

# PRE-WORKSHOP APPLICATION FOR INITIAL APPLICANT SCHOOLS

Accrediting Commission of Career Schools and Colleges (ACCSC)

The *Pre-Workshop Application for Initial Applicant Schools* is required for institutions seeking initial accreditation from ACCSC including an institution currently accredited by another institutional accrediting agency. This is not an Application for Initial Accreditation.

This Pre-Workshop Application must be accepted in writing by ACCSC before any representative(s) of a school seeking accreditation from ACCSC is eligible to register for the mandatory Accreditation Workshop which is the first step in the initial accreditation process. No Workshop registrations or Applications for Initial Accreditation will be accepted without prior approval of this Pre-Workshop Application.

The Pre-Workshop Application must be submitted via email as one Portable Document Format (“PDF”) file<sup>1</sup> to [preworkshopapplication@accsc.org](mailto:preworkshopapplication@accsc.org). Bookmarking and hyperlinking should be done in a manner that facilitates an easy and intuitive navigation and review of the application.

## I. SCHOOL INFORMATION:

SCHOOL NAME	THE SCHOOL IS APPLYING FOR INITIAL ACCREDITATION AS <i>(select one)</i> :	
	MAIN:	
	BRANCH:	

ADDRESS	CITY	STATE	ZIP CODE

PHONE	EMAIL	WEBSITE

CURRENT SCHOOL DIRECTOR:			
NAME:		TITLE:	

## II. SUPPLY THE FOLLOWING INFORMATION FOR THE SCHOOL THAT IS APPLYING FOR ACCREDITATION:

- Criteria for Eligibility Checklist: In order for a school to be eligible to apply for, receive, or maintain ACCSC accreditation, a school must be able demonstrate that it meets the following eligibility criteria.

CRITERIA FOR ELIGIBILITY CHECKLIST:	SELECT ONE (✓)	
	YES	NO
The school’s primary educational objective is to prepare students for entrance or advancement in one or more occupations requiring technical or career oriented competencies and skills.	<input type="checkbox"/>	<input type="checkbox"/>
The school has all necessary authorizations from the state(s) in which it operates and is in compliance with all applicable local, state, and federal requirements.	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> An acceptable PDF file is one that includes the compilation of all of the materials and documents into one single file and not a series of separate files. All documents are to be submitted as **one continuous PDF document** using the Adobe Acrobat software. Only PDF files will be accepted.

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CRITERIA FOR ELIGIBILITY CHECKLIST:		SELECT ONE (✓)	
		YES	NO
At the time of application, the school will have been appropriately licensed by the state(s) in which it operates and training students continuously for the preceding two consecutive years (except for regularly scheduled breaks and vacation periods).		<input type="checkbox"/>	<input type="checkbox"/>
At the time of initial application, the school will be able to demonstrate two years of operating history.		<input type="checkbox"/>	<input type="checkbox"/>
The financial statements show/will show that the school meets the financials tests for initial applicants set forth in the ACCSC Instructions for the Preparation and Submission of Financial Statements and Related Information.		<input type="checkbox"/>	<input type="checkbox"/>
The school offers at least one program that is 300 clock hours or longer in length.		<input type="checkbox"/>	<input type="checkbox"/>
What is the length in clock/credit hours and months of the school's longest program(s)?	Clock/ Credit hours	Months	
At the time of initial application, the school must have graduated at least one class of students from the longest program(s) offered during the two-year period preceding its application for accreditation.	Start date of most recent cohort	Graduation date of most recent cohort	

2. Provide the name and type of the legal entity that owns the school.

3. List each state agency that the school has current licensure/approval to operate:

STATE AGENCY	APPROVAL DATE	EXPIRATION DATE / NEXT REVIEW DATE

4. List each federal agency that the school has current licensure/approval to operate if applicable:

FEDERAL AGENCY	APPROVAL DATE	EXPIRATION DATE / NEXT REVIEW DATE

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5. List the school affiliations of any individual(s) owning 10% or more of the school, as well as the school affiliations<sup>2</sup> for any members of the school governing board, as applicable.
6. For schools currently accredited by another accrediting agency, provide the name of the agency that is currently designated as the school’s institutional accrediting agency by the U.S. Department of Education for the distribution of Title IV funds. Provide a rationale as to why the school is seeking accreditation with ACCSC.
7. If the school is currently accredited by another recognized institutional agency, describe the school’s current accredited status with that agency to include the school’s accreditation expiration date and whether the school is subject to any accreditation actions (*e.g., Student Achievement Reporting, Financial Reporting, Refund Reporting, Deferral, Show Cause/Warning, or Probation Action*). If there are any such actions pending, please attach a detailed explanation of the circumstances including the action and the status of the action with the school’s current accrediting body.
8. Has the school applied for institutional accreditation from an agency including ACCSC? If YES, please list the agency and date of application.

SELECT ONE (✓)		AGENCY NAME	APPLICATION DATE
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>		

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9. Has the school ever been denied accreditation or had its accreditation revoked or withdrawn by any accrediting agency, including ACCSC? If YES, please attach a detailed explanation of the circumstances included in that action.
10. If the school previously voluntarily withdrew its accreditation from ACCSC, provide a detailed explanation as to whether or not the school was subject to an accreditation action within five (5) years of the school’s decision to voluntarily withdraw accreditation (*e.g., Student Achievement Reporting, Financial Reporting, Refund Reporting, Deferral, Show Cause/Warning, or Probation action*).
11. If the school is currently participating in the Title IV Student Loan Program, please disclose the school’s 3-Year Default Rates for the three (3) most recent fiscal years according to the Official Cohort Default Rates reported by the U.S. Department of Education.

YEAR	COHORT DEFAULT RATE

12. Is the school subject to any action from the U.S. Department of Education (*i.e., Provisional Certification, Letter of Credit, Zone Alternative, Program Review Findings, Heightened Cash Monitoring I or II, etc.*)? If YES, please provide a detailed explanation of the circumstances including the action and the status of the action with the U.S. Department of Education.

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13. As part of the Initial Accreditation process, an institution will be required to submit audited financial statements for the two most recent fiscal years that are prepared in accordance [ACCSC's Instructions for the Preparation and Submission of Financial Statements](#). For the Pre-Workshop Application, please simply answer YES or NO to the following questions regarding the school's financial statements:

FINANCIAL STATEMENTS:	SELECT ONE (✓)	
	YES	NO
Can the school produce <b>audited</b> * financial statements? If yes, for which fiscal years? _____ If yes, who/ what company served as the independent auditor? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do the financial statements show that the school recorded a Net Loss for the two most recent fiscal years?	<input type="checkbox"/>	<input type="checkbox"/>
Do the financial statements show a Negative Net Worth for the two most recent fiscal years?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any Negative Cash Flow from operational activities for the most recent fiscal year?	<input type="checkbox"/>	<input type="checkbox"/>

\* Institutions in the initial accreditation process with ACCSC and in ACCSC's membership are required annually to submit audited financial statements that are prepared in accordance with generally accepted accounting principles (GAAP) by an independent certified public accountant licensed by the state to perform such services.

14. Are there any outstanding investigations or actions pending against the school; any of its affiliated institutions; or any owner or manager affiliated with the school from any regulatory agency (e.g., local, state, accrediting agency, certification organization, or federal agency such as the U.S. Department of Education, U.S. Department of Justice, Securities and Exchange Commission, Consumer Financial Protection Board, Attorneys General, Internal Revenue Service, Veterans Affairs, etc.)? If the answer is YES, please provide a summary of the facts and circumstances surrounding the action(s).
15. Has any owner or manager been directly or indirectly employed or affiliated with any school which has lost or been denied accreditation by any accrediting agency? If the answer is YES, please attach a statement to this application which details the facts and circumstances surrounding that school's loss or denial of accreditation.

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16. Has any owner or manager been directly or indirectly employed or affiliated with any school that has closed or entered into bankruptcy? If the answer is YES, please attach a statement to this application which details the facts and circumstances surrounding that school's closure, bankruptcy or both as applicable.
17. Has any owner or manager been directly or indirectly employed or affiliated with any school that has lost or been denied eligibility to participate in Federal Student Financial Aid (Title IV) programs? If the answer is YES, please attach a statement to this application which details the facts and circumstances surrounding the loss or denial of Title IV eligibility.
18. Is any investigation or action pending (e.g. court action, audit, inquiry, review, administrative action), or has final action/resolution been taken by any court or administrative body (e.g., local, state, accrediting agency, certification organization, or federal agency such as the U.S. Department of Education, U.S. Department of Justice, Securities and Exchange Commission, Consumer Financial Protection Board, Attorneys General, Internal Revenue Service, Veterans Affairs, etc.) for the immediate prior five (5) year period with regard to any owner or manager or with regard to any institution with which any owner or manager is or has been affiliated?
- If the answer is YES, please attach a statement to this application which gives full disclosure of the person(s) and the matters involved for all actions for the immediate prior five (5) year period. Include a statement of the facts and circumstances surrounding the action identifying the owner or manager and the school involved. If the matter is not yet final, please describe the procedural status of the matter (*e.g., still under investigation, preliminary decision under appeal, etc.*) and the position taken by the owner or manager involved.

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19. Has any owner or manager served in a similar capacity in any other school where either that individual or the school has been charged or indicted in a civil or criminal forum or proceeding alleging fraud, misappropriation, or any criminal act?

If the answer is YES, please attach a statement to this application which gives full disclosure of the person(s) and the matters involved. Include a statement of the facts and circumstances surrounding the action identifying the owner or manager and the school which is involved. If the matter is not yet final, please describe the procedural status of the matter (*i.e., still under investigation, preliminary decision under appeal, etc.*) and the position taken by the owner or manager involved.

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**This Pre-Workshop Application must be accepted in writing by ACCSC before a school may begin the initial accreditation process by registering for the Accreditation Workshop.** In fulfilling its obligations as an accrediting body, ACCSC establishes eligibility criteria it deems appropriate and may choose not to consider an application for accreditation for any reason to include pending legal actions and investigation(s) by law enforcement or administrative body, as well as the background of a school’s owner(s) or administrators. Furthermore, ACCSC reserves the right to find a school ineligible to apply for accreditation for any reason and is under no obligation to consider any application ACCSC receives for accreditation.

### III. CERTIFICATION:

I certify that to the best of my knowledge and belief, the information herein and attached hereto is accurate and correct.

I certify that I understand that it is the school’s responsibility to demonstrate ACCSC’s *Standards of Accreditation* and that the Accrediting Commission’s deliberations and decisions are made on the basis of the written record and are therefore dependent on the forthrightness of the school in disclosing all information that ACCSC has requested in this application.

I certify that the ownership and management have reviewed the ACCSC *Standards of Accreditation* and supporting materials of the Commission and the school is obligated will operate in accordance with the standards published by the Commission upon acceptance of the Application for Initial Accreditation.

CURRENT OWNER AND/OR CHIEF EXECUTIVE OFFICER:			
NAME:		TITLE:	
SIGNATURE:		DATE:	





Accrediting Commission of Career Schools and Colleges

2101 Wilson Boulevard, Suite 302  
Arlington, Virginia 22201  
703.247.4212  
703.247.4533 fax  
[www.accsc.org](http://www.accsc.org)

Instructions: To remit payment, please either send a check to ACCSC's offices at **2101 Wilson Blvd., Suite 302, Arlington, VA** or to pay by credit card, please complete the following credit card authorization form. Please select the method of payment below. The fee for the Pre-Workshop Application is **\$150.00**.

## Pre-Workshop Application Credit Card Authorization Form

All credit card transactions require a 3% processing fee. A receipt will be provided. Please send complete form to Cathy Ragnetti at [cragnetti@accsc.org](mailto:cragnetti@accsc.org)

<u>Method of Payment</u>	<u>School Name(s)</u>	<u>City</u>	<u>State</u>
Check Date sent:	Credit Card		

### Application/Form Information

Type of Application(s)/Form(s):

Program Name, if applicable:

Payment Amount(s): \$

3% Processing Fee: \$

TOTAL AMOUNT: \$

### Credit Card Information

Card Type: ☐ MasterCard ☐ VISA ☐ American Express

Card Number:

Expiration Date (MM/YY):

I authorize The Accrediting Commission of Career Schools and Colleges (ACCSC) to charge my credit card above for agreed upon amount. I understand that my information will **NOT** be saved to file.

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

### Contact Information

Name of Person(s)

Email(s)

For Office Use | Received \_\_\_\_\_

Processed \_\_\_\_\_