

Institution's Name: _____
Institutions's Address (Physical Location): _____
Website: _____
Phone Number: _____
Email Contact: _____

FOR OCTS OFFICE USE ONLY: IDENTIFICATION #

IMPORTANT: Non degree granting postsecondary proprietary educational institutions are required to be accredited by the Department of Workforce Development's (DWD) Office of Career and Technical Schools (OCTS) prior to advertising, recruiting, or enrolling students in their educational or training programs. By offering educational services or training to the public for a tuition, fee, or charge, your business may be required to be accredited as a postsecondary proprietary educational institution pursuant to IC 22-4.1-21. Please answer the following questions to the best of your ability and with as much specificity as possible. Staff realizes that some answers will be speculative in nature. If additional space is needed for any of the questions, please provide additional details in the email that accompanies this questionnaire.

DETERMINATION OF STATUS QUESTIONNAIRE

1. Briefly describe the training and activities currently being offered, or which are to be offered at your institution.

2. Indicate the address where training is intended to be conducted and describe the facility where training will be held.

3. Date training began or will begin.

4. List names of program areas taught or which will be taught and include the credential (certificate, diploma or certification) a graduate of the program will receive upon completion.

5. Type of courses offered or that will be offered:

Resident Distance Education Both

6. Length of the courses offered or that will be offered.

7. Estimated percentage of students enrolled for or which you anticipate will enroll for:

_____ self improvement only
_____ to increase present occupational skills
_____ to gain entry level occupational skills for specific employment
_____ other (please explain) _____

8. Current or estimated number of enrollments:

9. Give breakdown of the costs (tuition, fees, tools, kits, etc.) for the courses offered or that are to be offered. _____

10. How is the tuition, fees, charges for educational/training services paid. *Percentage by each:*

_____ Student
_____ Employer
_____ Other (Identify; such as, grants, student loans, etc.)

11. Will training be offered to the general public? Yes No

12. List name (s) and owner (s) of the institution.

13. If your organization is registered with the Indiana Secretary of State, indicate registration type:

 domestic for profit domestic not-for-profit foreign out of state

14. Provide all links to any electronic advertisements for your institution (e.g. website address, Facebook). _____

15. Has your institution been granted state agency approval (other than OCTS) or national accreditation? Yes No

Which state(s) or national accrediting body(ies)? _____

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

17. Has the owner or chief administrator ever operated a proprietary school which was closed involuntarily or for which accreditation was denied, suspended, or revoked? If yes, explain:

 Yes No

18. Has the owner, chief administrative officer or any other executive staff member ever owned, operated or been associated with a proprietary school(s) in any state or country? If yes, provide the following information. Name of school, street address, program(s) of study, state of operation, date opened, date closed, reason for closure, state or national accreditation status.

Yes No

19. Name and position of person within your organization preparing this form.

_____ Date: _____

20. Please provide a telephone number and email address where you may be contacted.

21. Who referred you to OCTS?

Note: If additional space is needed for any of the questions, please provide additional details in the email that accompanies this questionnaire.

By submitting I attest, under the penalty of perjury, that all answers are truthful and accurate to the best of my knowledge.