

RENEWAL APPLICATION FOR A SCHOOL LICENSED BY ANOTHER STATE AGENCY IN NEBRASKA

Name of School:			Administrative Director				
Location of School, including Street, City, State, Zip:			Home Address of Administrative Director				
Mailing Address of School including Zip if different than address given above:			Enclosed are completed Administrative Director and Instructor Qualification Forms for staff not shown on your database . Attached is a list of instructors who are no longer teaching at our school.				
Telephone Number	E-Mail Address	Web Site Address	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.				

Enclosed is a copy of a financial statement for the most recently completed fiscal year prepared by an independent CPA. Enclosed is proof from our surety company showing current coverage for the applicable agent(s) bond.

The following programs are no long being offered:
We need a form to revise a program/ add a new program.

Program Title	Days of Attendance							Program Objective		Mode of Delivery			Program Length			Program Measurement		Total Tuition Charge Per Program/ Term	Maximum Enrollment Size
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Certificate	Diploma	Resident	Home Study	Other	Weeks	Months	Years	Clock Hours	Credit Hours		
Listed below are the programs currently being offered. (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 major items/tools/equipment.)																			

Enclosed are copies of the following data: 1) current catalog, 2) all enrollment agreements or contract forms to be used with the students; 3) media advertising and promotional literature and brochures, 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, 6) Tuition Recovery Cash Fund Form and check for assessment fee, if applicable, 7) license or approval issued by the appropriate state agency.

Enclosed are copies of the following data that has changed: 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) awarded to students, 4) floor plan showing classrooms, students' lounge, rest rooms, etc., 5) corporate structure, officers, 6) refund policy, 7) 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 ay governmental body or accrediting agency.

We do have programs approved for Veterans Education Benefits. Enclosed are four (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.

NOTE: If the applicant school is owned by an individual, this application should be signed by the owner; if owned by a partnership, 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 may not be reworded.

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.

Typed/printed name of School Official	Signature of School Official
Title:	Date

