



EUROPEAN AGENCY FOR HIGHER EDUCATION & ACCREDITATION

Document 4:
APPLICATION FOR ACCREDITATION

Before completing this application, please review the eligibility requirements for accreditation found in "Document 1 – The Accreditation Process". Upon completion of this form, submit the application, all required exhibits, and the fee to EAHEA.

Type of Application: ___ Initial Accreditation
 ___ Reaccreditation

Seeking Accreditation as: ___ Vocational Institution
 ___ Avocational Institution Offering Education/Professional Development

Fee (Exhibit 1): ___ Check #, if applicable (See Document 10 – Fee Schedule).

I. MAIN CAMPUS INFORMATION

All of the questions in this application pertain to the site listed immediately below, unless otherwise indicated. For EAHEA accreditation purposes, this site is designated as the main campus. All correspondence will be sent to the main campus.

1. Institution Name (dba): _____

(This is the authorized name under which the institution is doing business.)

2. EAHEA ID #, if currently accredited: _____

3. Street Address: _____

4. City/State/Zip: _____/_____/_____

5. Telephone Number: (____) _____

6. Fax Number: (____) _____

7. Email Address: _____

8. Institution's Website(s): _____

9. Primary Contact:

a. Name: _____

b. Title: _____

c. Email: _____

10. Contact for Fiscal Issues (e.g. sustaining fees, etc.):

- a. Name: _____
- b. Title: _____
- c. Email: _____

II. OFF-SITE ADMINISTRATIVE HEADQUARTERS/CORPORATE OFFICE

Does the organization have a corporate or administrative office other than the main campus? ___ Yes ___ No

If yes, please complete the following:

1. Name of the Institution: _____
2. Corporate Name (if applicable): _____
3. Street Address: _____
4. City/State/Zip: _____/_____/_____
5. Telephone Number: (____) _____
6. Fax Number: (____) _____
7. Email Address: _____

8. Primary Contact:
 - a. Name: _____
 - b. Title: _____
 - c. Email: _____

III. ADDITIONAL SITES

Does the institution operate training sites in addition to the main campus? ___ Yes ___ No

If no, proceed to Section IV, "Legal Nature of the Institution."

If yes, complete the following:

- a. Number of Branches: _____
- b. Number of Auxiliary Classrooms: _____

Additionally, complete and provide, as Exhibit 1, the "Additional Locations Addendum" found on page 9.

IV. LEGAL NATURE OF THE INSTITUTION

1. Indicate the legal tax status of your institution by checking the appropriate box:

For-profit entity

Non-profit entity (If a non-profit entity, you must provide, as Exhibit 2, official written notice from the government authorizing non-profit status for your institution. You must also provide, as Exhibit 3, a signed EAHEA attestation affirming that your institution operates in accordance with EAHEA requirements for a non-profit institution.

2. Identify the type of legal entity of the institution by checking all that apply:

Corporation

Wholly owned subsidiary

Partnership

Sole proprietorship

Limited Liability Company (LLC)

Joint Stock Companies (JSC)

General Partnership

Professional/trade association

If other, please identify: _____

3. If applicable, provide, as Exhibit 4, a copy of the articles of incorporation or other documentation of the state's authorization for your corporation to operate.

4. Fiscal Year-End Date: ____/____ (month/day).

V. ACCREDITATION HISTORY

1. Initial Applicants Only: Has the institution previously held, applied for, been denied, or been withdrawn from accredited status with an accrediting agency recognized by the Department of Education? Yes No

If yes, provide, as Exhibit 5, a copy of the denial/withdrawal/resignation letter, as applicable; and identify the name under which the institution made application and the name of the agency below:

2. All Applicants: Does the institution presently hold either institutional or programmatic accreditation with another accrediting agency? Yes No

If no, proceed to section VI, "Program and Participant Information," below.

If yes, please complete items a-c below and provide, as Exhibit 6, a copy of your current grant of accreditation:

a. What is the name of the accrediting agency? _____

b. Initial accreditation began on what date? _____/_____/_____ (month/year)

c. Is the institution, and/or any of its sites or programs, currently under an appeal, show cause, probation, warning, or any form of adverse status with another accrediting agency? Yes No

If yes, provide, as Exhibit 7, relevant documentation regarding this action; and identify the details below:

VI. PROGRAM AND PARTICIPANT INFORMATION

1. Indicate the types of training that your institution offers. Please check all that apply.

programs of study/courses less than 300 clock hours

programs of study/courses 300 or more clock hours

occupational doctorate degree

occupational master degree

occupational bachelor degree

occupational associate degree

- avocational/professional development
- avocational/personal development
- vocational
- ESL programs of study/courses
- foreign language training
- seminar/workshop training
- corporate in-house training
- test preparation
- industry certification preparation
- licensing preparation
- clock hour programs
- credit hour programs (semester or quarter credit hours)

2. Is any training offered by your institution delivered via interactive distance learning? Yes No

If yes, identify the details below:

3. Initial Applicants Only:

a. On what date was the first class taught? _____/_____ (month/year)

b. Has the institution offered training continuously (without unscheduled interruption) for the previous one consecutive years? Yes No

4. Reaccreditation Applicants Only:

Have classes been taught continuously since your last grant of accreditation? Yes No

VII. ADDITIONAL INFORMATION

1. All institutions: Provide the following as Exhibits 8 and 9:

a. Copies of all recruiting, advertising, and/or promotional materials utilized by the institution including transcripts of radio, television, and/or internet-based advertisement (Exhibit 8). If in a foreign language, please include an English language translation. If the total promotional materials prove excessively voluminous, please provide a representative sample with this application, clearly labeled as such, but be sure to assemble all materials for review during the virtual/on-site evaluation visit.

b. A copy of the institution's cancellation and refund policy and, if the institution is state licensed, the state's cancellation and refund policy (Exhibit 9).

2. Initial Applicants Only: Provide the following as Exhibits 10 and 11.

a. Financial information for the two most recently completed fiscal years, if applicable (Exhibit 10).

b. A completed Annual Report and Enrollment Statistics for the institution's most recent fiscal year, if applicable (Exhibit 11).

VIII. ATTESTATION

The undersigned, authorized representative of this institution hereby attests to the following statements:

I have read our application for accreditation and affirm that it and all attached materials are accurate and complete. During the application process, and upon, and following, accreditation, the institution will abide by, and support, the following:

- The EAHEA Bylaws
- The EAHEA Principles of Ethics
- The EAHEA Eligibility Requirements
- The EAHEA Standards for Accreditation
- The EAHEA policies, procedures and practices.

During the application process, and upon, and following, accreditation, the institution will timely notify EAHEA of email address changes, and will frequently check the "Member Management System" pages of EAHEA's website at www.eahea.org to obtain any modifications to the items listed in the paragraph above.

The institution consents to the exchange of information between EAHEA and the institution's lawyers and accountants, and between EAHEA and all other accrediting agencies, and state and federal administrative agencies, to the extent that such exchange of information is necessary or convenient to the consideration of the institution's application for EAHEA accreditation.

1. Name: _____

2. Title: _____

3. Signature of Attesting Party: _____

(Note: Non-profit organizations must provide the name and signature of the chairman of the board and/or the managing director of the applicant institution.)

IX. NOTARIZATION

(Do not need, if the application done online before.)

1. State: _____

2. County: _____

3. Signed and attested to before me, a notary public in, and for, said state, on this date: ____/____/____

(month/day/year), by: _____

4. Signature of Notary Public: _____

5. My Commission Expires: ____/____/____ (month/day/year)

ADDITIONAL LOCATIONS ADDENDUM

Please provide contact information for each additional site. If operating more than four additional sites, complete additional copies of this page to include all sites.

Additional Site #1

Name of the Institution: _____
Type of Site:* _____
Street Address: _____
City/State/Zip: _____ / _____ / _____
Telephone Number: (____) _____ Fax Number: (____) _____
Email Address: _____
Contact Person Name/Title: _____ / _____

Additional Site #2

Name of the Institution: _____
Type of Site:* _____
Street Address: _____
City/State/Zip: _____ / _____ / _____
Telephone Number: (____) _____ Fax Number: (____) _____
Email Address: _____
Contact Person Name/Title: _____ / _____

Additional Site #3

Name of the Institution: _____
Type of Site:* _____
Street Address: _____
City/State/Zip: _____ / _____ / _____
Telephone Number: (____) _____ Fax Number: (____) _____
Email Address: _____
Contact Person Name/Title: _____ / _____

* *branch campus, auxiliary classroom, or classroom extension*