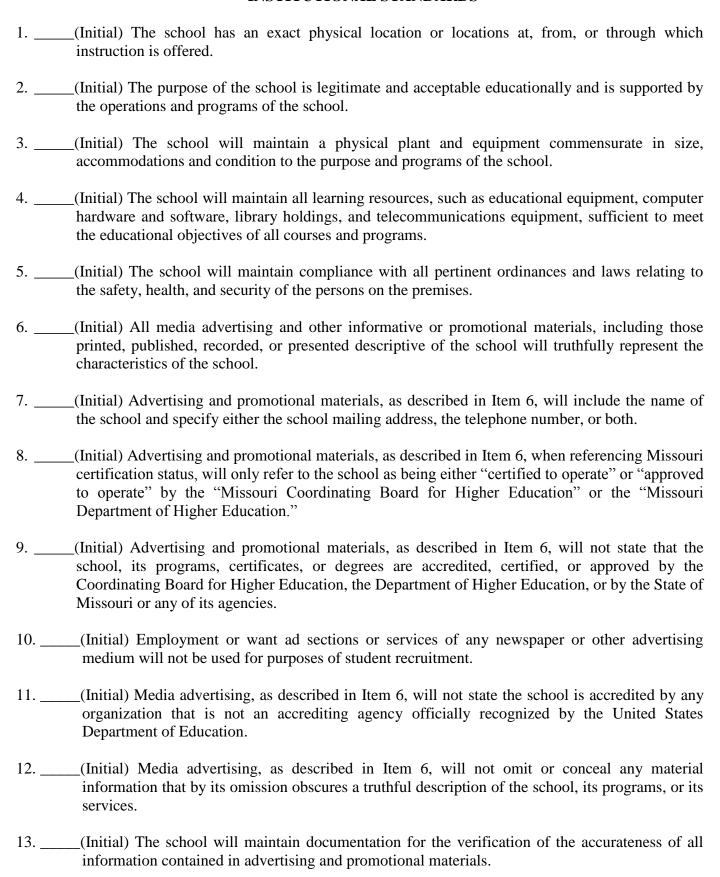# CERTIFICATION STANDARDS

INSTRUCTIONS

This section contains a series of statements regarding the standards required for certification to operate. A school official must initial each statement and by doing so attests that the school is in compliance with that standard. The name and title of the school official who initials the attestations must be provided on page 7 of the application. Regardless of who initials the items, the school official signing the application is responsible for the accuracy and completeness of all information provided in the application. **If you are unable or unwilling to attest to compliance with any item, attach a full narrative explanation as Exhibit Six, at the end of the application.**

Applications will be deemed incomplete if any of the following occur:

- The school official initialing this section is not identified.
- A statement has not been initialed and no explanation is attached as Exhibit Six.
- The school official's initials are typed into the blanks.
- The blanks contain ✘'s, ✔'s or anything other than the school official's original initials.

Please note that this section of the application cannot be completed electronically. Since the items in this section require an original signature or initials, it must be printed and completed by hand.

INSTITUTIONAL STANDARDS

1. _____(Initial) The school has an exact physical location or locations at, from, or through which instruction is offered.

2. _____(Initial) The purpose of the school is legitimate and acceptable educationally and is supported by the operations and programs of the school.

3. _____(Initial) The school will maintain a physical plant and equipment commensurate in size, accommodations and condition to the purpose and programs of the school.

4. _____(Initial) The school will maintain all learning resources, such as educational equipment, computer hardware and software, library holdings, and telecommunications equipment, sufficient to meet the educational objectives of all courses and programs.

5. _____(Initial) The school will maintain compliance with all pertinent ordinances and laws relating to the safety, health, and security of the persons on the premises.

6. _____(Initial) All media advertising and other informative or promotional materials, including those printed, published, recorded, or presented descriptive of the school will truthfully represent the characteristics of the school.

7. _____(Initial) Advertising and promotional materials, as described in Item 6, will include the name of the school and specify either the school mailing address, the telephone number, or both.

8. _____(Initial) Advertising and promotional materials, as described in Item 6, when referencing Missouri certification status, will only refer to the school as being either "certified to operate" or "approved to operate" by the "Missouri Coordinating Board for Higher Education" or the "Missouri Department of Higher Education."

9. _____(Initial) Advertising and promotional materials, as described in Item 6, will not state that the school, its programs, certificates, or degrees are accredited, certified, or approved by the Coordinating Board for Higher Education, the Department of Higher Education, or by the State of Missouri or any of its agencies.

10. _____(Initial) Employment or want ad sections or services of any newspaper or other advertising medium will not be used for purposes of student recruitment.

11. _____(Initial) Media advertising, as described in Item 6, will not state the school is accredited by any organization that is not an accrediting agency officially recognized by the United States Department of Education.

12. _____(Initial) Media advertising, as described in Item 6, will not omit or conceal any material information that by its omission obscures a truthful description of the school, its programs, or its services.

13. _____(Initial) The school will maintain documentation for the verification of the accurateness of all information contained in advertising and promotional materials.

PROGRAM STANDARDS

14. _____(Initial) The instructional programs of the school legitimately support the stated purpose of the school and each course of instruction meets its stated objectives.

15. _____(Initial) Earned degrees or certificates will not be given, awarded or granted in the absence of an instructional component offered and conducted by the school.

16. _____(Initial) The school will maintain a catalog or other publication that contains all program information outlined in the publication checklist, found on pages 28-30 of this application, and that will be provided to all students and any prospective students upon request.

17. _____(Initial) Earned certificates or degrees will not be given, awarded or granted solely on the basis of payment of tuition or fee, credit earned at another school or schools, on the basis of credit for life experience or other equivalency, on the basis of testing out, on the basis of research and writing, or solely on the basis of any combination of these factors.

PERSONNEL STANDARDS

18. _____(Initial) The school has a formal governance structure consistent with its form of ownership or corporate identity that is capable of adequately directing, administering, and operating the school and is capable of developing and maintaining its instructional programs.

19. _____(Initial) The school will maintain sufficient administrative, instructional, and support personnel based on its student enrollment and relative needs for educational and support services.

20. _____(Initial) All instructional personnel (any personnel who train or deliver instruction or who measure, assess, or evaluate student achievement) have a combination of educational and experiential qualifications in excess of the level of instruction on which they are instructing.

21. _____(Initial) All instructional personnel (as defined above) have relevant qualifications, training, and experience in the subject or discipline area in which they are teaching.

FINANCIAL STANDARDS

22. _____(Initial) The school has a sound financial structure with sufficient resources for its continued operation.

23. _____(Initial) The school demonstrates financial stability and responsibility through reasonably prompt satisfaction of operational financial obligations, its capital indebtedness obligations, its personnel payroll, and its student financial refund obligations.

24. _____(Initial) The school continuously maintains the required financial security deposit on forms provided by the department.

25. _____(Initial) If financial aid is available to students attending the school, the school attests that the administration of governmental student financial aid, including grants and loans, awarded through or by the school, is in compliance with all applicable laws and regulations.

STUDENT COST STANDARDS

26. _____(Initial) The school will fully disclose any and all financial charges to the students, and this disclosure will be maintained through a catalog or other printed or published informative material, and made available to all students and any prospective students upon request.

27. _____(Initial) The school will provide for a period during which the enrollment agreement may be cancelled by the student with refund of all monies paid. That cancellation period shall not be less than three (3) days, exclusive of Saturday, Sunday, and holidays.

28. _____(Initial) The school will maintain a fair and equitable student tuition refund policy through at least one-half of the enrollment period.

29. _____(Initial) The refund policy maintained by the school will specify fees or other expenses that are non-refundable beyond the required period of cancellation specified in Item 27.

30. _____(Initial) The refund policy maintained by the school will specify a maximum time lapse for the refund to be made and any conditions under which there would be no refund.

31. _____(Initial) The school will disclose to students any conditions under which the refund would be made to a person other than the student.

STUDENT SERVICES STANDARDS

32. _____(Initial) The school will maintain and fairly and equitably enforce admission procedures and requirements which reasonably assure that the students admitted are capable of achieving and informed concerning the qualifications, competency levels, and/or proficiencies necessary to achieve the stated goals of the instruction offered and which are nondiscriminatory in their application.

33. _____(Initial) The school will maintain and disclose in a catalog or other publication all policies governing students, as listed on the publication checklist located on pages 28-30 of this application, and the expectations of reprimand, punishment, or termination for violation of any of these policies.

34. _____(Initial) The school will maintain a written enrollment agreement containing all required elements, as listed on the enrollment agreement checklist located on page 31 of this application, and will provide a copy of the completed agreement to all accepted students.

35. _____(Initial) The school will permanently maintain an individual transcript record for each student currently or formerly enrolled at the school. Unless the transcript is destroyed by an act of nature, the institution will not refuse to issue a transcript on a student's written request, except for the reason of student nonpayment of a financial obligation to the school.

36. _____(Initial) The transcript maintained by the school will include all required elements, as listed on the transcript checklist located on page 32 of this application.

ATTESTATION

By my signature, I affirm my understanding of and agreement with the following:

If this application is approved, approval is valid only under the stipulations as set forth in the Missouri Code of State Regulations 6 CSR 10-5.010.

The Department of Higher Education may, on its own cognizance, provide information about this application and the school to other governmental agencies and to accrediting associations. Public access to the department's files on the school will be in accordance with Missouri's open records law.

The initials contained on items 1 through 36 are those of an official of the school legally authorized to act on behalf of the school and attest to the fact that the school is in compliance with all applicable rules and regulations and will maintain compliance throughout the term of the certificate of approval.

The statements and information in this application or attached to this application are certified to be true and correct.

_____
Signature of Owner or Chief Administrator

_____
Typed or Printed Name

_____   _____
Title   **Date of Signing**

_____
Name of Person Initialing the Application (if different than person signing above) (Please Print)

_____
Title

SECTION II

INSTITUTIONAL INFORMATION

INSTRUCTIONS

This section collects information about the school's physical location(s), contact information, ownership, control, and accreditation. In addition, it contains five data collection forms (Program Inventory, Personnel, Finance, Student Financial Aid, and Enrollment, Completion and Employment). The information collected in this section pertains to the school's eligibility for recertification and about its students.

The Department of Higher Education is responsible for compiling, analyzing, publishing and distributing descriptive information about the proprietary school sector. The data reported in this section may be aggregated and reported in a statistical summary produced by the Department.

Location, Ownership, Control and Accreditation:

The information provided identifies the official name, physical location(s), mailing address, telephone and facsimile numbers, and the web address of the school. Additionally, it establishes the type of ownership and control of the institution and the status of the institution with any accrediting or approving agencies.

This section also provides information regarding branch campuses and/or extension sites maintained by the institution. For purposes of certification to operate, a **branch campus** is defined as a geographically separate and permanent instructional facility, which is derived from and controlled by its main campus. A branch campus may provide complete and distinct programs and employ unique or shared instructional and administrative personnel. A branch may produce and maintain its own institutional and student records. An **extension site** is defined as any geographically separate and either temporary or permanent instructional facility located within reasonable geographic proximity to a main or branch campus, which is entirely auxiliary to and operated by a main or branch campus. An extension site does not provide distinct programs, employ significant administrative personnel, or maintain its own institutional or student records.

- *Please note that if there are any changes to the institutional information provided in this section during the recertification year, you must notify the Department at least thirty days prior to the effective date of that change.For more information, visit our website.*

Instructions for each of the data collection reports may be found immediately before the required form.

LOCATION/OWNERSHIP/CONTROL/ACCREDITATION

37. Official School Name (as it should appear on the school's certificate to operate and all school publications):

   _____

38. Physical Address of the Main Missouri Campus:

   _____

   _____

   Mailing Address, if different:

   _____

   _____

   _____

   School Telephone Number: _____

   School Facsimile Number: _____

   School Website, if applicable: _____
   (Note: Electronic mail (e-mail) addresses are reported as part of the personnel information.)

39. **A.** Indicate the form of school ownership/control by marking one of the following:

   ☐ Individual   ☐ Partnership   ☐ Private or Public Corporation (**see B.1 & B.2**)

   ☐ Board of Trustees/Directors   ☐ Other – Specify: _____

   B. 1. If the ownership is a corporation, indicate the State in which incorporated: _____

   B. 2. If the ownership is a corporation, indicate ☐ For-Profit **OR** ☐ Not-for-Profit.

   C. Name of Owner: _____

   Address of Owner: _____

                          _____

   D. If ownership is a partnership or a for-profit corporation, give the name(s) of person(s) holding an ownership interest of ten percent or more. If not-for-profit and controlled by a governing board, indicate board size and list the current officers.

   _____

   _____

40. Indicate whether the school is currently accredited by an accrediting association recognized by the U. S. Department of Education. ☐ **YES** ☐ **NO**

List all associations by which the school is accredited **whether or not** they are recognized by the U.S. Department of Education and indicate when the current grant of accreditation will expire.

_____ Exp. Date _____

_____ Exp. Date _____

_____ Exp. Date _____

_____ Exp. Date _____

41. Indicate whether the school has programs that are approved or certified by federal or state agencies, for example Vocational Rehabilitation, Veterans, etc. ☐ **YES** ☐ **NO**

If yes, list all such agencies.

_____

_____

_____

_____

42. The school identified in Items 37 and 38 (the main Missouri campus) has the following in Missouri.

Branch Campuses: ☐ **NO** ☐ **YES** **How many?** _____

Extension Sites: ☐ **NO** ☐ **YES** **How many?** _____

Franchisee Operations: ☐ **NO** ☐ **YES** **How many?** _____

For each branch campus, extension site or franchisee operation indicated above, please provide complete contact information on the following pages.

For institutions based outside of Missouri, the location for which this application is submitted is considered by the department to be a main campus. Please do not include information about the location identified in Items 37 and 38 on the branch campus forms. Provide branch campus and extension site information only for those sites previously approved as such by the department. Approval of new sites should be requested separately from this application.

Branch Campus Information
Branch DHE Code: -
(See lower right corner of branch certificate.)

Physical Address: _____

_____

Mailing Address, if different:

_____

_____

Telephone Number: _____   Facsimile Number:_____

Name of Designated Campus Contact: _____

Title of Designated Campus Contact: _____

DUPLICATE AND ATTACH ADDITIONAL PAGES AS NEEDED

This form is available separately from the complete application. If you are completing the application electronically, click here to access a separate copy of this page for use in completing additional pages as needed.

Extension Site Information

Extension of Which School Location: _____

Physical Address: _____

_____

Mailing Address, if different:

_____

_____

Telephone Number:_____ Facsimile Number:_____

Name of Designated Site Contact: _____

Title of Designated Site Contact: _____

DUPLICATE AND ATTACH ADDITIONAL PAGES AS NEEDED

This form is available separately from the complete application. If you are completing the application electronically, click here to access a separate copy of this page for use in completing additional pages as needed.

Franchise Location Information

Franchise of which School Location: _____

Physical Address: _____

_____

_____

Telephone Number: _____ Facsimile Number: _____

Name of Designated Contact Person: _____

Title of Designated Contact Person: _____

Physical Address: _____

_____

_____

Telephone Number: _____ Facsimile Number: _____

Name of Designated Contact Person: _____

Title of Designated Contact Person: _____

Physical Address: _____

_____

_____

Telephone Number: _____ Facsimile Number: _____

Name of Designated Contact Person: _____

Title of Designated Contact Person: _____

DUPLICATE AND ATTACH ADDITIONAL PAGES AS NEEDED

This form is available separately from the complete application. If you are completing the application electronically, click here to access a separate copy of this page for use in completing additional pages as needed.

PROGRAM INVENTORY INSTRUCTIONS
APPLICATION ITEM 43

This item requests information about the inventory of instructional programs to be offered by the school during the 2014-2015 certification year. This application item establishes the programmatic scope of the school's certificate of approval and must **accurately** and **completely** report each instructional program to be offered by the school. This application item is one of the most **crucial** and requires extreme diligence in its completion. A program or program of instruction is defined as a complete academic or vocational education offering which fulfills the requirements for the awarding of a certificate or degree. A program may consist of one or multiple courses, and shall, upon satisfactory completion, fulfill an academic, occupational, or other training objective.

Item 43 must include, for each **currently approved** instructional program offered:

- The appropriate CIP code. (CIP code information, including several useful tools, is available on the Internet by clicking here. Assistance is also available by request from the department.)
- The official program title as it appears in school publications.
- The length of the program in weeks.
- The number and type of hours required for completion of the program. Under type, please indicate semester credit hours (SCH), quarter credit hours (QCH) or contact hours (CH). If progress and completion are not measured in hours, please enter OTR, report the number of lessons or other measures used for this purpose, and attach an explanation/definition of these items.
- Tuition, fees, and other costs of enrolling in and completing the program.
- The exact designation of the award granted upon satisfactory completion of the program.

The inventory provided with this application will be compared to the school's currently approved inventory to identify any variations. It will also be used as a basis for evaluating the disclosure of programmatic information in advertising and publications and for the department's profile of the institution that is available to the public.

- *Please note that any substantial changes to the programmatic offerings of the school, including the initiation of new programs, must be approved by the Department before implementation. **The addition of new programs or substantive program changes should not be a part of the recertification process. The department expects schools to follow the procedures on the website for the initiation of all new programs and substantive changes.***

- *This form (application Item 43) is available separately from the complete application. If additional pages of the form are necessary to report branch information or more programs than one form will allow, please click here for access as needed.*

PLEASE NOTE THAT SCHOOLS OPERATING BRANCH CAMPUSES MUST COMPLETE A SEPARATE ITEM 43 FOR EACH BRANCH

(DHE code may be found in the lower right corner of the current certificate of approval)

Item 43: Program Inventory

School Name: _____ Location/City: _____ Branch Code: _____ - ____

For each instructional program offered, provide the information requested below. See the previous page for additional information.

| CIP Code | Program Title | Length (weeks) | Hours | | Tuition | Fees | Cost of Books & Supplies | Award | |
			Number	Type				Non-degree (Cert.)	Degree (AAS, BS, etc.)
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	

Duplicate this page if additional space is needed and for each branch location

PERSONNEL DATA

INSTRUCTIONS

The information provided on this form verifies the institution employs adequate administrative and support staff and a sufficient number of qualified instructors.

All schools must complete Item 44. This form reports the number of administrative and instructional staff for each location of the school, and whether they are full-time or part-time.

Please note that while it is possible for a school to employ one person as both an administrator and an instructor, it is not appropriate to list that person as full-time in both categories or full-time in one category and part-time in the other. In this instance, the person should be reported as part-time in both categories.

Please report these data for the main campus and each branch campus of the school. **Duplicate as necessary to complete a report for the main and each branch campus.** The identification number for each campus is located in the lower right corner of the current certificate of approval.

▪ *This form (application Item 44) is available separately from the complete application. If additional pages of the form are necessary to report branch information, please click here for access as needed.*

▪ *All schools must provide additional information about school personnel as part of **Exhibit Four**, Personnel Information. Please review the instructions for that section of the application.*

Item 44
Personnel Data
List Total Number in Each Category

Main Campus DHE Identification Number: - <u>0 0</u>

Personnel Category	Full-Time	Part-time
Administrative		
Instructional		

Branch Campus DHE Identification Number: -

Location/City: _____

Personnel Category	Full-Time	Part-time
Administrative		
Instructional		

Branch Campus DHE Identification Number: -

Location/City: _____

Personnel Category	Full-Time	Part-time
Administrative		
Instructional		

Branch Campus DHE Identification Number: -

Location/City: _____

Personnel Category	Full-Time	Part-time
Administrative		
Instructional		

DUPLICATE AND ATTACH ADDITIONAL FORMS AS NEEDED

This form is available separately from the complete application. If additional pages of the form are necessary to report branch information, please click here for access as needed.

FINANCIAL STATEMENT

INSTRUCTIONS

The income and expenditure data submitted in this section provide a basis for determining the school's compliance with the standards requiring a sound and adequate financial structure supporting continued operation of the school. This section of the application includes a financial statement showing major categories of income and expenditure for the last completed school fiscal year, and reports the certification fee and security deposit requirements that are based on that financial information. As a financial report for all school-related activities, a single financial statement should be submitted that includes information for all campuses and instructional locations operated under the Missouri location identified in items 37 and 38. Completion of the included financial statement is a required part of the school application for recertification to operate. Other financial statements may be attached to the application as supporting documentation but *may not be substituted* in lieu of this statement.

Name of School: Official name of the school as shown in application item 37.

School ID: Enter the DHE identification number from last year's main campus certificate to operate (located in the lower right corner).

Item 45: Enter the 12-month period for which data are reported, as determined by the school. The time period for this report should be the most recent fiscal year for which financial information is available.

Signature of School Owner or Chief Administrative Officer: This line **must** include an **original signature** of one of the indicated school officers.

- *The information contained in the financial statement establishes the amount of the certification fee (Item 54) and the security deposit requirement (Item 55). The formula for calculating the amount of each is described in the related application item. Do **NOT** submit the certification fee or the security deposit with this application. Information concerning the submission of those items will be provided after the application has been reviewed and approved.*

  The security deposit, as required by law, must cover any and all Missouri locations and school agents, must specifically identify the location reported in application items 37 and 38, and must remain in place continuously in order for the school to maintain its certificate of approval. Compliance must be by a performance surety bond, irrevocable letter of credit, or cash bond secured by a certificate of deposit.

- *Because this form requires an original signature, a signed original of this form must be submitted with the application.*

- **This form is available separately from the complete application. If another copy of this page is needed, please click here for access.**

Coordinating Board for Higher Education

Financial Statement
Income and Expenditures for the Most Recently Completed School Fiscal Year

Name of School: _____ DHE ID: _____ - **0 0**

School Address: _____

_____

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45. Reported fiscal year starts   and ends   .

INCOME:

46. Tuition (All tuition less refunds, books, tools and supplies.)	
47. Fees (Not included in tuition.)	
48. Total Tuition and Fees (Sum of Items 46 and 47.)	$0
49. Other Income (Including books, tools and supplies.)	
50. Total Income (Sum of Items 48 and 49.)	$0

EXPENDITURES:

51. Payroll (Total for all employees, not including fringe benefits.)	
52. Nonpayroll Expenditures	
53. Total Expenditures (Sum of Items 51 and 52.)	$0

The information provided on this financial statement is correct and accurate to the best of my knowledge.

_____   _____

Signature of School Owner or Chief Administrative Officer   Date

_____

Typed or Printed Name and Title

CERTIFICATION FEE AND SECURITY DEPOSIT REQUIREMENT

54.   The dollar amount of the certification fee must be calculated by the school as described below:

$.0013 multiplied by Item 48 (net tuition and fee income for the preceding year)

$.0013 X $0 _____   = $0 _____
               Item 48

If the amount calculated is less than the minimum of $500, the certification fee for the school will be $500. If the amount calculated is greater than the maximum of $5,000, the school certification fee will be $5,000. For amounts calculated that fall between these numbers, please round to the nearest dollar.

Please enter the amount of the certification fee: _____

DO NOT SUBMIT THE CERTIFICATION FEE WITH THIS APPLICATION

55.   The dollar amount of the security deposit requirement must be calculated by the school as described below:

Ten (10) percent multiplied by Item 46 (preceding year's gross tuition income)

0.10 X $0 _____   = $0 _____
             Item 46

If the deposit amount calculated is less than the minimum of $5,000, the security deposit required for the school will be $5,000. If the deposit amount calculated is greater than the maximum of $100,000, the security deposit required for the school will be $100,000. For those amounts calculated between these two numbers, please round to the nearest dollar.

Please enter the amount of the security deposit: _____

The security deposit is already on file for schools seeking recertification. If replacement of the security deposit or increase in the amount of the deposit currently on file is required, it will be requested prior to issuance of the certificate.

DO NOT SUBMIT SECURITY DEPOSIT MATERIALS WITH THIS APPLICATION

STUDENT FINANCIAL AID AWARDED BY SOURCE
FORM DHE 14-P

INSTRUCTIONS AND EXPLANATIONS

This report provides data about the amount and types of financial assistance your students received during the most recently completed financial aid award year. This information is reviewed for internal consistency with enrollment information and other application items. It is also compared to income and expenditure data to assess the school's financial stability with regard to dependence on student financial assistance programs.

School name, ID number (found on the lower right hand corner of the certificate), authorized signature and reporting period should be completed regardless of whether financial aid was available or delivered during the past year. The authorized signature is the signature of the official responsible for data correctness and integrity. The reporting period is the 12-month period for which the data is reported, as determined by the school.

Student Financial Aid Not Available: Initial the blank if this statement applies to your school and skip to the next application item (DHE 27-P). *If students **are eligible** for financial assistance, skip this item and complete lines 1 through 18 for programs available at the school, **even if the total amount delivered was zero.***

Line 1 through Line 7--Federal Programs: For each federal source of financial aid listed on these lines, report the number of students who received funds from that source of financial aid during the reporting period and the total dollar amount of financial aid disbursed from that source.

Line 8--State Administered Federal Programs: For each federally funded student financial assistance program listed on this line, report the number of students who received funds and the total dollar amount of aid disbursed from that source. If funds were delivered from other governmental sources of this type, please attach a report that identifies each program and reports the number of students served and the total amount disbursed. Record the total for programs listed in this separate report under the "other" heading on this line.

Line 9--State Funded Programs: For each state funded student financial assistance program, report the number of students who received funds from that source of financial aid during the reporting period and the total dollar amount of financial aid disbursed from that source.

Lines 10 through Line 12--Institutional Programs: For each institutional source of financial aid listed in lines 10 through 12, report the number of students who received funds from each source during the reporting period and the total dollar amount of aid disbursed from that source.

Line 13--Other Financial Aid Sources: Report the number of students and the total dollar amount disbursed for any financial aid program not reported in lines 1 through 13. This should include any private loan programs, such as Sallie Mae (SLM) or Key Bank. If financial assistance is awarded from other sources not listed elsewhere on this form, **attach a separate sheet listing each program and the amount awarded**. Record the total for programs listed in this separate report under the "other" heading on this line.

Line 14 – Number of Students Column: Enter the total **UNDUPLICATED** number of students receiving financial aid from all sources during the reporting period. In most instances this entry **WILL NOT** equal the sum of all the entries in lines 1 through 13 of the Number of Students column since some students receive financial aid from more than one source. Unduplicated means that no student is counted more than once.

Line 14 - $ Amount Awarded Column: Enter the total amount of financial aid awarded from all sources during the reporting period. This entry **WILL BE** the sum of all entries in lines 1 through 13 of that column. If student financial aid funds were available, but no funds were delivered, please enter a zero on this line.

- *Because this form requires an original signature, a signed original of this form must be submitted with the application.*

- **This form is available separately from the complete application. If access to another copy of this page is necessary, please click here for access as needed.**

Coordinating Board for Higher Education
Student Financial Aid Awarded by Source
(DHE 14-P)

DHE - **0 0**			
ID Number from Certificate		School Name	
		Authorized Signature	
Reporting Period: 12-month period ending on .			
Student Financial Aid Not Available (**Initial if applicable___**)			
Source of Aid	Line	Number of Students	$ Amount Awarded
Federal Programs			
Pell Grants	01		
Supplemental Education Opportunity Grants	02		
College Work Study	03		
Perkins Loans	04		
Direct Subsidized Student Loans	05		
Direct Unsubsidized Student Loans	06		
Direct PLUS Loans	07		
State Administered Federal Programs Workforce Investment Act (WIA)	08		
Vocational Rehabilitation (VR)			
Trade Readjustment Act (TRA)			
Other (specify)			
State Funded Programs State Funded Programs (specify)	09		
Institutional Programs Grants/Scholarships	10		
Loans	11		
Jobs	12		
All Other Financial Aid Sources Sallie Mae (SLM)	13		
Key Bank			
Other (Specify)			
Unduplicated Number of Students and Total Financial Aid Dollars	14		$0

This report provides information about the enrollment and outcomes of students enrolled at each location of the school. **A SEPARATE FORM MUST BE COMPLETED FOR THE MAIN CAMPUS AND EACH BRANCH CAMPUS OPERATED BY THE SCHOOL.** The information reported by the school is useful in reviewing institutional performance.

Name of the School: The official name of the school as shown in application item 37.

School ID: The assigned DHE ID number, as shown in the lower right hand corner of the previous year's certificate to operate.

Authorized Signature: This is the signature of the school official who is responsible for the data correctness and integrity.

Section I – Student Enrollment: This section provides a summary of enrollment information. Please enter the number of students (head count) enrolled at the school any time during the 12 month period ending December 31, 2013. This information will be compared with other data provided in the application.

Section II – Student Placement: If the school provides students/graduates with organized and systematic assistance with finding employment, check the YES box and enter the placement rate and the reporting period. *This placement rate is an adjusted percentage of graduates working in training related fields.* For accredited institutions, this rate should be calculated in accordance with the requirements of your accrediting commission. Other institutions should use a generally accepted method for calculating this percentage. The reporting period may be a calendar year, fiscal year, or any other 12-month period for which documentation is available. If the school does not offer placement assistance or services, check the NO box. **Regardless, all other sections of this form must be completed.**

Sections III and IV: Sections must be completed whether or not the school offers placement assistance.

Section III – Program Completions:

Column (1):	Program Name – Enter the name of each program offered by the school (as it appears in application item 43, the official program inventory) from which students graduated during the reporting period. If the program name changed during the year, please use the most recent title. If the program is no longer offered, please use the last reported name.
Column (2):	CIP Code – For each program listed, enter the appropriate Classification of Instruction Programs (CIP) code. The CIP codes listed for each program must agree with the code listed on the official program inventory (item 43). If the CIP code was changed or the program was deleted, use the last reported program code.
Column (3):	Award – If a degree program, enter the specific degree; e.g., AAS, BS, etc. If a nondegree award, enter "Cert." for certificate. It is **not** appropriate to enter "diploma" in this column.
Column (4):	Completers – Enter the number of students who graduated from each program during the 12 month period ending on December 31, 2013.

Section IV – Employment of Graduates: Data provided in this section should be based on the best information available to and maintained by the school **as of the date of the completion of the application**. It is understood that the accuracy of this data is limited by the school's knowledge of student actions after graduation. No individual should be reported more than once in columns 5 through 11.

Column (5):   Training Related – Enter the number of graduates of the program employed in the occupation or job category for which training was offered.

Column (6):   Nontraining Related – Enter the number of graduates of the program employed in jobs not requiring the program training.

Column (7):   Further Education – Enter the number of graduates of the program that did not enter employment but enrolled in any school for further education.

Column (8):   Military – Enter the number of graduates of the program that entered military service rather than employment.

Column (9):   Unavailable – Enter the number of graduates of the program that, for reason of death, illness, or other legitimate causes, have been unavailable for employment.

Column (10):   Available but not Employed – Enter the number of graduates of the program not included in other categories that were available for employment but were not employed.

Column (11):   Unknown – Enter the number of graduates of the program for which the school simply has no information.

Column (12):   Total – The entry in each line of Column (12) must be the sum for that line of Columns (5) through (11) and must be the same number entered in Column (4) of that line.

Totals: Compute and enter totals of Columns (4) through (12). If additional pages are needed to give data for all programs, duplicate the page as necessary but *show the totals only on the final page of the DHE 27-P report for each location of the school*.

▪ *All schools, whether maintaining a placement service or not, are required to report the number of students in each category of Columns (5) through (10) of which the school has knowledge. **This is a report of employment, not a report of placement.***

▪ *This form (DHE 27-P) is available separately from the complete application. If additional pages of the form are necessary to report branch information or more programs than one form will allow, please click here for access as needed.*

▪ *Because this form requires an original signature, a signed original of this form must be submitted with the application.*

Coordinating Board for Higher Education
Enrollment, Completion and Employment (DHE 27-P)

Name of School _____   **DHE Identification Number:**   **-**

Authorized Signature _____

Section I – Student Enrollment

The total headcount enrollment for the campus for **calendar year 2013** was   .

Section II – Student Placement

This school provides student placement assistance ☐ YES/ ☐ NO. If the answer is YES, complete the remainder of Section II. The most current school placement rate for which documentation is available is   % and the twelve month reporting period this rate covers is   to   .

Complete Sections III and IV regardless of whether or not the school offers placement assistance. (See instructions on previous pages.)

Section III – Program Completion (January 1 through December 31, 2013)				Section IV – Employment of Graduates (Known as of completion date of the application)							
Program Name (1)	CIP (2)	Award (3)	Completers (4)	Training Related Jobs (5)	Non-training related Jobs (6)	Further Education (7)	Joined Military (8)	Unavailable for Employment (9)	Available but not Employed (10)	Unknown (11)	Total (12)
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
Totals			0	0	0	0	0	0	0	0	0

Duplicate this page if additional space is needed and for each branch location

SECTION III

EXHIBITS

The school's publications, enrollment agreement, and transcript are submitted as exhibits to demonstrate the institution is making disclosure of all required information to students and prospective students. Checklists are provided for your convenience in reviewing materials for completeness and accuracy. The exhibit checklist also **requires an authorized signature** attesting to the accuracy of the attached documents. The exhibits are also evaluated to verify that the institutional, programmatic, financial, student cost, and student services information reported on the recertification application is accurately and consistently disclosed in the school's publications.

The school **must** submit one copy of the following items as exhibits and these items **must** be numbered or labeled appropriately:

1. Current **Publications** and other printed material (catalog, brochure, student handbook, etc.) containing the school's disclosure of required information to students

2. Current *completed* **Enrollment Agreement** (with student identification information blocked out)

3. Official *completed* **Transcript** (with all student identification information blocked out)

4. Current **Personnel Information**, including resumes for all new personnel (if applicable)

The school **must** submit one copy of the following items **as applicable** based on application instructions:

5. Additional **Financial Reports** (if applicable)

6. **Supplemental** Information (if applicable)

- *Please note that if there are any changes to your publications, enrollment agreement or transcript during the certification year, you should submit a copy to the Department for review at least thirty days prior to implementing the new document. It is usually advisable to submit changes prior to the final printing of the document in order to avoid possible reprinting costs if changes are needed as a result of our review.*

EXHIBIT CHECKLIST

All exhibit materials attached to this application are true and correct and in compliance with all applicable rules and regulations. Copies of all publications are provided to students and prospective students appropriately and a copy of the completed enrollment agreement is provided to students upon enrollment. Transcript records are maintained permanently in the files of students who enroll in the school.

_____   _____
Signature of Person Authorized by the School   Date of Signing

Exhibit 1 – Publications: Attach copies of materials that are used to provide information about your institution to students and the general public. This should include your catalog, student handbook, brochures, pamphlets, and/or other handouts. If the school maintains a Web site, the materials in this exhibit will be compared to that site to confirm consistent information disclosure. If information is only available from an online source, a printed copy (including a date) must be submitted as part of this exhibit. A checklist is provided to assist with the completion and review of this exhibit and a completed checklist **must be attached** as a part of this exhibit.

Exhibit 2 – Enrollment Agreement: Attach a completed copy of the school's current enrollment agreement, preferably one completed for a student within the last year. (Please block out all information that might identify the student.) A completed checklist and enrollment agreement **must be attached** as a part of this exhibit.

Exhibit 3 – Transcript: Attach a completed official transcript for a student that has graduated, preferably within the last year. (Please block out all information that might identify the student.) A completed checklist and transcript **must be attached** as a part of this exhibit.

Exhibit 4 – Personnel Information: All schools must attach completed copies of administrative personnel forms as directed in the exhibit checklist. Schools not accredited by a recognized accrediting body must submit completed copies of the instructional personnel form. For schools not accredited by a recognized accrediting body, this exhibit must also include copies of résumés for all personnel hired since the submission of your previous application for certification. Résumés must include, at a minimum, the following items: educational experience, including name of institution(s) attended, dates of attendance and major areas of study, degrees received, etc.; employment information including name of employer(s) and dates of employment; and any additional background information pertinent to the position currently held at the school. If the school has submitted faculty information during the year, such as is required for massage faculty, simply indicate information for such individuals has been previously submitted.

Exhibit 5 – Additional Financial Reports: If you are submitting additional financial information, include it in this exhibit. If this does not apply to your school, check this box. ☐

Exhibit 6 – Supplemental Information: If you are submitting information to supplement your application, or a narrative explanation concerning an attestation, include it as Exhibit 6. If this does not apply to you, check this box. ☐

- *Please label each exhibit clearly and attach in the order listed.*

- *Because this form requires an original signature, a signed original of this form must be submitted with the application.*

EXHIBIT ONE - PUBLICATION CHECKLIST

This exhibit will be evaluated to determine if all required informational disclosures are made to students and prospective students. Carefully review the description of the information, and clearly **label** your catalog, student handbook, brochures, pamphlets, handouts or other printed materials **where** the disclosure of each category of information can be found. **Please use the category codes (NA-1, PI-5, etc.) for labeling purposes**. Please identify the document and page number, if applicable, where each information disclosure is located.

Name and Address of School: The name and address of the school disclosed in your publications should be the official name and address reported in this application.

    NA-1   *Document:* _____ *Page #* _____

Statement of the School's and each Program's Objectives.

    O-1   *Document:* _____ *Page #* _____

Program Information: The program information disclosed in your publications should be consistent with the information reported on your program inventory. (PI=Program Information)

    Specific titles and descriptions of content including course descriptions.

    PI-1   *Document:* _____ *Page #* _____

    Explanation of evaluation and completion requirements.

    PI-2   *Document:* _____ *Page #* _____

    Specific grade, credit hour, contact hour and/or other performance achievements required for satisfactory completion.

    PI-3   *Document:* _____ *Page #* _____

    Definitions of measures of progress.

    PI-4   *Document:* _____ *Page #* _____

    Specific methods by which program requirements may be met other than instruction offered by the school.

    PI-5   *Document:* _____*Page #* _____

    Definitions and application of grading methods.

    PI-6   *Document:* _____ *Page #* _____

    Policies and procedures for monitoring academic progress, including achievement requirements and pertinent timeframe.

    PI-7   *Document:* _____ *Page #* _____

    Expectation of consequences for failure to maintain satisfactory academic progress, including probation, suspension, or termination.

    PI-8   *Document:* _____ *Page #* _____

    Exact designation of the certificate or degree bestowed upon satisfactory completion of each program.

    PI-9   *Document:* _____ *Page #* _____

Length of each program and course stated in definable units such as hours, days, weeks, months, and/or terms.

PI-10   Document: _____ **_Page #_** _____

Explanation of the instructional method to be employed (classroom, laboratory, independent study, supervised research, supervised internship or externship, etc.) for various stages of the instruction.

PI-11   Document: _____ **_Page #_** _____

If applicable, explanation of instructional methods, achievement evaluation, technical requirements, and other policies unique to the delivery of instruction via distance media.

PI-12   Document: _____ **_Page #_** _____

Schedule of classes, including dates and times of meetings.

PI-13   Document: _____ **_Page #_** _____

Cost Information: The cost information disclosed in your publications must be consistent with the information reported on your program inventory. (C=Cost Information)

Tuition for each program

C-1   Document: _____ **_Page #_** _____

Programmatic and institutional fees

C-2   Document _____ **_Page #_** _____

A reasonable estimate of required charges for:

_C-3_ Books **_Document:_** _____ **_Page #_** _____

_C-4_ Equipment **_Document:_** _____ **_Page #_** _____

_C-5_ Materials **_Document:_** _____ **_Page #_** _____

_C-6_ Tools **_Document:_** _____ **_Page #_** _____

_C-7_ Services **_Document:_** _____ **_Page #_** _____

_C-8_ Non-incidental educational supplies or charges

Document: _____ **_Page #_** _____

Cancellation Policy: If a statement of the cancellation policy is disclosed in your catalog or other publications, it must be consistent with the statement of the policy on the enrollment agreement. If the cancellation policy is not disclosed in your catalog or other publications, place N/A beside _Document_.

CP-1   Document: _____ **_Page #_** _____

Refund Policy: If a statement of the refund policy is disclosed in your catalog or other publications, it must be consistent with the statement of the policy on the enrollment agreement. If the refund policy is not disclosed in your catalog or other publications, place N/A beside _Document_.

RP-1   Document: _____ **_Page #_** _____

Student Service Information: The student service information disclosed in your publications must be consistent with the information reported on other application items. (SS=Student Services Information)

Admission requirements and procedures for applying for admission.
SS-1   Document: _____ *Page #* _____

Conduct policy that includes the expectations of reprimand, punishment, or termination for violation.
SS-2   Document: _____ *Page #* _____

Dress policy that includes the expectations of reprimand, punishment or termination for violation.

SS-3   Document: _____ *Page #* _____

Attendance policy that includes the expectations of reprimand, punishment or termination for violation.
SS-4   Document: _____ *Page #* _____

Grievance policy that specifies what steps students must follow to file a formal grievance with the school.
SS-5   Document: _____ *Page #* _____

Withdrawal policy that specifies what steps students must take to formally withdraw from the school.
SS-6   Document: _____ *Page #* _____

Transcript issuance policy and any other school policy formally stated in school publications.
SS-7   Document: _____ *Page #* _____

Description of the physical facility.
SS-8   Document: _____ *Page #* _____

Description of the qualifications of individual instructional faculty.
SS-9   Document: _____ *Page #* _____

Description of the equipment used as instructional resources.
SS-10   Document: _____ *Page #* _____

Description of the school library and its holdings, if applicable.
SS-11   Document: _____ *Page #* _____

Statement of any institutional or program accreditation or approval claimed.
SS-12   Document: _____ *Page #* _____

Placement Assistance Information: A description of job placement assistance, counseling or other related services available to students. If your school doesn't offer placement assistance to students and graduates, place N/A beside *Document*.
PA-1   Document: _____ *Page #* _____

EXHIBIT TWO
ENROLLMENT AGREEMENT CHECKLIST

Must be a <u>completed</u> enrollment agreement!

Name and Address of the School: The name and address of the school that appears on the agreement must be the official name and address reported in this application.

Name of the program in which the student is enrolling.

Beginning date of instruction.

Length of the period of enrollment: Defined to be the time to which a student commits for completion of a course or program.

Cost of all charges made by the school during the period of enrollment.

Conditions of payment: Meaning a description of when payments to the school are due and for what amount, regardless of the sources of funding, and additional fees for alternative payment plans.

Cancellation Policy: The cancellation policy must provide for a period during which an enrollment or admission agreement may be cancelled by the student with refund of all money paid. That cancellation period may not be less than three (3) days, exclusive of Saturday, Sunday and holidays. This statement of the cancellation policy should be consistent with the catalog.

Refund Policy: The refund policy must provide for a reasonable refund formula through at least one-half of the enrollment period. The policy must specify a maximum time lapse for the refund to be made, any conditions under which there would be no refund, or any conditions under which a refund would be made to a third party.

Signature of the student and the **date of signing.**

Signature of an authorized school representative and the **date of signing.**

EXHIBIT THREE
TRANSCRIPT CHECKLIST

Must be a transcript of a graduate!

Name and Address of School: The name and address of the school disclosed on the transcript must be the official name and address reported in item 37 of the application.

Full name of the student.

Information for all courses of instruction to include:

> **Name** of each course

> **Term and date** of each course

> **Grade assigned** for each course

> **Contact or credit hours** attempted

> **Contact or credit hours** earned

Exact award conferred

Date of award conferral

Notation and date of withdrawal, if applicable: For students who do not complete their programs, what method is used to record (on the official transcript) the student as withdrawn and the date of withdrawal?

> *Explanation:* _____

> _____

> _____

Name, title and signature of school official.

Date of issuance of transcript.

EXHIBIT FOUR
PERSONNEL INFORMATION

Administrative Personnel

Included as part of this exhibit is a blank administrative personnel form, which includes two personnel information records. Please complete a record for each of the school's principal administrative personnel. The form should be duplicated as necessary to provide sufficient records to list at least one administrative person for each category. **All schools must submit this information.**

- Please indicate the primary location (main or branch campus) to which each person is assigned or at which he or she performs their administrative duties. This identification number is located in the lower right corner of the certificate of approval.
- Check all of the administrative functions that apply for each person. At a minimum, at least one individual should be designated for each of the listed categories. If duties are shared by multiple individuals, **please check only for the person with primary or lead responsibility for that function**. Check "Other Administrative Duties" for individuals with secondary responsibilities or for those with responsibilities not listed.
- **Only one person should be designated to receive the application for recertification, and only one person should be designated to receive the certificate of approval. While the same person may be designated for both, only one person for each of these items is acceptable.**

Instructional Personnel

Included as part of this exhibit is a blank instructional personnel form. List all current instructional personnel on this form. Under the category "course taught," please list the courses for which this person has instructional responsibility. If the school's programs do not use a course structure, please indicate the skill or competency area for which this person has instructional responsibility or the program for which this person will be the lead or primary instructor. Additionally, please indicate if this person was hired since last year's recertification application. Résumé information must be included in this exhibit for all individuals identified as new personnel, unless the individual has been previously reported to and approved by the DHE as an instructor. At the top of the form, please indicate at which location (main or branch) the staff is located. Duplicate as necessary to complete a form for each main and branch campus.

Schools accredited by a recognized accrediting body are required to complete only the Administrative Personnel section (but not the Instructional Personnel section) of Exhibit Four.

Administrative Personnel Form

Name	
Title	
E-mail	
Telephone/Extension	

Identification Number of campus (Main or Branch) at which this person works (-   )

If employed since the last recertification cycle, please check ☐ and attach a resume.

Administrative Function (check all that apply):

☐	President/Chief Administrator	☐	Main Campus Director
☐	Branch Campus Director	☐	Chief Academic Officer
☐	State Licensing Liaison	☐	Financial Officer
☐	Student Financial Assistance Officer	☐	Data Coordinator
☐	Other Administrative Duties (specify)		

Check if the following documents should be sent to this person's attention:
☐ Application for recertification   ☐ Certificate of approval

---

Name	
Title	
E-mail	
Telephone/Extension	

Identification Number of campus (Main or Branch) at which this person works (-   )

If employed since the last recertification cycle, please check ☐ and attach a resume.

Administrative Function (check all that apply):

☐	President/Chief Administrator	☐	Main Campus Director
☐	Branch Campus Director	☐	Chief Academic Officer
☐	State Licensing Liaison	☐	Financial Officer
☐	Student Financial Assistance Officer	☐	Data Coordinator
☐	Other Administrative Duties (specify)		

Check if the following documents should be sent to this person's attention:
☐ Application for recertification   ☐ Certificate of approval

Duplicate and attach additional pages as needed

If you are completing the application electronically, click here to access a separate copy of this page for use in completing additional pages as needed.

Instructional Personnel Form

☐ Main Campus DHE Identification Number: - **0 0**

☐ Branch Campus DHE Identification Number: -

Name:	New ☐
Courses Taught:	

Name:	New ☐
Courses Taught:	

Name:	New ☐
Courses Taught:	

Name:	New ☐
Courses Taught:	

Name:	New ☐
Courses Taught:	

Name:	New ☐
Courses Taught:	

Name:	New ☐
Courses Taught:	

Name:	New ☐
Courses Taught:	

Name:	New ☐
Courses Taught:	

Name:	New ☐
Courses Taught:	

Duplicate and attach additional pages as needed

If you are completing the application electronically, click here to access a separate copy of this page for use in completing additional pages as needed.