

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

Applicant's Name (print or type) \_\_\_\_\_

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 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 \_\_\_\_\_