

# NAAHP APPLICATION

## Candidate for Program Accreditation

National Association of Allied Healthcare Professionals, Tel. (703) 447-9965|  
www.certifynaahp.org

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**Name of Institution** [Click](#)

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**Street Address** [Click](#)

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**Mailing Address**  
(If different from above) [Click](#)

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**City** [Click](#) **State** [Click](#) **Zip** [Click](#)

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**Website URL:** [Click](#)

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**Chief Administrator** [Click](#)

---

**Telephone/Ext.** [Click](#) **Email Address** [Click](#)

---

**Accreditation Liaison Officer (if applicable)** [Click](#)

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**Telephone/Ext.** [Click](#) **Email Address** [Click](#)

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**OFFICIAL COMMUNICATIONS** - All official communications from candidate or healthcare institutions must be in written form from the chief administrator or, if applicable, from the institution's accreditation liaison officer.

*This application is valid only for the calendar year 2023.*

(JANUARY 2023)

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## Application Certification and Disclosure Statement

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I, the undersigned, certify that the administration of the institution applying for allied healthcare program accreditation.:

1. Is dedicated to make any program improvements needed for strengthening the institution's allied healthcare programs and services;
2. Demonstrates commitment to the standards, conditions, and procedures of NAAHP, either current or as they may be revised in the future by action of the Board or the Association, and to a continued lawful and ethical performance;
3. Agrees to supply to the Association any information as the Board may require pertaining to standards, conditions, and procedures of the Association;
4. Acknowledges that the Board may make known to state or federal agencies, other accrediting bodies, the general public, other institutions, organizations, or agencies all information regarding the institution's program status.
5. Certifies that the information submitted in this application and supporting documents is accurate and complete; and,
6. Agrees to comply with all allied healthcare program requirements of the Association.

Click  
\_\_\_\_\_  
*Signature of Chief Administrator*

Click  
\_\_\_\_\_  
*Date*

Click  
\_\_\_\_\_  
*Type Name and Title of Chief Administrator*

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## GENERAL CHARACTERISTICS

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1. Provide a brief history of the institution including when and by whom it was founded.

Click

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2. (a) What was the first date students attended classes? Click

\_\_\_\_\_

(b) For non-public institutions: what is the date that the institution received licensure to operate as a postsecondary institution? Click

\_\_\_\_\_

(c) Have students been continuously in attendance (except for regularly scheduled breaks, holidays, or vacation periods) during the last 6 months?

Yes

No

If no, please explain.

Click

(d) Has the institution graduated at least one student from its program where all required courses were taken at the institution?

Yes

No

If no, when is the first student expected to graduate from the institution's longest program? Click

\_\_\_\_\_

(e) Does the institution have a minimum enrollment of 10 Full-Time or Part-Time students at the time of applying for NAAHP candidacy?

Yes

No

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3. Does the institution offer, or has it ever offered any programs beyond the certificate level? (The Association does not accredit institutions that offer degree programs.)

Yes

No

If yes, what are these programs?

Click

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4. Does the institution offer any academic (non-occupational) programs? (The Association does not accredit institutions offering academic programs.)  
Yes  No  If yes, what are these programs?  
Click

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5. Does the institution offer any program (either whole or in part) through distance education delivery methods at any campus?  
Yes  No

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6. Has the institution changed ownership within the past two years?  
Yes  No   
If yes, submit a copy of the approval of the change of ownership from the appropriate state licensing agency.

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7. Is the institution the subject of an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education?  
Yes  No   
If yes, attach a copy of the state agency's notification.

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8. Has the institution had its state license suspended, revoked, or terminated even if the required due process procedures have not been completed?  
Yes  No   
If yes, attach a copy of the state agency's notification.

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9. Has the institution been denied candidacy or accreditation by an accrediting agency?  
Yes  No   
If yes, attach a detailed explanation of the circumstances at the time of denial.

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10. Has the institution or program had its candidacy or accreditation status withdrawn or placed on public probation or show-cause status by another agency?  
Yes  No

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If yes, attach a copy of the accrediting agency's letter of notification.

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11. Has the institution been notified of the loss of any agency's accreditation even if the due process procedures have not been completed?

Yes  No

If yes, attach a copy of the accrediting agency's letter of notification.

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12. Does the institution now hold, or has it ever held, candidacy or accreditation with another post-secondary accrediting agency?

Yes  No

If yes, provide the information requested below.

Name of accrediting agency

Date of Initial Accreditation  Date scheduled for next team visit

Present status with this agency

Institutions presently accredited must submit the following:

(a) Current letter of good standing issued by the institution's present accrediting agency.

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13. If the institution has non-main campus sites:

(a) Is the ownership of all branches and/or extensions identical to that of the main campus?

(b) Does the local administrator of each site report to the Chief Administrator of the main campus?

(c) Are duplicate records (hard-copy or digital) on personnel, financial matters, student attendance, and educational progress kept at the main campus?

(d) Are the names of non-main campus sites identical to that of the main campus? and

(e) Are these sites, their respective program offerings, and their relationship to the main campus described in the institution's catalog?

**If the institution has only a main campus, check here**

Yes to all of the above  No to any of the above

If no, please explain:

14. List the federal, state, and/or local agencies under which the institution is licensed or approved, and attach copies of valid document(s), typically a license, required to operate as an occupational education institution within the state in which the institution and its non-main campus sites are located. Documents should validate licensure for each location of the institution.

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## OTHER CAMPUSES

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All branch and extension campuses must be owned by the same entity as the main campus, must bear the same name as the main campus, and must expand the name to clearly identify different locations or, optionally, specific program offerings of the branch.

### BRANCHES

List all branch campuses. (Make additional copies of this page if necessary.) (DO NOT LIST THE MAIN CAMPUS HERE.)

<b>Name of Branch "A"</b> <small>Click</small>		
Street Address <small>Click</small>		
City <small>Click</small>	State <small>Click</small>	Zip <small>Click</small>
On-site Administrator <small>Click</small>		Telephone <small>Click</small>

<b>Name of Branch "B"</b> <small>Click</small>		
Street Address <small>Click</small>		
City <small>Click</small>	State <small>Click</small>	Zip <small>Click</small>
On-Site Administrator <small>Click</small>		Telephone <small>Click</small>

<b>Name of Branch "C"</b> <small>Click</small>		
Street Address <small>Click</small>		
City <small>Click</small>	State <small>Click</small>	Zip <small>Click</small>
On-Site Administrator <small>Click</small>		Telephone <small>Click</small>

<b>Name of Branch "D"</b> <small>Click</small>		
Street Address <small>Click</small>		
City <small>Click</small>	State <small>Click</small>	Zip <small>Click</small>
On-Site Administrator <small>Click</small>		Telephone <small>Click</small>

## EXTENDED CLASSROOMS

List all extended classrooms. (Make additional copies of this page if necessary.)

<b>Name of Extended Classroom "A"</b> <a href="#">Click</a>		
Street Address <a href="#">Click</a>		
City <a href="#">Click</a>	State/Zip <a href="#">Click</a>	Distance from Main, Branch or Extension Campus <a href="#">Click</a>

<b>Name of Extended Classroom "B"</b> <a href="#">Click</a>		
Street Address <a href="#">Click</a>		
City <a href="#">Click</a>	State/Zip <a href="#">Click</a>	Distance from Main, Branch or Extension Campus <a href="#">Click</a>

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## Institutional Mission and Objectives

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1. What is the institution's official mission statement?

[Click](#)

2. Submit a copy of the school catalog with the application packet if the catalog is not available on the school's website.

Provide the URL address of the school website if the catalog is available online:

[Click](#)

3. Define the institution's service delivery area, the geographic area from which the institution's students generally come.

[Click](#)

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## Allied Healthcare Programs

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1. Institutional admissions procedures and requirements

2. List any instructional programs that are provided through or by:

- (a) Conferences, institutes, workshops and/or seminars
- (b) Contracts with other entities (institutions and/or agencies)

[Click](#)

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3. Does the institution enroll secondary school-level (high school) students?

Yes

No

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## Program Outcomes

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1. What student progress data are maintained for all students?  
Describe any differences in data collection for distance education students, if applicable.

[Click](#)

2. What job placement data are maintained for allied healthcare program completers?

[Click](#)



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## Institutional Infrastructure

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1.

Give a general description of the institution's physical resources and technical infrastructure. Include a general description of all buildings used for instruction, student activities, meetings, and offices. Attach a floor plan of the training location identifying the various areas of instruction, student services, and administrative space.

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## Financial Resources

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1.

Attach a copy of the institution's current budget.

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## Human Resources

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1. Complete the rosters of administrative & supervisory staff, and instructional staff provided with this application.

2. Complete the Personnel Form provided with this application only for each member of the institution's management staff (directors, managers, department heads, etc.).
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## Organizational Structure

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1. Are the branches and extensions owned by the exact same entity as the main campus?

Yes

No

N/A

If no, please explain.

Click

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2. Is any legal action pending against the institution?

Yes  No

If yes, describe the pending litigation.

[Click](#)

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3. Describe any grievances lodged against the institution within the last 12 months by students, faculty, agencies, or the general public, including the resolution determined for each case. (Attach a separate sheet if necessary.).

[Click](#)

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4. (a) Indicate the name of the legal body (with its individual members' names and addresses) which establishes policies for institutional operations.

Name of legal body: [Click](#) \_\_\_\_\_

Name	Address
<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>

- 
5. Provide a chart of the institution's organizational structure showing names of all officers and administrators. If appropriate, show the structure and control from the corporate body or bodies to students.

6. Form of Ownership

Check the appropriate box; complete that section of the form; and provide any requested documentation. **(Only one of the eight boxes should be checked.)**

**PUBLIC**

Governing Board [Click](#)  
 (Public Institution)

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Name [Click](#)

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Chairman and/or Executive Director [Click](#)

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Address [Click](#)

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City [Click](#) State [Click](#) Zip [Click](#)

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Telephone [Click](#) FAX [Click](#)

Provide a copy of the institution's legislative authorization.

**NON-PROFIT CORPORATION**

Corporate Name [Click](#)

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Address [Click](#)

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City [Click](#) State [Click](#) Zip [Click](#)

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Telephone [Click](#) FAX [Click](#)

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Email Address [Click](#) Registered Agent [Click](#)

List names and titles of all officers:

NAME	TITLE	YEAR APPOINTED
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>

**PRIVATELY HELD BUSINESS CORPORATION**

Corporate Officer/Operating Division Head [Click](#)

Corporate Name [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

List names and titles of all owners and officers (including minority stockholders):

NAME	TITLE	PERCENT OF STOCK HELD	HOURS PER WEEK SPENT AT THE INSTITUTION
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>



**LIMITED LIABILITY COMPANY**

Corporate Officer/Operating Division Head [Click](#)

Corporate Name [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

List names and titles of all owners and officers (including minority stockholders):

NAME	TITLE	PERCENT OF STOCK HELD	HOURS PER WEEK SPENT AT THE INSTITUTION
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>



**PUBLICLY HELD BUSINESS CORPORATION**

Corporate Officer/Operating Division Head [Click](#)

Name of Parent Corporation [Click](#)

Name of Operating Division [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

Name of the corporate official to whom the chief administrator of the school reports:

Name [Click](#) Title [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)



### **PARTNERSHIP**

Name of Partnership [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

List names and titles of all owners and officers:

<b>NAME</b>	<b>TITLE</b>	<b>PERCENT OF OWNERSHIP</b>	<b>HOURS PER WEEK SPENT AT THE INSTITUTION</b>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>



### **LIMITED LIABILITY PARTNERSHIP**

Name of Partnership [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

List names and titles of all owners and officers:

<b>NAME</b>	<b>TITLE</b>	<b>PERCENT OF OWNERSHIP</b>	<b>HOURS PER WEEK SPENT AT THE INSTITUTION</b>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>

Click	Click	Click	Click
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<input type="checkbox"/> <b>SOLE PROPRIETORSHIP</b>
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Name of Proprietor [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

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## Allied Healthcare Student Services and Activities

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1.

Describe the orientation to the instructional programs, student activities, and services of the institution provided to new students.

[Click](#)

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2.

Describe the procedures for the management and security of student records.

[Click](#)

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**APPLICATION FEE, DUES, AND VIRTUAL SITE VISIT  
FOR CANDIDATE APPLICATIONS**

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**Annual Dues: (Non-Refundable)**

**Dues for Main Campus:** \$1,500 per Branch Site/Campus \_\_\_\_\_

**Dues for Extensions:** \$500 per Extension Site/Campus \_\_\_\_\_

**Application Fee** (Non-Refundable) 1,500.00

**Site Visit Virtual** (Non-Refundable ) 500.00

**Total amount of check to be submitted with this application:**

<b>\$</b>
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**Enclose a Cashier's Check payable to the National Association of Allied Healthcare  
Professionals (NAAHP)  
(*Personal or private business checks are not accepted*)**

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MAIL TO:

Dr. Karen Pasada  
National Association of Allied Healthcare Professionals

Alexandria VA 22314

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**This application will not be processed until the application fee, dues, and site visit deposit (if applicable) have been received.**

**NOTE: Non-qualifying applications will not be returned.**

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## APPLICATION PREPARATION

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**NOTE:** Any application submitted to NAAHP that is incomplete will not be processed until all required documentation has been received. Incomplete and non-qualifying applications are not returned to the institution.

**Please follow these instructions in assembling the hard-copy application:**

1. The application should be assembled in correct page order; do not insert attachments in between pages of the application; attachments should be clearly labeled and inserted after the last Page .
2. All attachments should be on standard letter-size paper (8 ½ inch by 11 inch); items that are originally on legal size paper should be reformatted to letter size for the application.
3. All materials in the application (except the separate catalog) should be on one side of the page only—not front-and-back.
4. Do not place the finished application in a 3-ring binder.
5. Be sure the following items are included with the application:
  - a. State approval license (with list of state-approved programs and locations)
  - b. Letters from other accrediting agencies, where applicable
  - c. Institution budget
  - d. Personnel forms only for members of the management team
  - e. Organizational chart
  - f. School catalog (if not available online)
  - g. Flash drive containing PDF of the application and attachments
  - h. Cashier's check covering the application fee due.

The candidate application, financial report, and catalog should be mailed to: Dr. Karen Pasada, National Association of Allied Healthcare Professionals, 1400 Duke Street, Alexandria VA 22134

**Questions about completing and sending the application?  
Contact the Association**

## INSTRUCTIONS FOR COMPLETING THE CANDIDATE APPLICATION: POSTSECONDARY EDUCATIONAL PROGRAMS CHART

### LISTING PROGRAMS

1. List all programs, regardless of length, offered by the institution as of the date the chart is completed.
2. All programs should educate students for the purpose of job entry or job advancement.
3. **List only those programs that are *actively enrolling students* or those that have enrolled students within 12 months prior to the date of the chart.**
4. Indicate Lecture, Lab, and Work Based Activity Clock Hours for each program.
5. Indicate what percentage of the program's total length is available through distance education delivery methods.
6. Indicate the program's mode of delivery: Traditional (T); Hybrid (H); or Distance (D). More than one delivery method may be indicated.

Programs listed below are those of which location: (Click applicable box and enter name of site if appropriate) Each site needs a separate chart.												
			<input type="checkbox"/> Main Site/Campus			<input type="checkbox"/> Other Site/Campus			Click Location:			
			<input type="checkbox"/> Clock Hours			<input type="checkbox"/> Semester Credit Hours Complete Clock Hour/ Credit Hour Chart			<input type="checkbox"/> Quarter Credit Hours Complete Clock Hour/ Credit Hour Chart			

  

PROGRAM NAME / CIP Code  (Use One Line For Each Program)	PROGRAM LENGTH		CLOCK HOUR BREAKDOWN			% of Program's Total Length Available Through Distance Education	Instructional Delivery Method T=Traditional H=Hybrid D=Distance	CREDENTIAL			LAST DATE WHEN STUDENTS WERE ENROLLED (Month/Year)  If students are enrolled on the date this chart is prepared, enter the "Data Compiled as of" date from above	Number of Students Enrolled on the date chart is completed	
	Clock Hours	Credit Hours	Lecture	Lab	Work-Based Activity			Certificate	Diploma			Part-Time	Full-Time
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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*Traditional Program – Program that requires all instructional hours to be completed on campus.*

*Hybrid Program – Program in which less than 100% of the required instructional hours are available via distance education delivery methods.*

*Distance Education Program – Program in which 100% of the required instructional hours are available via distance education delivery methods*

## ROSTER OF INSTRUCTIONAL STAFF

**Location:** [Click](#)

Complete this roster for all instructional staff (full-time and part-time) currently employed.  
Indicate which instructors teach courses in associate degree programs with an asterisk (\*).  
**Complete one chart per campus.**

NAME	YEAR OF EMPLOYMENT	MOST ADVANCED DEGREE	EXPERIENCE IN FIELD/IN CLASSROOM	COURSES TAUGHT	CURRENT INSTRUCTIONAL LOAD IN HOURS/WK	
					Part-Time	Full-Time
<b>Sample: John Doe*</b>	<b>2023</b>	<b>AA/Medical Assistant</b>	<b>8 yrs/12 yrs</b>	<b>Medical Assistant</b>	<b>20</b>	
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
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## ROSTER OF ADMINISTRATIVE AND SUPERVISORY STAFF

**Location:** [Click](#)

Complete this roster for all administrative and supervisory staff (full-time and part-time) currently employed.  
**Complete one chart per stie campus.**

NAME	JOB TITLE	YEAR EMPLOYED	HIGHEST EDUCATION	EXPERIENCE	NO.OF HOURS PER WEEK
<b>Sample: Jane Doe</b>	<b>Office Admin</b>	<b>2020</b>	<b>AA/ Bus. Admin</b>	<b>Management/5 yrs; Asst Director/4 yrs; Healthcare Admin/6 yrs</b>	<b>40</b>
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## CANDIDATE APPLICATION: PERSONNEL FORM

Complete this form for each person employed in a management position in instruction, administration or support services. Include descriptions of experience with and/or training for distance education administration and instruction, if applicable.

Full name: <a href="#">Click</a>			
School: <a href="#">Click</a>		City: <a href="#">Click</a>	
Date of initial employment: <a href="#">Click</a>		Full-Time: <a href="#">Click</a>	Part-Time: <a href="#">Click</a>
Present title: <a href="#">Click</a>		How long in position? <a href="#">Click</a>	
Describe primary responsibilities, including subjects taught, if applicable: <a href="#">Click</a>			
List current instructional/supervisory/administrative licenses and/or credentials: <a href="#">Click</a>			

**Educational Background:** (Attach additional sheets if necessary)

Institution Name & Address	Attendance		Major Studies	Award Diploma/Degree
	From	To		
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>

**Related Work Experience:**

Company Name & Address	Dates		Job Title & Duties
	From	To	
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>
<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>	<a href="#">Click</a>

How do you maintain up-to-date professional knowledge? <a href="#">Click</a>
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**CERTIFICATION STATEMENT**

**I certify that the information contained on this form and attached hereto is correct and complete.**

<a href="#">Click</a>	<a href="#">Click</a>
_____ <i>Employee's Signature</i>	_____ <i>Date</i>

(January 2022)