



Initial Application for Accreditation

Submit to:

Department of Workforce Development
Office for Career and Technical Schools
10 N. Senate Ave., SE 308
Indianapolis, IN 46204

Complete
electronically.
Handwritten
submissions will
NOT be accepted.

In-state Application Fee \$1,000
Out-of-state Application Fee \$2,000
Check made payable to:
State of Indiana

In compliance with Indiana Code (IC) 22-4.1-21, this initial application for accreditation is being submitted on this _____ day of _____, _____, as a fulfillment of our request to begin operations in Indiana toward seeking fully accredited status.

1a. Name of Institution		1b. FEIN:
2. Location of Institution (<i>Address, City, State, Zip Code</i>)		
3. Telephone Numbers (<i>General Line, Toll Free Line, Direct Line to Owner</i>), Fax Number, & Webpage		
4. Name of Owner		
5. Email Address of Owner		
6. Name of Chief Administrative Officer		
7. Email Address of Chief Administrative Officer		
8. Please indicate the enclosed institutional application fee made payable to the State of Indiana in the amount of \$1,000 (<i>for in-state institutions</i>) or \$2,000 (<i>for out-of-state institutions</i>). \$		
9. Institutional Surety Bond Amount \$	Beginning Date (<i>month, day, year</i>)	Ending Date (<i>month, day, year</i>)

10. Provide the total number of students anticipated per class.

11. Provide the total number of class sessions anticipated to begin each year.

12. Attach a copy of a current, within one year, passing fire inspection conducted by your [local municipal fire department](#).

13. Attach a non-expired Certificate of Liability Insurance showing coverage of the institution AND students.

14. Provide the following information for each program offered*:

<i>Name of Program</i>	<i>Length in Weeks</i>	<i>Clock Hours</i>	<i>Credential</i>	<i>Tuition</i>	<i>Instructor's Name</i>

***IMPORTANT:** List ALL programs the institution intends to offer (add a separate sheet if necessary). Institutions granted temporary accreditation status will NOT be approved to add or modify programs unless or until full accreditation can be established. If the institution wishes to drop a program, the institution MUST notify OCTS in writing that the program is being dropped.

15. Does the teaching faculty meet the minimum requirements to teach?
 ____YES ____NO

16. (a) If your institution is incorporated, attach a current, **unexpired** copy of your papers as filed with the Indiana Secretary of State; or
 (b) If not incorporated, attach a current, **unexpired** copy of the Certificate of Authority issued by the Indiana Secretary of State to do business in Indiana; or
 (c) If the main campus is located out-of-state but has a physical presence, attach a copy of the Indiana Foreign Corporation Status.

17. List the names and addresses of the institution's stockholders owning 5% or more of stock in the institution or corporation (*indicate the percentage owned beside owner's name*). If there are no stockholders, provide the name(s) and address(es) of the owner(s).

18. If your institution is accredited by a national accrediting body (*e.g., ACICS, ACCSC, DEAC*), attach a copy of the latest approval letter.

19. **Out-of-State Institutions only:** Attach written verification or most recent certificate of approval from your home state accreditation or approving agency indicating the approval period with beginning date and expiration date.

20. Has the owner or chief administrator been convicted of a felony? ☐ Yes ☐ No

IC 22-4.1-21-23 (Accreditation standards) does not allow accreditation to be issued if the owner or chief administrator has been convicted of a felony, and IC 22-4.1-21-20(q) (Investigation) allows for OCTS to make an investigation to determine the accuracy of the statement in this application; per OCTS policy, a background check is used for this verification.

Please click the link below and follow the onscreen instructions to complete the background check:

https://baradainc.screenmenow.com/Default.aspx?c=BARA_02543&s=BARA_01277

Barada Inc. provides background check services for OCTS. Any questions regarding the background check process should be directed to Barada.

Barada Inc. contact information: 800-616-5917 or email customerservice@baradainc.com

21. (a) Has the institution's Owner been the Owner or Chief Administrative Officer of a post-secondary proprietary educational institution that has had its accreditation revoked or has been closed involuntarily in the five (5) year period preceding this application? ☐ YES ☐ NO

If yes, please provide details, including the name of the school, state, dates of operation, and reason for closure.

(b) Has the institution's Chief Administrative Officer been the Owner or Chief Administrative Officer of a post-secondary proprietary educational institution that has had its accreditation revoked or has been closed involuntarily in the five (5) year period preceding this application? ☐ YES ☐ NO

If yes, please provide details, including the name of the school, state, dates of operation, and reason for closure.

22. Attach the Financial Report Submission Sheet with the income statement and balance sheet. A personal statement of worth from the owner is acceptable in lieu of the income statement and balance sheet.

23. Attach the signed lease agreement for the facility (if applicable).

24. Provide a physical description of the facility with photographs.

25. Attach the enrollment agreement including an explicit statement of policy with reference to:

A) Payment and amount of student fees, and

B) Conditions under which students are entitled to a refund in part or in full of fees paid including a statement concerning the existence of the Office for Career and Technical Schools (OCTS) Career College Student Assurance Fund (CCSAF).

26. Attach a copy of the Student Account Record/File, must include:

A) Transcript (to include):

- 1) Name and address of student
- 2) Program name
- 3) Length of program
- 4) Start and end date of student

B) Copy of Enrollment Agreement

C) Amount of tuition and fees paid

D) Copy of Credential

27. Attach the catalog or brochure that students receive and is used for advertising.

AFFIDAVIT

I hereby swear or affirm that the above statements are true.

Signature of Owner

Date (*month, day, year*)

STATE OF _____

COUNTY OF _____

}

SS:

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of notary

Printed name of notary

Date commission expires (*month, day, year*)

County of residence

PREVIOUS EDITIONS OF THIS FORM WILL NOT BE ACCEPTED