

Application for Accreditation

Name of Institution: _____

Address of Institution: _____
(Street Address) (City, State) (ZIP)

Telephone No.: _____ Fax No.: _____
(Area Code) (Area Code)

E-Mail: _____ Web Site: _____ Today's Date: _____

President/CEO: _____ E-Mail: _____

Accreditation Contact Person: _____ E-Mail: _____

Please answer the following questions (attach additional sheets as necessary):

Year institution established: _____; # of years under present ownership _____;
____ Private, For-Profit; ____ Private, Non-Profit; ____ Government

Date of enrollment of first distance education/correspondence student: _____

Active distance education students: _____ Combination course resident students: _____

Number of new enrollments in last calendar year: _____

List title of each distance education course offered. Please identify courses that include residential training (combination courses) with an asterisk. Use supplemental sheets as necessary.		1 st Date of Enrolling
_____	_____	_____
Name of Course or Major Curriculum	Credential, Diploma, Degree Offered	
_____	_____	_____
_____	_____	_____
List locations of resident training sites and other school locations:		
_____	_____	_____
Name of Site	Address	
_____	_____	_____

List the state(s)* and/or country in which the institution is licensed or approved: _____

*Attach a copy of all institution's current state(s) and/or country license(s).

Please note that no new programs may be added during the accreditation process.

List other accrediting agencies that accredit your institution, with date of original accreditation and the most recent action.

Agency _____ Dates _____

Agency _____ Dates _____

Has the institution ever resigned accreditation or had accreditation denied or terminated (including DETC)?

Yes _____ No _____ Please list agency and date: _____

Are sales representatives employed? Yes _____ No _____ If yes, how many? _____

List states/countries in which sales representatives are active: _____

Does the applicant employ sales representatives or contract with any outside agents? Yes _____ No _____ If, yes, explain.

Certification of Application

This application is submitted by the institution's President/CEO for which accreditation or reaccreditation is being sought, and that official hereby attests to the following:

1. The institution is a "bona fide distance education institution" as defined by the DETC Accrediting Commission as an educational institution which:
 - formally enrolls students and maintains student records;
 - retains a qualified faculty to service students;
 - transmits to students organized instructional materials;
 - provides continuous two-way communication on student work, e.g., evaluating students' examinations, projects, and/or answering queries, with prompt feedback given to students;
 - offers courses of instruction which must be studied **predominantly at a distance** from the institution or organization; and
 - is properly licensed, authorized, or approved by the applicable state educational institutional authority.
2. The institution has had at least two continuous years of successful operation as a bona fide distance education institution under the current ownership and with the current programs.
3. Institution is free from any pending or final action brought by a state agency or recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's legal authority to operate or to deny accreditation or reaccreditation.
4. The institution is voluntarily seeking accreditation or reaccreditation by the Accrediting Commission of the Distance Education and Training Council, recognizing that such accreditation may not be specifically required for state licensure, eligibility for government funding, or other purposes external to the Distance Education and Training Council.

5. Institution official has reviewed the Standards for Accreditation and supporting materials of the Accrediting Commission.
6. Institution official fully accepts and supports the concept of accreditation as a voluntary, non-governmental process involving peer review and a necessary degree of confidentiality in decision-making and record keeping.
7. **Institution official of a non-accredited institution agrees that the institution will not make any reference to its application for accreditation in its promotional materials.**
8. Institution official verifies that the appropriate key person (Name: _____ [attach copy of Certificate]) has completed the *DETC Course in Preparing for Accreditation*. **(Please Note: DETC will NOT accept this application without proof that someone has completed this course.)**
9. Institution official understands that, in applying for accreditation, the institution:
 - a) voluntarily submits itself to a review and decision by the Accrediting Commission as to the institution’s qualifications;
 - b) has the opportunity, as part of the accrediting process, to present itself as meeting each of the Standards for Accreditation;
 - c) assumes the obligation to be forthcoming, complete, and accurate in presenting information to, and answering questions of, the Accrediting Commission and its designated evaluators;
 - d) may exercise the right to appeal or have reconsideration of the denial or withdrawal of accreditation by the Accrediting Commission, thereby assuring due process for itself;
 - e) voluntarily accepts responsibility to comply with the Standards for Accreditation and fulfill all obligations which accredited institutions assume (2009 *DETC Accreditation Handbook*, p. 25-26); and
 - f) agrees to remain in compliance with all of the requirements set forth in the *DETC Constitution and Bylaws*, April 2009 edition, which constitutes a contract between the Council and its member institutions..
10. The institution official understands, in submitting this application, that the accreditation process includes surveys of and inquiries to students, recruiting personnel, state and federal consumer and regulatory agencies, employers of graduates, and other individuals, agencies, or groups which may have an opinion about the institution, its programs, and its services. It agrees to such surveys and inquiries and will upon request assist the Accrediting Commission in conducting them.

I certify that all of the information herein and attached is true and correct.

Institution’s President or CEO: _____

Name

Title

Signature: _____ Date: _____

Application Checklist

Yes

- _____ Enclosed with this application is a check for \$1,000 (for initial) or \$500 (for reaccreditation) payable to the “Distance Education and Training Council.”
- _____ Enclosed are the names and addresses (**on self-adhesive mailing labels**) of no more than the first 100 students consecutively enrolled with each division of our institution beginning the first day of the 18th month preceding the date of this application. Insofar as possible, the number of the students reflects the same proportion of the enrollments for each of our institution’s major course/program offerings. (If you have less than 100 students, please submit all of their names and addresses.)
- _____ E-mail an Excel table with the student’s name and e-mail address for those students whose mailing labels are furnished above. (e-mail to Brianna Bates at Brianna@detc.org)
- _____ Enclosed is one copy of the institution’s catalog and various promotional literature for each course/program offered by our institution.
- _____ Enclosed are copies of all institution’s current state(s) licenses.
- _____ The appropriate person has completed the *DETC Course on Preparing for Accreditation*.
- _____ We will mail the appropriate number of Self-Evaluation Reports by the date set by the Executive Director. **For new applicants, a draft of the Self-Evaluation Report must be submitted within 60 days from the date of this application.**

Once the *Application for Accreditation* is received, the Executive Director will notify you of the appropriate due dates for submitting your course materials and the Self-Evaluation Report.

For initial applicants, its application for accreditation is valid for one year from the date of submission; with the condition that a draft of their Self-Evaluation Report is received by Commission within **60 days** from the date the “Application for Accreditation” is received by the Commission. If the Commission does not receive the institution’s draft SER within 60 days, the application **will automatically expire**. For institutions undergoing reaccreditation, its application is valid for one year (or the next two full accrediting periods) from the date it was received by the Commission. **As of October 1, 2008, the name of an initial applicant will not be published in DETC’s publications or posted on DETC’s web site until after it has completed a successful Readiness Assessment.**

Submit this form to the: Director of Accreditation
DETC Accrediting Commission
1601 18th Street, N.W., Suite 2
Washington, DC 20009-2529

Contact Person: _____ E-mail address: _____

Title: _____ Phone: _____

Signature: _____