**To be submitted for Commission approval of a non-degree program currently approved at an affiliated school.**

|  |
| --- |
| **GUIDELINES FOR SUBMISSION** * 1. The school must ensure that the **Payment Submission Form** of this application is included. Please ensure that the form lists the correct school, fee amount, and check information. If the school would like to submit payment via credit card, please contact the ACCSC office.
* The school must provide a response to all items in this application, along with any relevant supporting documentation. Please do not copy and paste information from previous applications. If the application is deemed incomplete, the Commission may determine that a new submission is needed prior to review.
* The completed application should include only the required information and not exceed **100 pages**. Unless specifically requested, do not provide copies of the full school catalog or information that does not pertain to the items in this application.
* Please review the application prior to final submission to ensure that all required information is provided, that all intended attachments are included, and that the submission is free of errors and typos.
* Incorrect application submission will be subject to a $250 Incorrect Application Fee.
 |

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| **ELECTRONIC SUBMISSION FORMAT REQUIREMENTS*** Electronic Submissions submitted via e-mail will not be processed. Please upload all submissions to the ACCSC College360 database. The school will receive an e-mail confirmation that the file has been received within 24 hours of the submission.
* The school’s response must be prepared in accordance with ACCSC’s Instructions for Electronic Submission (e.g., prepared as one continuous PDF document with the required bookmarks).
* Please visit the ACCSC website for specific resources and guidance regarding how to successfully complete and submit this application.
 |

**I have read and understand the Guidelines for Submission and the Electronic Document Format Requirements set forth above and I further understand that a failure to adhere to these guidelines and requirements will result in either a delay in the processing of or return of this application.**

**I certify that the information herein and attached hereto is correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School #** | **School Name** | **Type**  | **City** | **State** | **Degree Granting** |
|  |  | Main: | ☐ |  |  | Yes: | ☐ |
| Branch: | ☐ | No: | ☐ |

|  |  |  |
| --- | --- | --- |
| **Contact Person** | **Phone** | **Email** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Title***(e.g. Business Administration)* | **Type of Program***(Check One)* | **Length of Program***(in Months)* | **Full Credential & Abbreviation** | **Proposed Start Date** |
|  | ☐ | Related |  | Select the Credential |  |
| ☐ | Unrelated |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructional Hours** | **Out-Of-Class Work Hours** **(Credit Hour Programs Only)** | **Total Credit Hours** |  | **Externship[[1]](#footnote-1) and/or Clinical Experience[[2]](#footnote-2) Information**  |
| **Semester Credit**  | **Quarter Credit**  |  |
|  |  |  |  |  | Total | Externship | Clinical |
|  | Clock Hours: |  |  |
|  | Credit Hours: |  |  |
|  |

|  |  |  |
| --- | --- | --- |
| **PROGRAM DELIVERY METHOD (***Select One)***:** | **YES[[3]](#footnote-3)** | **NO** |
| Is the school seeking to offer the proposed program via distance education?  | ☐ | ☐ |

|  |
| --- |
| **Application Processing Fee**Please mail a check directly to ACCSC for processing and include a statement identifying the corresponding application(s). **Note**: Please ensure that the **Payment Submission Form** for this application is included.* Application for a Related Non-Degree Program: **$1,250**
* Any additional **simultaneous and concurrent** applications submitted for an affiliated school: **$750**

**Note**: The reduced fee can only be utilized if the school is submitting applications for the same program to multiple campuses at the same time. If a school is applying for a program that is already approved at an affiliated campus, please submit an Application for a Related Non-Degree Program – Affiliated Schools. Please note that should an application be deemed incomplete, the school will receive a request for additional information via email. If upon review of the additional information, the application is still incomplete, the school will be assessed a $250 additional information processing fee for the submission of the additional information, which must be paid upon the submission of the response.**Incorrect Application Fee**Please ensure that the school is utilizing the correct application. Upon review of the application, if determined that the school should have utilized a different application, a $250 Incorrect Application Fee will be assessed. |

**Details of the Proposed Program**

**A. Justification for The Institution to Offer the Proposed Program**

1. How is the proposed program and curriculum consistent with the institution’s current educational objectives?
2. Does this program reflect a greater organizational change related to the school’s mission, intention, or objectives?

**B: Related or Unrelated Program**

A related degree program is defined as related to at least one approved non-degree or degree program(s) currently offered at the school that shares things such as courses, program objectives, faculty, equipment, etc. and has reportable student achievement rates. **If the proposed program is unrelated move to next section (C.)**

1. Does the related program have reportable student achievement rates?

|  |  |
| --- | --- |
| [ ]  | **YES** - Provide a copy of the graduation and employment chart submitted with the most recent Annual Report. If the related program’s reported graduation and employment rates fall below the Commission’s benchmark rates, please provide a narrative explanation regarding the likelihood of the program’s success. |
|[ ]  **NO** – This program will be approved as unrelated and will require a visit. |

1. Complete the following side-by-side to demonstrate the substantively similar courses currently offered at the institution for the related program (add additional lines to the chart as needed):

|  |  |
| --- | --- |
| CURRENTLY APPROVED PROGRAMProgram name: | PROPOSED PROGRAMProgram Name:  |
| Course Number | Course Title | Course Number | Course Title |
| *Ex: WELD110* | *Arc Welding* | *Ex: WELD110* | *Arc Welding* |
| *Ex: MED105* | *Medical Terminology* | *Ex: HCT107* | *Health Care Terminology* |
|  |  |  |  |
|  |  |  |  |

1. Explain the relationship of the proposed related program to the programs currently offered at the school in the following areas:
* Educational Objectives
* Employment Opportunities
* Shared Regulatory Bodies/Programmatic Accreditor & Licensure
* Faculty
* Equipment & Resources

**C. Viability of the Proposed Program** (*Section II (A)(2), Substantive Standards, Standards of Accreditation*)

1. Include a data-driven assessment of potential student **enrollment.** Do not include employment information in this assessment. Graduate demand and employment should be addressed in response to item C (3) below.

The assessment should take into account:

* + Local and national factors that may affect the proposed program’s enrollments;
	+ Other education institutions that offer the same or similar program (e.g. competing institutions/programs);
	+ From the data above, provide a brief description as to how competing institutions offering similar programs may impact the school’s enrollment and retention of students enrolled in the proposed program; and
	+ Any additional data the school has obtained to support interest in the proposed program (e.g. community/graduate surveys, PAC/employer suggestions, etc.)
1. Provide an analysis of the local and national **demand for graduates** from the program’s area of study (must include data from reputable sources, graphics illustrating comparative graduation and employment rates from similar programs offered competing institutions etc.).

Evaluation should include information about each of the following:

* + Needs of employers;
	+ Local employment outlook;
	+ Earning potential for graduates;
	+ Need for training; and
	+ Local and national factors that may affect the proposed program’s graduation outcomes.
1. Has the school previously discontinued a program with similar program objectives?

|  |
| --- |
|[ ]  YES |
|[ ]  NO |

If yes, explain the reasons for the previous discontinuation of the program and describe how the school determined the success of the proposed program going forward.

**D. Program Design, Development, and Organization** (*Section II (A)(2,3 & 4), Substantive Standards, Standards of Accreditation*)

1. Describe the school’s ongoing systematic and evidence-based process to evaluate programmatic curriculum and course content for the proposed program (*Section II (A)(4)(a), Substantive Standards, Standards of Accreditation*).
2. Submit an Outline of a Non-Degree Program **or** the Allocation of Hours for Clock Hour Programs (for Clock hour only programs), as applicable (available on the ACCSC website) [[4]](#footnote-4) (Note: Course credit hours may only round down to the nearest whole or half credit.)
3. Provide course descriptions for each course required for completion of the proposed non-degree program.

**E. Documentation of State Authorization** (*Section I (D)(4)(b), Rules of Process and Procedure, Standards of Accreditation*)

1. Provide program approval from the state (or applicable regulatory agency) with the title and approved clock and credit hours (**The state approved clock and credit hours and program information must match the proposed program information as noted in this application**).

**-or-**

If the state requires Commission approval prior to final state approval, please provide a copy of the institutional recognition/licensure from the state (e.g. State licensure to operate an accredited institution, License by means of accreditation).

1. Is programmatic accreditation required for graduates to seek licensure in the specific field? (*Section II (A)(1)(b), Substantive Standards, Standards of Accreditation*):

|  |
| --- |
|[ ]  YES |
|[ ]  NO |

Does the school plan to apply or has the school applied for programmatic accreditation related to the proposed program?

|  |
| --- |
|[ ]  YES |
|[ ]  NO |

If the school checked “YES” to one or both from above, provide the following:

* A narrative regarding the school's intent/plans for seeking such accreditation;
* A timeline for obtaining accreditation;
* Any specific hiring criteria for program chairs and/or faculty; and
* The programmatic accreditor’s standards and requirements relative to licensure, if applicable.
1. Is licensure required for graduates to gain employment in the field related to the proposed program?

|  |  |
| --- | --- |
| [ ]  | YES - Provide a copy of a drafted licensure disclosure (i.e., website, catalog) that will be provided to potential applicants disclosing the licensure requirements (e.g. licensure examination) expected to be completed after graduation from the proposed program. |
|[ ]  NO |

1. Is the student required (by the school and/or state) to complete and pass a national certification exam to gain employment in a related field?

|  |  |
| --- | --- |
| [ ]  | YES - provide a copy of a drafted licensure disclosure (i.e., website, catalog) that will be provided to potential applicants disclosing the licensure requirements (e.g. licensure examination) expected to be completed after graduation from the proposed program. |
|[ ]  NO |

**F. Student Instructional Materials for the Program** (*Section II (A)(5)(a), Substantive Standards, Standards of Accreditation*)

1. Provide a list of the textbooks, instructional aids, and training materials that will be required of the student to obtain for this program. Include **publication dates for textbooks**.
2. In what way are these materials sufficiently comprehensive and how do they reflect current occupational knowledge?

**G. Institutional Materials and Equipment for the Program** (*Section II (A)(5)(b-c), Substantive Standards, Standards of Accreditation)*

1. Does the school intend to expand existing facilities? If so, has the school submitted the appropriate and required report/application (e.g., Facility Expansion Report or Application for a Satellite Location)?
2. Describe any equipment the school currently possesses for the proposed program **and** the equipment the school will obtain for the proposed program?
3. Provide proposed **program budget** showing the future allocation of financial resources to support the program including resources for faculty salaries, educational materials, learning resource materials, supplies/equipment, advertising and how this is sufficient to operate the new program.

**H. Program Approval**

* 1. Attach a copy of the affiliated school’s ACCSC program approval letter.
	2. Attach a copy of any program modification approval letters if the program has been modified since the original approval.
	3. If the proposed program’s curriculum is not standardized for all affiliated schools, please submit an explanation and documentation appropriate to the specific institutional variation.

**Institutional Preparation for the Proposed Program**

**I. Faculty Qualifications** (*Section III (B), Substantive Standards, Standards of Accreditation*)

1. If the school plans to hire faculty to teach Technical/ Occupational courses, submit the specific hiring criteria and timelines of when faculty will be hired.
2. If faculty have already been hired, complete the following chart by listing the faculty teaching technical and occupationally related courses in the non-degree program and demonstrate that they have a minimum of three years related practical work experience in the subject area(s) taught (*Section III (B), Substantive Standards, Standards of Accreditation*). (**Note: *Instructional experience does not qualify as practical work experience.***) In addition, provide the course title(s)/course number(s) for each course that the faculty member will teach in the proposed program.

|  |
| --- |
| **TECHNICAL/OCCUPATIONAL FACULTY** |
| **Instructor Name** | **Proposed Program Course***Title(s) / Number(s)* | **Degree Earned***Subject, Credential, Year & Institution(s)* | **Practical Work Experience***(Note: Instructional experience does not qualify as practical work experience)* |
|  |  |  | Job Title, Place of Employment, and Description of Work Experience | **From** *(m/y)* | **To** *(m/y)* | **# of years[[5]](#footnote-5)** |
|  |  |  |  |
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1. Does the proposed program include General Education courses?

|  |
| --- |
|[ ]  **YES –** (if yes, please answer the following questions) |
|[ ]  **NO –** (if no, please proceed to section J) |

1. If the school plans to hire faculty to teach General Education courses, submit the specific hiring criteria and timelines of when faculty will be hired.
2. If faculty have already been hired, complete the applicable chart below.

**APPLIED** General Education Course**(s)**: The school must demonstrate in the chart below that faculty teaching applied general education courses in a non-degree program must have three years’ prior relevant work experience or college-level coursework in the subject area(s) taught or an appropriate mix thereof courses that aligns with the curriculum content being taught (*Section III (B)(6), Substantive Standards, Standards of Accreditation*).

|  |
| --- |
| **FACULTY TEACHING APPLIED GENERAL EDUCATION COURSES** |
| **Instructor Name** | **Proposed Program Course***Title(s) / Number(s)* | **Degree Earned***Include: Subject, Credential, Year & Institution(s)* | **Related Subject Matter Credits Earned** |
|  |  |  | Job Title, Place of EMPLOYMENT, AND Description of Work Experience | **From** *(m/y)* | **From *(m/y)*** |
|  |  |  |
|  |  |  |
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**-OR-**

**ACADEMIC** General Education Course(s): The school must demonstrate in the chart below that faculty teaching the academic general education course(s) have, at a minimum a master’s degree with appropriate coursework and preparation in the subject area(s) taught, at a minimum a baccalaureate degree with appropriate academic coursework and preparation in the subject area(s) taught (*Section II (A)(8), Substantive Standards, Standards of Accreditation*).

|  |
| --- |
| **FACULTY TEACHING ACADEMIC GENERAL EDUCATION**  |
| **Instructor Name** | **Proposed Program Course***Title(s) / Number(s)* | **Degree Earned***Include: Subject, Credential, Year & Institution(s)* | **Related Subject Matter Credits Earned** |
|  |  |  | Course Number & Title | **Credits** | **Type** *(U/G)* | **Year** |
|  |  |  |  |
|  |  |  |  |
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**J. Program Advisory Committee** (*Section II (A)(4)(b) (i) & Appendix III, (Substantive Standards, Standards of Accreditation*)

1. Provide a list of the Program Advisory Committee members (**Note**: *Program Advisory Committees must be comprised of at* ***least three member****s in attendance appropriately qualified representatives external to the institution (****i.e., non-school employees*)**) for each program or group of related programs, using the following chart.

|  |  |
| --- | --- |
| **Program Name:**  | **Program Name:**  |
| **PROGRAM ADVISORY COMMITTEE** |
| **Advisory Committee Member’s Name** | **Title****Company****Address****City, State** | **Telephone Number****Email Address** | **Review Responsibilities***(check as applicable)* |
| Employer / Practitioner | Educator, Regulator, etc. | Master’s degree | Distance Education |
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**Clinical or Externship**

**M. Clinical / Practicum Hours**

Clinical/Practicum are hours/courses that occur offsite and are directly supervised by a faculty member.

1. Does the proposed program include clinical or practicum hours? If yes, please provide the following:
	* A detailed narrative describing the clinical/practicum, including information regarding the types of off-site facilities used and justification regarding the number of clinical/practicum hours required (i.e. programmatic accreditation and/or state requirements), and
	* The clinical/practicum evaluation criteria, including a copy of the evaluation form, which will be utilized by the supervising faculty member at the clinical site to assess the students’ attainment of the training objectives of the clinical/practicum.

**N. Externship** (*Section II (A)(7), Substantive Standards, Standards of Accreditation*)

An externship is a component of a program that is offered in a bona fide occupational setting for which training and education are provided. Externships are directly supervised by an onsite supervisor from the occupation setting.

1. Does the proposed program include an externship? (Note: An externship is a component of a program that is offered in a bona fide occupational setting for which training and education are provided) If **yes**, provide the following:
* A written training plan or course syllabus that identifies the students’ goals, as well as the applications and experiences that are to be accomplished during this specific externship (i.e., technical skills, knowledge)(*Section II (A)(7)(b), Substantive Standards, Standards of Accreditation*).
* The on-site evaluation criteria (i.e., externship evaluation form), which will be utilized at an externship site to assist in grading the students’ attainment of the training objectives in this specific externship.
1. If the school intends to hire an externship supervisor/coordinator submit the specific hiring criteria to be used for the selection of the faculty or staff member and the timeline for when the position will be filled.

If the school already has an externship supervisor/coordinator, complete the following chart.

(*Section II (A)(7)(c), Substantive Standards, Standards of Accreditation*). (Note: the externship coordinator must meet the faculty requirements of an instructor teaching a technical/occupational course in the program).

|  |
| --- |
| **EXTERNSHIP SUPERVISOR / COORDINATOR** |
| **Instructor Name** | **Proposed Program Course***Title(s) / Number(s)* | **Degree Earned***Include: Subject, Credential, Year & Institution(s)* | **Practical Work Experience***(Note: Instructional experience does not qualify as practical work experience)* |
|  |  |  | Job Title, Place of Employment, and Description of Work Experience | **From** *(m/y)* | **To** *(m/y)* |
|  |  |  |
|  |  |  |
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1. Note that **any externship that is greater than one-third** of the total length of the program requires review and approval by the Commission, with the exception of cases where the length of the externship is due to requirements of another accrediting or certification agency. In such instances, schools must provide evidence of these requirements to the Commission (*Section II (A)(7)(e), Substantive Standards, Standards of Accreditation*). If the school is adding an externship or increasing the number of externship clock and/or credit hours whereby the externship exceeds one-third the total length of the program, provide the following:
	* + - * Justification as to how the externship length is appropriate for the program, content, and objectives.
				* If the externship length is required by the state, programmatic accreditor, or other regulatory authority, please explain the specific regulatory requirements **and** provide documentation (i.e., regulatory agency requirements and correspondences) that supports the justification and/or requirement for the externship length.

**INSTITUTIONAL DEVELOPMENT**

**PAYMENT SUBMISSION FORM FOR APPLICATION SUBMISSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL #(s)** | **SCHOOL NAME(s)** | **CITY** | **STATE** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **APPLICATION TYPE(s)** | **NAME OF PROGRAM(s)**(*if applicable*) | **PAYMENT AMOUNT(s)**(*Enter payment amount for each application type*) |
|  |  |  |

|  |  |
| --- | --- |
| **TOTAL PAYMENT AMOUNT** | **CHECK NUMBER** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CONTACT PERSON** | **TITLE** | **PHONE NUMBER** | **EMAIL** |
|  |  |  |  |

**\* Please submit a payment submission form with each check payment.**

**Submit To: Operations Department**

 **Accrediting Commission of Career Schools and Colleges**

 **2101 Wilson Boulevard, Suite 302**

 **Arlington, VA 22201**

1. Hours and credits must match the hours and credits listed on the Outline of a Non-Degree Program and may include multiple courses. [↑](#footnote-ref-1)
2. Please refer to item #12 of this application if the program includes clinical experience hours/credits. [↑](#footnote-ref-2)
3. If the school intends to offer the proposed program via distance education, the school **must** submit the appropriate application (i.e., Application for Expansion of Distance Education Approval or Application for Initial Distance Education Approval), as applicable. **Note: the distance education application must be submitted concurrently with this application for review and approval.** [↑](#footnote-ref-3)
4. The estimated number of hours (clock or credit) awarded per course must conform to generally accepted practice in higher education (e.g. 3 semester credit hours / 4 quarter credit hours) (*Section II (A)(3)(g), Substantive Standards, Standards of Accreditation*). [↑](#footnote-ref-4)
5. List the faculty’s number of related practical work experience in the subject area(s) taught. [↑](#footnote-ref-5)