APPLICATION FOR ACCREDITATION/REACCREDITATION

GENERAL INFORMATION AND INSTRUCTIONS: A private postsecondary career school must be accredited within five years of its initial authorization or lose its authorization to operate. Accreditation of a school must be renewed every five years. The completed application for accreditation or reaccreditation must be accompanied by the statutory fee of $300.00.

Name of School: __________________________________________

Address: _________________________________________________

Name and title of chief on-site administrator: ______________________ ________________________________

We are applying for an initial accreditation. Our initial authorization to operate was granted on __________________________

We are applying for reaccreditation. Our current accreditation will expire on __________________________

We are nationally or regionally accredited. The name of the accrediting agency is: __________________________

Expiration date of national or regional accreditation is __________________________

Expiration date of our current authorization to operate expires on __________________________

For an initial accreditation, the school must have been in continuous operation for at least two (2) years and have graduated students from its programs to enable the assessment of the effectiveness of its educational program(s).

Is high school graduation required for admission to the institution’s programs? Yes [ ] No [ ]

Present number of enrolled students: Full-time _____ Part-time _____

Credentials offered (check all that apply): Certificate [ ] Diploma [ ] Associate Degree [ ]

Total number of graduates who have completed a program during the past year. Report period: __________________________

Certificate: [ ] Diploma: [ ] Associate Degree: [ ]

Number of administrative staff: FT [ ] PT [ ]

Number of faculty members: FT _____ PT _____

Number of admissions representatives: FT _____ PT _____

Is any other activity conducted at this specific location? Yes [ ] No [ ] If yes, describe other activities. ______

Is this activity operated by the same management as the school? Yes [ ] No [ ] If no, explain ______

Is any legal action of any type now pending by or against this institution? Yes [ ] No [ ] If yes, describe ______

Does the institution participate in federal financial aid programs? Yes [ ] No [ ] If yes, identify programs ______

Self-Study Report.

[ ] 1. We do not have national or regional accreditation recognized by the U. S. Department of Education. The original and three (3) copies of a Self-Study Report are enclosed with this application.

[ ] 2. We do have national or regional accreditation recognized by the U. S. Department of Education. We have enclosed a copy of the Self-Study Report we submitted to __________________________

(If the report is more than one year old, enclose an update to all changes which have occurred since the report was written.)

THIS AFFIDAVIT MUST BE PROPERLY SIGNED AND NOTARIZED

STATE OF __________________________

COUNTY OF __________________________

Being duly sworn, deposes and says that the statements therein are true to the best of his/her knowledge, information, and belief, and that he/she has an understanding of the provisions of Nebraska Statutes, Chapter 85-1601 to 85-1658, and the rules and regulations.

Applicant’s Name (print or type) __________________________

Applicant’s Written Signature __________________________

Subscribed and sworn to before me this ________ day of _______________ 20__

Notary Public __________________________

County and state __________________________

SEAL __________________________

My Commission expires __________________________

School Administrator’s Signature __________________________