

**APPLICATION FOR RENEWAL OF ACCREDITATION**

<i>For NACCAS Use Only:</i> Anniversary _____                      Fees Paid _____
--

**You must submit one (1) copy of this application, the attachments, and fees twelve (12) months before your anniversary date. Please note that all sections of this application must be completed and all attachments must be included or NACCAS will return the application to you. If an item on the application does not apply to your institution, 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. Documents must be submitted to NACCAS in accordance with Section 1.6 of the *Rules*. Be sure to keep a copy of this entire application including attachments for your records.**

**A. APPLICANT INFORMATION**

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

1. \*Official Name of Institution (must match institution’s state license):

\_\_\_\_\_

**\* 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.**

2. \*Alternate Institution Names Used (2 Maximum) 1. \_\_\_\_\_  
 2. \_\_\_\_\_

**(\*Note: The official name and alternate or shortened names must comply with NACCAS’ Policy on Advertising and clearly identify the institution as an educational institution, the term “college”, “institution”, “academy”, etc., may never be abbreviated. Example: Joy Barber College could be JB College)**

3. Street Address of Institution: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Institution Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Website: \_\_\_\_\_

5. Official Contact Person for all Communications: \_\_\_\_\_  
 \*Official Address for all Communications: \_\_\_\_\_  
 (\*Note: Must be a Physical Address not a Post Office Box)

Phone and Email of Contact Person: \_\_\_\_\_

6. Date institution originally licensed: \_\_\_\_\_ 6a. Date first class started: \_\_\_\_\_

7. Current institution license number: \_\_\_\_\_

8. Date institution acquired by present owner, if applicable: \_\_\_\_\_

9. What is the total number of students enrolled at the applicant institution now? \_\_\_\_\_

10. During the past 12 months, how many students enrolled in the applicant institution? \_\_\_\_\_

11. During the past 12 months, how many students graduated? \_\_\_\_\_

12. Please indicate any periods in the calendar year when the institution is closed (i.e. holidays, etc.)Date(s):  
 \_\_\_\_\_

13. Does your institution offer instruction in a language other than English? Yes \_\_\_\_ No \_\_\_\_  
 If yes, please identify the language(s) in which instruction is delivered.

Initials \_\_\_\_\_

**B. OWNER INFORMATION**

14. This institution is (check one): Private Non-Profit ( ) Private For-Profit ( ) Publicly Traded ( )
15. Institution owned by: Individual(s): \_\_\_\_\_ (Complete Type A Ownership below)  
 Institution owned by: Corporation or LLC: \_\_\_\_\_ (Complete Type B Ownership below)  
 Institution owned by: Subsidiary of Parent Corporation: \_\_\_\_\_ (Complete Type B and C below)

**Type A Ownership:** (Check One): Sole Proprietorship ( ) or Partnership ( )

16. List the name and address of the sole proprietor or partners and their percentages of ownership.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Designated Owner Contact Name: \_\_\_\_\_ Phone and Email: \_\_\_\_\_  
 (Note: Must be a Physical Address not a Post Office Box)

**Type B Ownership:**

17. Name of Corporation/L.L.C.: \_\_\_\_\_  
 Check one:  LLC  LTD  Inc.  Other \_\_\_\_\_

18. State of Incorporation or organization: \_\_\_\_\_

19. Date of Incorporation or organization: \_\_\_\_\_

20. List all individuals, corporations, or other entities who own shares or membership interests, as applicable. Provide a separate sheet if additional space is needed.  
 (For Private Non-Profit organizations, please list corporate officer's names and their titles since there are no owners, and leave percentage section blank)

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Designated Contact Name From Above: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 (Note: Must be a Physical Address not a Post Office Box)

**Type C Ownership:**

21. List the other corporations or other owner entities, including individuals who own the entities, in order closest to institution ownership. Provide a separate attachment to clearly show Tiers accurately, if needed.

Institution Name: \_\_\_\_\_

Type B Ownership: \_\_\_\_\_

Tier 3: \_\_\_\_\_

Tier 4: \_\_\_\_\_

Tier 5: \_\_\_\_\_

22. Please list the names and locations of all other institutions offering programs within NACCAS scope, under the same ownership, management, and/or control. Please indicate if the institution is presently accredited or holds candidate status (Add pages as needed).

Name and Location:	Accredited by:	Candidate for Accreditation with

23. a. Is the applicant institution currently accredited by another accrediting agency? Yes \_\_\_ No \_\_\_  
 If yes, please identify the agency. \_\_\_\_\_
- b. Has the applicant institution ever sought accreditation from any other accrediting agency? Yes \_\_\_ No \_\_\_  
 If yes, please identify the agency. \_\_\_\_\_
- c. If another accrediting agency recognizes this institution as an additional location campus, please identify the main campus. \_\_\_\_\_  
 \_\_\_\_\_
24. Has any owner or any employee of the institution been debarred from participation in any Federal or state program or been disallowed by the US Department of Education to own any institution that participates in federal financial aid within the past five years? Yes \_\_\_ No \_\_\_  
 If yes, please list: \_\_\_\_\_
25. Has this institution ever been denied candidate status or (re)accreditation either by this Commission or any other accrediting agency? Yes \_\_\_ No \_\_\_  
 If yes, please list the date of denial or withdrawal and the accrediting agency. \_\_\_\_\_  
 \_\_\_\_\_
26. Please indicate if the institution contracts with any institution district, state-funded program, colleges, local junior colleges or technical institutions for cosmetology training. Yes \_\_\_ No \_\_\_
27. The person responsible for the day-to-day operations of the applicant institution is:  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Tel. \_\_\_\_\_ E-mail: \_\_\_\_\_
28. The designated accreditation liaison who has attended or will attend the required NACCAS accreditation workshop:  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Tel. \_\_\_\_\_ E-mail: \_\_\_\_\_

29. **PROGRAM SCHEDULE:** List and provide information on every program offered at your institution which is over 150 hours in length and/or leads to state licensure. If your institution obtains state licensure by means of accreditation, you must list all programs offered at your institution, including programs 150 hours or less in length and not leading to licensure. Attach as many copies of the chart as needed to ensure all applicable programs are listed.

Required Information		Programs and Schedule			
Name of Program					
State Requirements: Total clock hours, credit hours or competencies required by State law or regulation.					
Institution Requirements: Total clock hours, credit and competencies.					
Total weeks required to complete the program (full-time student)					
Total weeks to complete the program (part-time student)					
Do you offer instruction via distance learning for any of these courses?					
If so, what % of the program is delivered via distance education? *					
Number of Clock Hours or Credits of Program(s) delivered via distance education:					
Tuition					
# of Current Students					
Date of First Graduating Class					
# of Full-Time Instructors					
# of Part-Time Instructors					
CLASS SCHEDULE: Full-Time Student					
Hours per week	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				

\* Note: NACCAS has chosen at this time not to approve programs offering distance education as a mode of delivery that is over 50% of the program. In addition, the institution is responsible for the management, control and delivery of distance education.

30. Is the institution approved by NACCAS to offer any continuing education classes? Yes\_\_\_\_ No\_\_\_\_  
 If yes, complete the following chart. Attach as many copies and additional pages as necessary to ensure that all programs are listed.

Class Title	Contact Hours

**C. REQUIRED ATTACHMENTS**

1. A copy of the current institution’s license.
2. Institutional Self-Study. (Note: Due within 60 days after application due date and must be submitted in order for the application to be considered complete.)
3. Verification of attendance at a NACCAS Accreditation Workshop or of registration for a future NACCAS workshop. (Note: See Appendix #3)
4. A clear outside photo of the institution showing the advertising sign with the institutions’ name.
5. Verification that all programs offered at the institution has been approved by the State.
6. Non-Refundable Application Fee of \$1440.00 plus:
  - a. \$350.00 for each additional program to be reviewed through the accreditation process (application fee includes the cost of reviewing one program) *and*
  - b. The first installment toward the on-site evaluation of \$805.00

Please check the NACCAS web site for changes in the Schedule of Fees (Appendix #2). Institutions in the renewal process are billed separately for annual sustaining fees and remaining installments for the on-site evaluation fee which will be adjusted for longer visits and/or additional team members (see Section 3.3 of the *Rules*).

7. Documentation that the institution has submitted the most recent NACCAS Annual Report.
8. Reminder: The institution’s financial statement must be prepared in compliance with Standard VII and submitted to NACCAS within six months after the end of the institutions fiscal year. (must be on file)
9. If the applicant is an additional location campus: Submit MapQuest or equivalent showing distances between related main and additional location campuses.
10. If applicable: If the name of the institution incorporates a trade name, the institution must attach a certification that it has authority from the franchisor or licensing company to use that name.
11. If Applicable: Attach copies of contracts or training agreements for any arrangements you have to train students from institution districts, community colleges, State-funded programs, etc.

- 12. To offer a course and/or program that exceeds the required minimum course or program length by more than 50%, the institution must justify the course or program length. In accordance with the mission of the institution, the justification must state how the course or program length is necessitated by the following factors:
  - a. Industry needs as determined and/or recommended by the institution's Advisory Committee;
  - b. Special academic needs of the students served

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

D. 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

\_\_\_\_\_  
Print Name (Clearly)

\_\_\_\_\_  
Title

**Do you have a consultant for accreditation matters? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Consultation Notification Form #2 is attached. Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_**

**Please refer to NACCAS' *Rules of Practice and Procedure*, for details relevant to an application for accreditation. In particular, Part 4 requires a change application to be submitted for any changes (i.e., name, location, ownership) which occur after this application is submitted to the NACCAS office.**