

APPLICATION FOR RENEWAL OF AUTHORIZATION TO OPERATE A PRIVATE POSTSECONDARY CAREER SCHOOL IN NEBRASKA

Name of School:			Administrative Director of School:
School Address including Street, City, State, Zip:			Home Address of Administrative Director, including Zip:
Mailing Address of School including Zip:			Enclosed are completed Administrative Director and Instructor Qualification Forms for staff <u>not shown on your database</u> . Attached is a list of instructors who are no longer teaching at our school. Attached is a statement verifying that none of the following persons have any felony convictions: (1) any persons having twenty-five (25) percent or more ownership of the applicant school (2) resident director (3) administrative staff members.
Telephone	E-Mail:	Web-site address:	
Enclosed is a copy of a financial statement for the most recently completed fiscal year prepared by an independent CPA.			Enclosed is proof that the surety bond or other agreement acceptable to the Department is currently in force (\$20,000) if applicable. Enclosed is the non-refundable statutory fee of \$220.00 plus \$75.00 per program made payable to the Nebraska Department of Education.

Program Title <small>[Enclosed, for each program listed, is a course outline, a course description, and a schedule of classes showing dates and hours of attendance, not given in the current catalog. Attached is a list of changes in the major items/tools/equipment.]</small>	Student/Teacher Ratio	Days of Attendance							Program Objective <small>Certificate Diploma Associate degree</small>	Mode of Delivery			NCD Maximum Enrollment Size	Program Length				Program Measurement		Tuition Charge Per Quarter/Semester	Total Tuition Per Program
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		Resident	Home	Other		Days	Weeks	Months	Years	Clock Hours	Credit Hours		

We need a form to revise the following programs:
 The following programs are no longer being offered:
 We need a form to add a new program:

Copies of the following data are enclosed: **1)** current catalog; **2)** all enrollment agreements or contract forms to be used with the students; **3)** samples of media advertising and other promotional material; **4)** inspection reports from local and state regulatory agencies indicating that the premises and conditions under which students will work and study meet sanitation and safety requirements or a statement of assurance signed by the Resident Director or a member of the school's administrative staff stating that the school complies with all applicable health, fire, safety, and sanitation laws and regulations; **5)** application and fee for an agent's permit, if applicable, and an assurance the agent(s) surety bond on file with the Department is in force; **6)** Tuition Recovery Cash Fund form and check for assessment fee, if applicable.

Copies of the following data that has changed since our last Authorization to Operate was granted are enclosed: **1)** samples of student transcript and forms which will be used to monitor student attendance, academic progress, conduct, and placement; **2)** policy regarding the maintenance of student records as required in Rule 41; **3)** sample of credentials (certificate, diploma, associate degree) awarded to students; **4)** floor plan showing classrooms, students' lounge, rest rooms, etc.; **5)** corporate structure, officers; **6)** names, addresses, and current status of all schools of which the applicant has previously owned any interest in, and currently owns any interest in, and a declaration as to whether any of these schools were ever denied accreditation, licensing, or authorization to operate from any governmental body or accrediting agency.

NOTE: We do have some programs approved for Veterans Education Benefits. Enclosed are 4 additional copies of the current catalog which have been certified as to truth in content and policy and this certification statement which has been signed by a school official is affixed to each catalog. Send completed form and supporting documents to Program Director, Private Postsecondary Career Schools and Veterans Education, Nebraska Department of Education, P.O. Box 94987, Lincoln, NE 68509-4987.

If the applicant school is owned by an individual, this application should be signed by the owner. If owned by a partnership, it should be signed by the managing partner. If owned by a corporation or association, by one of the authorized officers. I have read this application, and the statements therein made are true to the best of my knowledge, information, and belief. This form should not be reworded	Name of School Official: Title: Signature:
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