

## APPLICATION FOR ACCREDITATION RENEWAL

### INSTRUCTIONS

Complete the following pages and steps. The completed application and renewal fee must be submitted via mail **together** to: Office for Career and Technical Schools, 10 N. Senate Ave., SE 308, Indianapolis, IN 46204. Mail and email the Excel documents to [OCTS@dwd.in.gov](mailto:OCTS@dwd.in.gov). **Items submitted separately will be returned.**

**NOTE: THIS FORM MAY NOT BE COMPATIBLE WITH ALL INTERNET BROWSERS. SAVE A COPY FOR YOUR RECORDS.**

- (A) Placement information is to be provided by those institutions which offer placement assistance. If no placement assistance is given, then only the graduate and drop-out information is to be furnished. If your institution is located outside the state of Indiana, statistics for **only** Indiana students should be provided.
- (B) Provide verification that the institution is utilizing the required regulation statement in promotional materials, internet advertisements, social media, and contracts (See attached copy).
- (C) Indiana Refund Policy must be printed **verbatim** on the Enrollment Agreement and/or Catalog.
- (D) Submit contract, catalog, and refund policy with this application. NOTE: Schools must use the OCTS Refund Policy verbatim.
- (E) If applicable, submit copies of the most current approval letters from the home state accrediting body and national/regional accrediting body reflecting the date approval was issued and date accreditation expires.
- (F) Attach any supportive documents (on 8 ½ x11 bond paper) to assist fully explaining your answers.
- (G) Affix appropriate signatures and notarize form before returning to OCTS.
- (H) As specified by Indiana Code 22-4.1-21-14 (8), provide proof of liability insurance for students.
- (I) Attach the accreditation renewal fee [*see current FEE SCHEDULE for exact amount*]. Make checks payable to the State of Indiana.
- (J) Attach a completed Financial Report Submission Sheet. NOTE: Financial statements must be attached as indicated in Item 2 on the Financial Report Submission Sheet.
- (K) If the facility is not owned by the institution, provide a copy of a current **signed** lease agreement between the institution and the landlord/owner. Provide the landlord/owner's name, address and telephone number.
- (L) Develop a written student complaint process explaining the student's right to file a complaint with the school administrator. Include a statement informing students that if the complaint cannot be resolved, students may file a formal complaint with OCTS. Provide a space on the document for the student to sign and date acknowledging they understand the complaint process.
- (M) Develop a student code of conduct listing behavior and/or actions that will result in dismissal. Provide a space on the document for the student to sign and date acknowledging they understand the code of conduct.

**NOTE: PREVIOUS EDITIONS OF THIS FORM WILL NOT BE ACCEPTED.**

SCHOOL INFORMATION

Name of Institution	
Dates of Reporting Period	
Institution Website	
Name of Person Completing this Form	Phone Number ( <i>with Area Code</i> )
Location of Institution – Renewal Campus ( <i>Address, City, State, Zip Code</i> )	
Location of Institution – Main Campus <i>if applicable</i> ( <i>Address, City, State, Zip Code</i> )	
Name of Owner	Email Address of Owner
Name of Administrator ( <i>Renewal Campus</i> )	Email Address of Administrator ( <i>Renewal Campus</i> )
Name of Administrator ( <i>Main Campus</i> )	Email Address of Administrator ( <i>Main Campus</i> )
Years under Present Ownership	What year was the institution established?
State of Licensure	Expiration Date
Do you have any Federal Agency Approvals? <i>If</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>yes, please list agency(ies):</i>	
Do you have any National or Regional Accreditations? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please list Accrediting Commission(s) with beginning and expiration dates:</i>	
List any and all Other States in which your Institution is Approved	

DESCRIPTIVE INFORMATION

Does the institution have specific admission requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<i>If yes, please indicate:</i>	<input type="checkbox"/> High School Diploma/Equiv.	<input type="checkbox"/> Visit to School	<input type="checkbox"/> Personal Interview	<input type="checkbox"/> Admissions Test	<input type="checkbox"/> Other
Name of Test(s)(if applicable):					
Other (if applicable):					
Program Admission	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Other
Dates: Other (if applicable):					
Is the student required to sign an enrollment agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is the student required to sign a separate contract for training? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is a registration fee required? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<i>If yes, please specify:</i>					
Are there other pre-enrollment fees? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<i>If yes, please specify:</i>					
Is housing, approved the institution, available for students? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<i>If yes, please specify:</i>					
Is free parking available for students? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<i>How many miles to the nearest public parking lot?</i>					
<i>How many miles to the nearest public transportation?</i>					





**CORPORATE INFORMATION AND CERTIFICATION**

List any changes or additions in national accreditation that have taken place in the past year:		
Has there been a change in your corporate status? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>		
<i>If so, submit a complete copy of the incorporation papers.</i>		
List the individual names and address of stockholders owning 5% or more of stock in the school or corporation with the percentage owned by each stockholder indicated		
<i>Name</i>	<i>Address</i>	<i>Percentage of Ownership</i>
<i>If the school is incorporated and owned by another corporation, list the names and addresses of the stockholders owning 5% or more of the stock in the parent corporation. Please indicate the percentage owned by each stockholder.</i>		
<i>Name</i>	<i>Address</i>	<i>Percentage of Ownership</i>
<b>OUT OF STATE INSTITUTIONS (FOREIGN CORPORATIONS):</b> you must provide evidence of a valid Certificate of Authority with the Indiana Secretary of State's Office. For more information, visit the website at <a href="http://www.in.gov/sos">www.in.gov/sos</a>		

**FIRE INSPECTION, LIABILITY INSURANCE & CCSAF**

<p>Indiana institutions must submit a copy of a current, ANNUAL (WITHIN THE LAST 12 MONTHS) fire inspection report for this reporting period. If applicable, submit a copy of the re-inspection report showing violations have been corrected. The fire inspection must be from a GOVERNMENT FIRE DEPT., not a private fire inspection firm. The accreditation renewal will NOT be complete without a proper fire inspection.</p> <p>Submit proof of commercial general liability insurance.</p> <p>If Career College Student Assurance Fund payment(s) are outstanding the renewal application will not be approved until payment(s) are current.</p>
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