



## Application for Initial Authorization

**Instructions:** The Application for Initial Authorization to operate a postsecondary institution in Alaska must be submitted in its entirety using the checklist below. A list of all required documentation is provided within each section. If an item does not apply to the institution, leave the section blank.

**\*Submit the application, fee, and all supporting materials to the address above at least 90 days prior to the quarterly Commission meeting at which the application will be considered** (meetings are scheduled in January, April, July and October). In addition to reviewing the application materials, Commission staff will schedule a site visit once the completed application has been received.

**NOTE:** Full text of the laws governing the delivery of postsecondary education in Alaska is contained in [Alaska Statute 14.48](#) and the [Alaska Administrative Code, Title 20, Chapter 17](#). All institutions should become familiar with those statutes and regulations.

### II. General Information:

Institution Name: \_\_\_\_\_  
 Individual Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### II. Checklist: Please complete checklist 1-30

Institutional Overview	
<input type="checkbox"/>	1 <b>Administrative Summary for Postsecondary Institutional Authorization (Appendix IA1)</b>
<input type="checkbox"/>	2 <b>Supporting documentation for Appendix IA1:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mission statement (identify the institution's purpose, goals, and objectives)</li> <li><input type="checkbox"/> Identified need for the institution and prospective student pool</li> <li><input type="checkbox"/> <b><u>If Corporation</u></b>, a copy of the Articles of Incorporation and bylaws</li> <li><input type="checkbox"/> <b><u>If 501(c)(3)</u></b>, a copy of the IRS Letter of Determination</li> <li><input type="checkbox"/> Brief summary of the institution's historical development and background</li> <li><input type="checkbox"/> Evidence of accreditation or other affiliations</li> <li><input type="checkbox"/> List of the institution's governing board members board of directors, and, if applicable, a list of all shareholders holding 10% or more of outstanding shares</li> </ul>
Administrative Overview	
<input type="checkbox"/>	3 <b>List of key administrative positions and organizational structure</b>
<input type="checkbox"/>	4 <b>Resumes/Curricula Vitae for senior administrators</b>
<input type="checkbox"/>	5 <b>Consent for Release of Information (<i>Appendix IA2</i>) for all owners and senior administrative officials</b>



Faculty/Instructor		
<input type="checkbox"/>	6	List of supervisors and faculty with documentation of qualifications ( <i>Appendix IA3</i> ), including applicable licenses to teach (if 20 or more faculty, submit hiring standards and procedures in place to verify qualifications for instructors)
<input type="checkbox"/>	7	Selection criteria for new faculty/instructors
<input type="checkbox"/>	8	Evaluation plan for faculty/instructors
<input type="checkbox"/>	9	Employment policy for interim, substitute, and temporary instructors
<input type="checkbox"/>	10	<u>Degree-granting institutions only</u> : Advanced degree credentials for all faculty members per <a href="#">20 AAC 17.245</a>
Facilities & Equipment		
<input type="checkbox"/>	11	Site Information Form for each building ( <i>Appendix IA4</i> )
<input type="checkbox"/>	12	Supporting documentation for <i>Appendix IA4</i> : <ul style="list-style-type: none"> <li><input type="checkbox"/> Building safety inspection report</li> <li><input type="checkbox"/> Zoning report</li> <li><input type="checkbox"/> Health/sanitation report</li> <li><input type="checkbox"/> Lease, contractual agreement, or evidence of site ownership</li> <li><input type="checkbox"/> Detailed facility floor plan, including dimensions, functional use, and number of students to be accommodated</li> </ul>
<input type="checkbox"/>	13	Fire Safety Inspection Checklist ( <i>Appendix IA5</i> )
<input type="checkbox"/>	14	List of equipment by program, including owned or leased status, as required under <a href="#">20 AAC 17.095(c)</a>
Library and Learning Resources ( <i>Collegiate Institutions Only</i> )		
<input type="checkbox"/>	15	Description of location and availability
<input type="checkbox"/>	16	List of holdings, including volumes, periodicals, computer terminals, software, etc.
Finances		
<input type="checkbox"/>	17	Finances and Budget Worksheet ( <i>Appendix IA6</i> )



Evidence of Liability and Other Appropriate Insurance Coverage															
<input type="checkbox"/>	18 <b>Determination of Institutional Liability Worksheet</b> ( <i>Appendix IA7</i> )														
<input type="checkbox"/>	19 <b>Supporting documentation for <i>Appendix IA7</i>:</b> <input type="checkbox"/> <b>Surety Bond:</b> If posting a bond, complete <i>page 2 of Appendix E</i> and attach the original bond document <b>OR</b> <input type="checkbox"/> <b>Certificate of Deposit (CD):</b> If assigning a CD, complete <i>page 3 of Appendix E</i> and attach the original CD														
<input type="checkbox"/>	20 <b>Certificate of General Liability Insurance</b> – ACPE must be listed as certificate holder on general liability insurance and for additional liability or accident insurance required for institutions delivering occupational programs														
Student Resources															
<input type="checkbox"/>	21 <b>School Catalog Checklist</b> ( <i>Appendix IA8</i> ) – attach to school catalog or brochure														
<input type="checkbox"/>	22 <b>School Handbook</b> – <i>if applicable</i>														
<input type="checkbox"/>	23 <b>Program Summary Form</b> ( <i>Appendix IA9</i> )														
<input type="checkbox"/>	24 <b>Program Requirements Form</b> ( <i>Appendix IA10</i> ) for each program														
<input type="checkbox"/>	25 <b><u>Non-Collegiate Institutions only:</u> Enrollment Contract Checklist</b> ( <i>Appendix IA11</i> ) – attach to enrollment contract sample														
<input type="checkbox"/>	26 <b>Meningitis Form</b> ( <i>Appendix IA12</i> ) with institution's letterhead														
<input type="checkbox"/>	27 <b>Provide a copy of the institution's Exit Survey</b> per <a href="#">20 AAC 17.062(b)</a>														
Marketing Materials															
<input type="checkbox"/>	28 <b>Institutional marketing plan and samples of marketing documents</b>														
<input type="checkbox"/>	29 <b>Supporting documentation for <i>Appendix IA1</i>:</b>														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Schedule of classes</td> <td style="width: 50%;"><input type="checkbox"/> Drop/add/program amendment forms</td> </tr> <tr> <td><input type="checkbox"/> Enrollment/registration forms</td> <td><input type="checkbox"/> Certificate of completion or diploma</td> </tr> <tr> <td><input type="checkbox"/> Admission application</td> <td><input type="checkbox"/> Grade reports forms</td> </tr> <tr> <td><input type="checkbox"/> Tuition/fee/payment contracts or promissory notes</td> <td><input type="checkbox"/> Leave of absence forms</td> </tr> <tr> <td><input type="checkbox"/> Academic transcript/student records</td> <td><input type="checkbox"/> Entrance examinations</td> </tr> <tr> <td><input type="checkbox"/> Schedule of classes</td> <td><input type="checkbox"/> Drop/add/program amendment forms</td> </tr> <tr> <td><input type="checkbox"/> Enrollment/registration forms</td> <td><input type="checkbox"/> Certificate of completion or diploma</td> </tr> </table>	<input type="checkbox"/> Schedule of classes	<input type="checkbox"/> Drop/add/program amendment forms	<input type="checkbox"/> Enrollment/registration forms	<input type="checkbox"/> Certificate of completion or diploma	<input type="checkbox"/> Admission application	<input type="checkbox"/> Grade reports forms	<input type="checkbox"/> Tuition/fee/payment contracts or promissory notes	<input type="checkbox"/> Leave of absence forms	<input type="checkbox"/> Academic transcript/student records	<input type="checkbox"/> Entrance examinations	<input type="checkbox"/> Schedule of classes	<input type="checkbox"/> Drop/add/program amendment forms	<input type="checkbox"/> Enrollment/registration forms	<input type="checkbox"/> Certificate of completion or diploma
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<input type="checkbox"/> Schedule of classes	<input type="checkbox"/> Drop/add/program amendment forms														
<input type="checkbox"/> Enrollment/registration forms	<input type="checkbox"/> Certificate of completion or diploma														



Initial Application Fee		
<input type="checkbox"/>	30	Fee Calculation Worksheet for Initial Authorization ( <i>Appendix IA13</i> )

**III. Certification:**

I certify that all information listed in the checklist above and included as part of this application is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_



## Administrative Summary for Postsecondary Institution Authorization (Appendix IA1)

**Instructions:** Please complete the following administrative summary and attach all required supporting documents.

### I. Administrative Summary:

Institution Name: \_\_\_\_\_

Institution Type: \_\_\_\_\_

Business License Number: \_\_\_\_\_

Accreditation or Approval Body: \_\_\_\_\_

Licensing or Approval Body: \_\_\_\_\_

### FISCAL YEAR:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

### ACADEMIC YEAR:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

### ADDRESS INFORMATION:

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CONTACT INFORMATION:

Name of Owner or CEO: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Administrative Contact Official: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Institution's Website Address: \_\_\_\_\_



**II. Supporting Documentation:** Provide the following information as separate documentation and attach to this form.

Required Documents	
<input type="checkbox"/>	A Mission (identify the institution's purpose, goals, and objectives)
<input type="checkbox"/>	B Business License
<input type="checkbox"/>	C <b><u>If corporation</u></b> , a copy of the Articles of Incorporation and bylaws
<input type="checkbox"/>	D <b><u>If 501(c)(3)</u></b> , a copy of the IRS Letter of Determination
<input type="checkbox"/>	E Historical development and background
<input type="checkbox"/>	F Evidence of accreditation or other affiliations
<input type="checkbox"/>	G List of the institution's Governing Board or Board of Directors, and, if applicable, a list of all shareholders holding 10% or more of the shares outstanding

**III. Certification:**

I certify that all information provided above is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_



Consent of Release of Information (Appendix IA2)

Instructions: This form must be filled out and submitted for all owners and senior administrative officials.

NOTE: A photocopy of this release is to be honored as if it were an original.

I. Authorization Statement:

I, \_\_\_\_\_ (Complete Name), hereby authorize the Alaska Commission on Postsecondary Education (ACPE) and/or its agents to obtain a credit report and make an independent investigation of my background, references, character, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming evidence of satisfactory reputation of business and professional integrity.

As an owner or a senior official of \_\_\_\_\_ (Name of Institution/ Corporation), I release ACPE or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits relative to the information obtained from any and all of the above referenced sources used.

II. Personal Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

III. Address Information:

Current Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long at this address?: \_\_\_\_\_ Years \_\_\_\_\_ Months

Former Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long at this address?: \_\_\_\_\_ Years \_\_\_\_\_ Months

IV. Contact Information:

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

V. Certification:

I certify that all information provided is true and correct to the best of my knowledge. I release ACPE or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Faculty Worksheet (Appendix IA3)

**Instructions:** In the space below, provide the name of each faculty member, their subject area and the level(s) they teach, the highest degree/license they hold, and if they are full time faculty. In addition, please **attach a copy of each faculty member's credentials** to this form, including but not limited to resumes, C.V.'s, and professional licensing.

### I. General Information:

Institution Name: \_\_\_\_\_

Individual Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. Faculty List: Attach additional pages to this form, as necessary.

Name of Faculty Member	Discipline	Level Taught	Highest Degree or Level of Education Completed	Full Time?	
				YES	NO
				<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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*(Worksheet continued on Page 2)*

### III. Certification:

I certify that all information provided is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_





**Faculty Worksheet Continued:**

Name of Faculty Member	Discipline	Level Taught	Highest Degree or Level of Education Completed	Full Time?	
				YES	NO
				<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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



## Site Information Form (Appendix IA4)

**Instructions:** Please complete this form and attach all required materials for each school site, including student housing, if applicable.

### I. Site Address:

Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Alternative Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does this institution have student housing?  YES  NO      If YES:  Owned  Leased

### II. Site Health and Safety:

List the (1) approval authority, (2) contact number, and (3) approval dates for any **inspection report or certification** for this site, and attach copy. If none, provide name and agency phone number of the approval authority to confirm information.

	Approval Authority	Contact Number	Date	Attached?
<b>Building Safety</b>				<input type="checkbox"/>
<b>Zoning</b>				<input type="checkbox"/>
<b>Health/Sanitation</b> <i>(If Applicable)</i>				<input type="checkbox"/>
<b>Equipment or Hazardous Materials</b>				<input type="checkbox"/>
<b>Other:</b> _____				<input type="checkbox"/>
<b>Other:</b> _____				<input type="checkbox"/>

**Provide the following information as separate documentation and attach to this form:**

- Lease, contractual agreement, or evidence of ownership
- Detailed Floor Plan - including dimensions, functional use, and number of students to be accommodated

### III. Certification:

I certify that the information on this form is complete and accurate, and that the above-named institution, per AS 14.48.060(7), “...is maintained and operated in compliance with all pertinent ordinances and laws relating to the safety and health of persons upon the premises of the institution,” including all applicable federal, state and municipal licensing, zoning, health, safety and fire code requirements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_



## Fire Safety Inspection Checklist (Appendix IA5)

**Instructions:** All postsecondary institutions must meet municipal, state, and federal fire safety requirements as stated under 20 AAC 17.060(h). **If there are fire protection systems, complete Section A of this form. An independent third-party service must inspect all fire protection systems. In addition, a fire safety inspection report must be completed by the fire marshal in your area and attached to this form; if a fire marshal is not available, complete Section B.** Please verify compliance by selecting the check box next to each item and, if necessary, attach additional pages as documentation. If the item does not apply, leave the check box blank.

### I. General Information:

Institution Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Facility Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. Checklist: Please complete Sections A & B

SECTION A: Fire Protection Systems		
<input type="checkbox"/>	<b>1</b>	At least one fire extinguisher (classification 2a 10BC) is provided for every 75 feet of direct travel distance
<input type="checkbox"/>	<b>2</b>	All fire extinguishers have been serviced within the last 12 months (attach copy of receipt or service report)
<input type="checkbox"/>	<b>3</b>	Sprinklers are provided throughout all basements used for training
<input type="checkbox"/>	<b>4</b>	Sprinkler system has been serviced within the last 12 months (attach copy of service report)
<input type="checkbox"/>	<b>5</b>	Fire alarm system is present and operable when the total number of occupants exceeds 5
<input type="checkbox"/>	<b>6</b>	Fire alarm system has been serviced within the last 12 months (attach copy of service report)
<input type="checkbox"/>	<b>7</b>	Operating smoke detectors are located in all training areas
<input type="checkbox"/>	<b>8</b>	Kitchen hood suppression system has been serviced within the last six months (attach copy of service report)

If a fire safety inspection by a municipal or borough agency is available in your area, attach the following forms:

- Fire Marshal Inspection Report
- Re-Inspection Report (If any violations were found during a prior inspection)



**SECTION B: Fire Safety Self-Inspection Report**

***NOTE:** Only for use if fire marshal is unavailable in area.*

<input type="checkbox"/>	<b>1</b>	Changes in use or construction have been approved by the State Fire Marshal
<input type="checkbox"/>	<b>2</b>	All exit ways, including halls, corridors, aisles, and doorways are clear of obstructions
<input type="checkbox"/>	<b>3</b>	All exit and exit access doors are marked by an approved exit sign, illuminated and operational at all times.
<input type="checkbox"/>	<b>4</b>	All exit doors are unlocked during hours of occupancy.
<input type="checkbox"/>	<b>5</b>	All exit doors open from the inside without a key or special knowledge and are free of dead bolts or other special locks.
<input type="checkbox"/>	<b>6</b>	Panic hardware installed on doors is operational.
<input type="checkbox"/>	<b>7</b>	Working space of not less than 30 inches in width, 36 inches in depth, and 78 inches in height has been provided in front of all electrical service equipment (panels).
<input type="checkbox"/>	<b>8</b>	Extension cords and flexible cords are not being used as substitute for permanent wiring.
<input type="checkbox"/>	<b>9</b>	All electrical switches, outlets, and junction boxes are adequately covered by approved covers.
<input type="checkbox"/>	<b>10</b>	All storage is maintained 24 inches below the ceiling in non-sprinkler areas, or 18 inches below sprinkler head deflectors in areas with sprinklers.
<input type="checkbox"/>	<b>11</b>	Boiler, mechanical, and electrical equipment rooms are free of combustible storage.
<input type="checkbox"/>	<b>12</b>	Fire-rated doors and doors to hazard areas are kept closed at all times.
<input type="checkbox"/>	<b>13</b>	All storage of combustible materials is kept orderly and is separated from heat sources by a distance so that ignition cannot occur.
<input type="checkbox"/>	<b>14</b>	Holes and cracks in interior walls and/or ceiling tiles have been repaired to maintain required fire resistance.
<input type="checkbox"/>	<b>15</b>	All flammable or combustible liquids are stored in proper containers and locations.
<input type="checkbox"/>	<b>16</b>	All fire protection systems (sprinkler system, hood & duct system, special hazard system, fire alarm system, fire extinguishers) are annually service-tested and tagged.
<input type="checkbox"/>	<b>17</b>	Smoke detectors are operational and present in all training areas.
<input type="checkbox"/>	<b>18</b>	All employees/staff have been trained in emergency and fire reporting procedures.
<input type="checkbox"/>	<b>19</b>	A fire safety and evacuation plan is in place and has been distributed to all employees/staff.
<input type="checkbox"/>	<b>20</b>	A complete walkthrough inspection of the facility addressing the items above has been accomplished.



**III. Certification:**

I certify that all information listed in the checklist above and included as part of this application is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_

The State of Alaska Division of Fire and Life Safety has statewide jurisdiction for fire code enforcement and plan review authority. Building fire and life safety inspections are one of the programs used by the Division to further fire and life safety. For more information on statewide fire safety requirements, visit the Division web site at [www.dps.alaska.gov/Fire](http://www.dps.alaska.gov/Fire) or call (907) 269-2004.

**The following communities have received a deferral for full code enforcement.**  
 Contact the appropriate community for information regarding changes to fire safety and inspection requirements:

Community	Phone Number
Anchorage Municipality (AFD)	(907) 267-4900
Juneau	(907) 586-0770 <u>or</u> (907) 586-0715
Fairbanks	(907) 459-6720
Kenai	(907) 283-7535
Ketchikan	(907) 228-4737
Kodiak	(907) 486-8072
Seward	(907) 224-3445
Sitka	(907) 747-1806
Soldotna	(907) 262-4792
Wasilla/Lakes	(907) 373-8830



## Finances & Budgets Worksheet (Appendix IA6)

**Instructions:** Institutions that have not begun operations must either attach audited financial statements from independent licensed certified public accountants (CPA), for the most recently completed fiscal year based upon annual tuition revenues OR meet the alternative requirements below. It is recommended prior to the institution engaging in any agreed upon work with a CPA, that the institution research the CPA, to ensure they are **licensed under the State of Alaska, Board of Public Accountancy**.

### I. General Information:

Institution Name: \_\_\_\_\_

Individual Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. Financial Statement: Please check which option is attached.

**NOTE:** The commission may require additional documentation, as the commission considers necessary.

Financial Report Type	
<input type="checkbox"/>	A An institution with annual tuition revenues of <b>more than \$300,000</b> (from all sources) may submit an independent licensed certified public accountant's (CPA's) <b>audit</b> stating that the institution's financial statements for the most recently completed fiscal year were prepared in conformity with GAAP.
<input type="checkbox"/>	B An institution with annual tuition revenues of <b>more than \$200,000, but less than \$300,000</b> (from all sources) must provide the commission a licensed CPA's <b>review report</b> ; the report must state that the institution's financial statements for the most recently completed fiscal year were prepared in accordance with generally accepted accounting principles.
<input type="checkbox"/>	C An institution with annual tuition revenues of <b>less than \$200,000</b> (from all sources) must provide the Commission with <b>financial statements</b> , prepared in accordance with generally accepted accounting principles, and a compilation report with full disclosure for the most recently completed fiscal year; the report must be prepared by a licensed, independent accounting service.  <b>NOTE – Financial statements must include, at a minimum:</b> 1. An accountant's report or opinion letter      4. A statement of cash flows 2. A balance sheet                                      5. Notes to the financial statements 3. An income statement

----- OR -----

**If an applicant for initial authorization has *not yet begun operations*, required alternative documents must include:**

Financial Report Type	
<input type="checkbox"/>	A A business plan with market analysis
<input type="checkbox"/>	B A budget
<input type="checkbox"/>	C Documentation of working capital sufficient for at least one year of operation, as supported by budget projections



**ALASKA COMMISSION ON POSTSECONDARY EDUCATION**  
**Institutional Authorization**  
P.O. Box 110505  
Juneau, Alaska 99811-0505  
(907) 465-6741 • FAX (907) 465-5316  
acpe.alaska.gov • EED.ACPE-IA@alaska.gov

**III. Certification:**

I certify that all information listed in the checklist above and included as a part of this application is complete and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_



## Determination of Institutional Liability Worksheet (Appendix A17)

Institutions must post and maintain a surety bond or certificate of deposit (CD), as stated under [AS 14.48.100](#). The dollar amount required is higher of (1) the amount of revenue received in the longest enrollment period during the previous fiscal year, or (2) the projected revenue for the same period in the current year. New institutions, renewing institutions, or institutions that have added or deleted programs should provide the **highest amount of revenue projected to be earned** by the institution for all students enrolled in all programs during an enrollment period.

**Instructions:** To determine the amount of surety required, complete this form (page 1) and attach the original bond or CD.

**NOTE:** Institutions determined by ACPE to be financially unsound may be required to post a substantially increased level of surety, and must complete the following: **Surety Bond** – If posting a bond, complete page 2 (*Educational Institution Surety Bond*). **Certificate of Deposit (CD)** – If assigning a CD, complete page 3 (*Assignment of Negotiable Instrument*).

### I. Enrollment Period and Gross Revenue:

Institution Name: \_\_\_\_\_

Define your institution's longest term or enrollment period (semester, term, program, etc.): \$ \_\_\_\_\_

Determine the gross revenues for the enrollment period listed above during the previous calendar or fiscal year (12 month period) or the institution's projected revenues for the same period in the current or upcoming fiscal year (12 month period), whichever is **HIGHEST**. Include revenue from all funding sources, and for all commodities and services provided by the institution for postsecondary education. This includes revenue received for programs otherwise exempt from authorization and, for flight schools, the revenues received for private pilot, commercial pilot and ratings programs: \$ \_\_\_\_\_

Use the Surety Level Chart to enter the surety amount required for the institution listed above: \$ \_\_\_\_\_

An **original** surety in this amount is:

- On File with the Commission
- Enclosed
- Being Sent Under a Separate Cover

Type of Surety:  Bond  Certificate of Deposit (CD)

Bond or CD Number: \_\_\_\_\_

Surety Level Chart	
If gross revenues are:	Then surety for schools generating revenue are:
up to \$25,000	\$5,000
\$25,001 to \$50,000	\$10,000
\$50,001 to \$100,000	\$20,000
\$100,001 to \$150,000	\$30,000
\$150,001 to \$200,000	\$40,000
\$200,001 to \$250,000	\$50,000
\$250,001 to \$300,000	\$60,000
\$300,001 to \$400,000	\$80,000
\$400,001 to \$500,000	\$100,000
\$500,001 to \$750,000	\$150,000
\$750,001 to 1,000,000	\$200,000

### III. Certification:

I certify that the income reported above accurately represents this institution's highest revenues during one enrollment period or term over the past year, or in the next projected year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_





Appendix IA7 Continued:
Educational Institution Surety Bond

Bond Number: \_\_\_\_\_

Premium: \_\_\_\_\_

KNOWN BY ALL PRESENT THAT \_\_\_\_\_ (Name of Institution)
doing business as principal and \_\_\_\_\_ (Name of Insurance
Company) a corporation duly authorized to transact surety business in the State of Alaska, as surety, are held and firmly bound unto
the State of Alaska in the sum of \_\_\_\_\_ Thousand Dollars ( \_\_\_\_\_ ) lawful money of the United States, for
the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors and administrators,
successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT whereas the above bounden principal has or is about
to obtain an Authorization to Operate an educational institution in the State of Alaska, in accordance with the provisions of AS 14.48
and all rules and regulations appertaining thereunto, and desires to give bond as required by said law.

NOW, THEREFORE, if the said principal, in compliance with AS 14.48, does not pay any and all final and nonappealable orders of
the Alaska Commission on Postsecondary Education or judgments of a court of this state having jurisdiction against said principal in
favor of any student, enrollee, or his or her parents or guardians or class thereof for loss or damage as a result of an act or practice in
violation of AS 14.48, they shall be paid by the surety.

THE TOTAL LIABILITY of the surety hereunder, during the period for which this bond is written shall not exceed the
sum of \_\_\_\_\_ Thousand Dollars ( \_\_\_\_\_ ).

LIABILITY UNDER THIS BOND commences \_\_\_\_\_ (Date) and shall be continuous until the authorization to operate
is revoked or otherwise terminated by the Alaska Commission on Postsecondary Education or until forty-five (45) days after the
Alaska Commission on Postsecondary Education, State of Alaska receives written notice from the surety of cancellation. The bond
shall apply to all judgments and liabilities which arise during the effective period of the bond and to which the bond is applicable
under the law, even if the judgments are settled or the liabilities are enforced after the effective period of the bond.

IN WITNESS WHEREOF, the said principal and the said surety have affixed their hand and seal this \_\_\_\_\_ day of
\_\_\_\_\_ in the year \_\_\_\_\_.

Principal: \_\_\_\_\_

By: \_\_\_\_\_
(Signature of Principal's Authorized Representative)

\_\_\_\_\_  
(Name & Title of Principal's Authorized Representative)

Surety: \_\_\_\_\_

Surety Address: \_\_\_\_\_
\_\_\_\_\_

By: \_\_\_\_\_
(Signature of Attorney-in-Fact)

\_\_\_\_\_  
(Name & Title of Principal's Authorized Representative)



Appendix IA7 Continued:
Assignment of Negotiable Instrument - Certificate of Deposit

Certificates of deposit must be automatically renewable and made payable to the State of Alaska. In order for the interest on the certificate of deposit to be accurately reported to the Internal Revenue Service, the institution's tax I.D. number (not the State's) must be on the certificate of deposit. The certificate of deposit must accompany this notarized Assignment of Negotiable Instrument form.

THE UNDERSIGNED ASSIGNOR HEREBY assigns and transfers to the Alaska Commission on Postsecondary Education, the annexed (Name of Banking Institution) as and for the educational institution surety bond required by the laws of the State of Alaska (AS 14.48) for the postsecondary educational institution known as (Name of Postsecondary Institution) which is duly authorized to operate in the State of Alaska.

THE UNDERSIGNED DOES HEREBY irrevocably constitute and appoint the State of Alaska by and through its duly authorized agent as their attorney-in-fact to do all things necessary and appropriate to effectuate the purposes of this assignment.

IT IS HEREBY AGREED AND UNDERSTOOD that this assignment shall remain in full force and effect for the period of time provided by law for actions against said surety bond, unless earlier canceled by mutual written consent of the Assignor and Assignee.

Dated this day of in the year in the city and state of .

Assignor (Type or Print Name)

Signature

This document is to certify that on this day of in the year , before me, the undersigned, a Notary Public in and for the State of Alaska, duly commissioned and sworn, personally appeared to me known to be the person(s) described in and who executed this above and foregoing assignment of negotiable instrument, and have acknowledged to me they have signed and sealed the document freely and voluntarily for the uses and purposes therein mentioned.

Witness, my hand and official seal the day and year in this certificate first above written.

Notary Public Signature

My Commission Expires



## School Catalog Checklist (Appendix IA8)

**Instructions:** Please use the following checklist to ensure all required information is included in the institution's catalog. An institution must provide prospective students with an up-to-date copy of its catalog or brochure, as stated in **20 AAC 17.075**.

### I. Checklist:

Attach this checklist to the front of the catalog and include it with the application materials. Indicate the page number where each item may be found.

Page #		School Catalog Requirements												
#	<input type="checkbox"/>	<b>1. Educational philosophy and institutional objectives</b> set out in clear, complete, and plain language, including measurable goals and/or outcomes												
#	<input type="checkbox"/>	<b>2. Date of catalog publication</b> and the time for which the information contained is in effect												
#	<input type="checkbox"/>	<b>3. Name and address of the place of instruction and administrative offices</b>												
#	<input type="checkbox"/>	<b>4. Names and titles of the administrative and instructional staff</b>												
#	<input type="checkbox"/>	<b>5. Admissions policy and regulations</b> , including any prerequisites for enrollment such as general requirements or program requirements, general and program-specific prerequisites, and entrance tests												
#	<input type="checkbox"/>	<b>6. Academic policies</b> , including: <ul style="list-style-type: none"> <li>a. Prerequisites for enrollment, including potential barriers to employment (<i>20 AAC 17.060(e)</i>)</li> <li>b. Policy for measurement of student progress, including grading system</li> <li>c. Minimum grades considered to meet satisfactory progress</li> <li>d. Conditions and consequences of a student's probationary status, suspension, dismissal, and readmission</li> <li>e. Conditions of reenrance for students dismissed for unsatisfactory progress</li> </ul>												
#	<input type="checkbox"/>	<b>7. Attendance policy</b> , including definition of excused and unexcused absences and the number of absences resulting in dismissal of a student for unsatisfactory attendance												
#	<input type="checkbox"/>	<b>8. Leaves of Absence policy</b> (optional) - if offered, the policy and forms <i>must comply with 20 AAC 17.111</i>												
#	<input type="checkbox"/>	<b>9. Student conduct policies</b> defining unsatisfactory conduct and the conditions for dismissal for unsatisfactory conduct												
#	<input type="checkbox"/>	<b>10. Tuition payment and refund policies</b> ( <i>must comply with 20 AAC.17.115</i> ), as well as a <b>schedule of the student's cost of attendance</b> to include, if applicable: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">a. Tuition</td> <td style="width: 25%;">d. Supplies</td> <td style="width: 25%;">g. Rentals</td> <td style="width: 25%;">j. Costs for testing or licensure for entry into field or profession</td> </tr> <tr> <td>b. Fees</td> <td>e. Equipment</td> <td>h. Deposits</td> <td></td> </tr> <tr> <td>c. Books</td> <td>f. Services</td> <td>i. Housing</td> <td></td> </tr> </table>	a. Tuition	d. Supplies	g. Rentals	j. Costs for testing or licensure for entry into field or profession	b. Fees	e. Equipment	h. Deposits		c. Books	f. Services	i. Housing	
a. Tuition	d. Supplies	g. Rentals	j. Costs for testing or licensure for entry into field or profession											
b. Fees	e. Equipment	h. Deposits												
c. Books	f. Services	i. Housing												
#	<input type="checkbox"/>	<b>11. Description of the school's facility or campus</b> , including facility maintenance and operation services												



#	<input type="checkbox"/>	<b>12. Description of each course, and each certificate or degree program to include:</b> <ul style="list-style-type: none"> <li>a. Specific instructional objectives, and type of instruction or delivery method</li> <li>b. Specific course or program prerequisites</li> <li>c. Total length of program (accredited institutions may use semester or quarter credit hours; non-accredited institutions must specify length in clock hours)</li> <li>d. Program content outline with course descriptions and lengths</li> <li>e. Minimum requirements necessary for successful completion of the program</li> <li>f. Minimum requirements for entrance into the particular vocational field for which the student seeks training and a description of the occupational entry level at which the student can reasonably expect to be prepared for upon successful completion of the training (for vocational programs only)</li> </ul>
#	<input type="checkbox"/>	<b>13. Description of minimum requirements to complete program of study/graduate</b> <i>(must comply with AS 14.48.060(b)(4) and 20 AAC 17.075(17))</i>
#	<input type="checkbox"/>	<b>14. Academic/school calendar</b>
#	<input type="checkbox"/>	<b>15. If offered, describe the extent and nature of all student services,</b> including academic advising, financial aid, career planning and placement, and student activities and organizations
#	<input type="checkbox"/>	<b>16. Advanced standing and course challenge or waiver policies and procedures,</b> if any
#	<input type="checkbox"/>	<b>17. Grievance policy,</b> including availability of appeal to the Commission
#	<input type="checkbox"/>	<b>18. Prominent statement that no school can guarantee that its credits or programs are transferable,</b> and a clear statement that transfer of credits is always at the discretion of the receiving institution.
#	<input type="checkbox"/>	<b>19. A statement describing where student records are maintained</b> and how the student may access them
#	<input type="checkbox"/>	<b>20. If a placement service or employment assistance is offered to graduates, describe the extent and nature of the service or assistance,</b> including the most recently calculated placement rate <i>(must comply with 20 AAC 17.070(i))</i>



## Program Summary (Appendix IA9)

**Instructions:** List below all programs of study and majors, the clock or credit hours required, the credential awarded (certificate, diploma, or degree), and the total cost of tuition and fees for each program or major. Attach the *Program Requirement Form (Appendix IA10)*, with all of the requirements, for each program listed below.

### I. General Information:

Institution Name: \_\_\_\_\_

Individual Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. Program List: Attach additional pages to this form, as necessary.

Program or Major	Total Clock/ Credit Hours	Credential Earned	Total Tuition & Fees
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

*(Worksheet continued on Page 2)*

### III. Certification:

I certify that all information provided is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_



ALASKA COMMISSION ON POSTSECONDARY EDUCATION  
 Institutional Authorization  
 P.O. Box 110505  
 Juneau, Alaska 99811-0505  
 (907) 465-6741 • FAX (907) 465-5316  
 acpe.alaska.gov • EED.ACPE-IA@alaska.gov

**Program List Continued:**

Program or Major	Total Clock/ Credit Hours	Credential Earned	Total Tuition & Fees
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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			\$
			\$



## Program Requirements Form (Appendix IA10)

**Instructions:** Complete this form for each program.

### I. General Information:

Institution Name: \_\_\_\_\_  
 Individual Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. Program Information:

Name of Program: \_\_\_\_\_  
 Total Clock/Credit Hours: \_\_\_\_\_ Credential: \_\_\_\_\_  
 Mode of Delivery:  On-Ground  Online  Combination  
 Tuition: \$ \_\_\_\_\_ Fees (Itemized): \$ \_\_\_\_\_ Total Tuition & Fees: \$ \_\_\_\_\_  
 Proposed Program Start Date: \_\_\_\_\_ Faculty/Student Ratio: \_\_\_\_\_  
**PROGRAM LENGTH** In Weeks: \_\_\_\_\_ In Months: \_\_\_\_\_ In Years: \_\_\_\_\_

### III. Addition Documentation: Submit the following supporting documentation in its entirety

1. Complete and submit section I & II of the Program Requirements Form, detailed above.
2. Program Overview:

Required Documentation		
<input type="checkbox"/>	A	Brief description for the course and program objective.
<input type="checkbox"/>	B	Requirements for admission.
<input type="checkbox"/>	C	Curriculum and syllabi for all new courses under the program. Syllabi should have at least weekly breakdown of course contents or topics to be covered, applicable assignments, and/or tests/exams.
<input type="checkbox"/>	D	Copy of the <b>draft catalog addendum</b> that includes, at a minimum (if applicable): <i>program description/objectives, clock and/or credit hours required to complete the program, licensing or certification requirements to practice in the field</i>
<input type="checkbox"/>	E	List of assigned textbooks or learning materials for the program.
If applicable, submit the following information on the practicum, externship/internship:		
<input type="checkbox"/>	F	Copy of the externship/internship agreement that clearly explains the student's goals/responsibilities <u>and the</u> externship/internship site's responsibilities.
<input type="checkbox"/>	G	Provide the evaluation criteria which will be used by the employer or supervisor to assist in evaluating the student's attainment of the training objectives.
<input type="checkbox"/>	H	A certificate of insurance demonstrating adequate liability coverage at the externship site, per <i>20 AAC 17.060(g)</i> .
<input type="checkbox"/>	I	If an externship, provide a list of available extern sites.



3. Library, Facility, and Equipment:

Required Documentation	
<input type="checkbox"/>	A Evidence of adequate resource and instructional materials for the needs of the new program.
<input type="checkbox"/>	B Description of changes to the facility and evidence that all equipment needed for the new program is in good working order.
<input type="checkbox"/>	C List of the fixed equipment required to offer the program. <u>Identify separately</u> equipment, materials, etc. required for the student.

4. Faculty:

Required Documentation	
<input type="checkbox"/>	A Resumes and copies of all applicable degrees, licenses and certifications of instructors or faculty.
<input type="checkbox"/>	B Provide the <b>Instructor or Faculty Standards</b> to demonstrate compliance with 20 AAC 17.090(b) or 20 AAC 17.245.

5. Graduation:

Required Documentation	
<input type="checkbox"/>	A Submit the requirements for graduation.
<input type="checkbox"/>	B Complete information on local, state or national requirements for graduates to practice.
<input type="checkbox"/>	C Market research summary/industry career opportunities information for program. <b>Include the following:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Information on job opportunities</li> <li><input type="checkbox"/> Industry outlook</li> <li><input type="checkbox"/> Starting salaries</li> <li><input type="checkbox"/> Potential Employers for graduates</li> </ul>
<input type="checkbox"/>	D Copy of diploma, certificate or degree for the proposed new program.

6. Finances:

Required Documentation	
<input type="checkbox"/>	A Description of financial resources that will support the new program, including operational budget.
<input type="checkbox"/>	B Information regarding potential impact to Institutional surety bonding (see <i>Determination of Liability Worksheet</i> ).

7. Governance: **Has the institutions accreditor or regulating body been notified of this new program?**  YES  NO





8. Marketing:

Required Documentation		
<input type="checkbox"/>	A	Copy of marketing materials

9. Additional information that may be deemed necessary or appropriate:

<input type="checkbox"/>	A	<b>Attach additional pages to this form, as necessary.</b> Include the name of the program at the top of each additional page.
--------------------------	---	--

**NOTE:** Attach additional pages to this form, as necessary. Include the name of the program at the top of each additional page.

**III. Certification:**

I certify that all information provided is complete and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_



## Enrollment Contract Checklist (Appendix IA11)

### *Non-Collegiate Institutions Only*

**Instructions:** An institution enrolling students in a non-collegiate program must provide a contract to be signed by the student and the institution on or before the date the student begins training or pays any non-refundable deposit, tuition, or fee, in accordance with **20 AAC 17.085**. Please use the following checklist to ensure all required information is included in the institution's enrollment contract.

**NOTE:** Revisions to the Enrollment Contract, including to the curriculum or dates of instruction, must be documented by a revised enrollment contract, or Commission-approved alternative form, on or before the date of implementation of any revisions.

#### I. Checklist:

Enrollment Contract Requirements										
<input type="checkbox"/>	<b>1. Must be separate and distinct</b> from any other document and <b>clearly labeled as a contract</b>									
<input type="checkbox"/>	<b>2. Name and address of institution</b>									
<input type="checkbox"/>	<b>3. Name and description of each course of study</b> , including: <ul style="list-style-type: none"> <li>a. Starting and completion dates of instruction</li> <li>b. Number of hours of classroom instruction, distance instruction, and homework</li> <li>c. Days and hours of required attendance</li> </ul>									
<input type="checkbox"/>	<b>4. Total cost of course or program</b> , to include (if applicable): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">a. Tuition</td> <td style="width: 33%;">d. Supplies</td> <td style="width: 33%;">g. Housing</td> </tr> <tr> <td>b. Fees</td> <td>e. Equipment</td> <td>h. Deposits</td> </tr> <tr> <td>c. Books</td> <td>f. Rentals</td> <td>i. Costs for testing or licensure</td> </tr> </table>	a. Tuition	d. Supplies	g. Housing	b. Fees	e. Equipment	h. Deposits	c. Books	f. Rentals	i. Costs for testing or licensure
a. Tuition	d. Supplies	g. Housing								
b. Fees	e. Equipment	h. Deposits								
c. Books	f. Rentals	i. Costs for testing or licensure								
<input type="checkbox"/>	<b>5. Clear and conspicuous statement that the contract is legally binding instrument</b> when signed by the student and signed and accepted by the institution									
<input type="checkbox"/>	<b>6. Clear and conspicuous caption, "Student's Right to Cancel,"</b> under which it is explained that the student has the right to cancel the enrollment contract with full refund of all tuition until the institution's close of business on the first day of instruction									
<input type="checkbox"/>	<b>7. Procedure for cancellation</b> of the student's enrollment contract									
<input type="checkbox"/>	<b>8. Clear and conspicuous statement that the institution, as signatory on the enrollment contract, is subject to all claims and defenses of the student</b> or the student's successors in interest arising under the contract									
<input type="checkbox"/>	<b>9. Complete list of payment options or discount plans;</b> if tuition payment options include financial aid from the school or from third parties, the school must disclose its disbursement requirements									
<input type="checkbox"/>	<b>10. Refund policy</b> , conditions necessary for obtaining a refund, and the procedure required for obtaining a refund ( <i>must comply with 20 AAC 17.115</i> )									
<input type="checkbox"/>	<b>11. Documentation that the institution received a copy of the student's government-issued photographic identification, and a statement that the institution will maintain a legible copy of the identification in the student's file</b>									
<input type="checkbox"/>	<b>12. The enrollment contract <u>MAY NOT</u> contain:</b> <ul style="list-style-type: none"> <li>a. Student waiver of right to assert against the institution, or the institution's assignee, any claim or defense the student may have against the school arising under the contract</li> <li>b. Wage assignment provision</li> <li>c. Confession of judgment clause</li> </ul>									



## Meningitis Form (Appendix IA12)

Below is a sample of the electronic [School Meningitis Release form](#) available to download from our web site so that your organization's letterhead can be inserted. A copy of this form with the school letterhead insert must be submitted with this application.

**NOTE:** The Alaska Postsecondary Student Immunization Act (HB185) was signed into law on May 18, 2005 requiring educational providers in Alaska to obtain a signature from each student prior to attendance indicating that the student has either (1) received an immunization against meningococcal diseases, or (2) received written notification informing them of meningococcal disease.

\*\*\*\* *Sample Form* \*\*\*\*

MENINGITIS  
 Know Your Risk  
 Learn About Vaccination

\*\*\*\* *Sample Form* \*\*\*\*

**Important Notice:**

Information in this handout has been gathered from the Alaska Postsecondary Student Immunization Act (HB185), signed into law effective May 18, 2005. Additional information was gathered from the Alaska Department of Health and Social Services' Division of Public Health and the Web site of the American College Health Association at [www.acha.org/Topics/meningitis.cfm](http://www.acha.org/Topics/meningitis.cfm). The Alaska Commission on Postsecondary Education (ACPE) cannot provide medical information and is not responsible for any medical information provided to schools or to students. For questions specific to meningitis, immunization, and related diseases, please consult a qualified medical professional.

**Did you know?**

- **Meningococcal disease** is a contagious but largely preventable bacterial infection that most often leads to meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or a condition called meningococcal septicemia, which is an infection of the blood.
- **Meningococcal disease is caused** by bacteria called *Neisseria meningitidis* that are spread person-to-person through the air (usually by sneezing or coughing), through direct contact with an infected person, such as oral contact with shared items like cigarettes or drinking glasses, or through intimate contact, such as kissing. This disease is not as contagious as things like the common cold or the flu, and it is not spread by casual contact or by simply breathing the air where a person with meningitis has been.
- **Meningococcal disease is a serious illness** that can lead to death within a few hours of onset; one out of ten cases is fatal, and in one out of seven survivors it can lead to severe and permanent disabilities, such as brain damage, hearing loss, seizures, or limb amputation.

**What are the symptoms of meningococcal disease?**

- High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. A rash may also develop over parts of the body, or the entire body. Other symptoms include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. These symptoms can develop over several hours, or they may take 1 to 2 days. As the disease progresses, seizures may develop. If you notice these symptoms - in yourself, friends, or others - you should contact your college health service or local hospital immediately.

**Who is at risk for meningococcal disease?**

- Anyone can get meningococcal meningitis, but scientific evidence suggests that college freshmen living in campus housing are at moderately increased risk to get this disease when compared to the general college population. The reasons for this increased risk are still not known for certain, but factors may include such things as crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, and sharing personal items.
- Other risk groups include infants and young children, household contacts to a person with meningococcal disease, refugees from parts of the world with high rates of meningococcal disease, laboratory workers who work with this bacteria, and military recruits.

**Are there vaccines against meningococcal disease?**

- Yes, there are two safe and effective vaccines that protect against four strains of the bacteria that cause meningococcal disease - serogroups A, C, Y, and W135. Immunization against meningococcal disease will decrease the risk of contracting the illness from these meningococcal strains.

**How can meningococcal disease be prevented?**

- Many cases of meningococcal disease can be prevented. The Centers for Disease Control and Prevention and the American College Health Association recommend that all first-year students living in residence halls be vaccinated against meningococcal disease. All other college students under the age of 25 years who wish to reduce their risk for the disease may choose to be vaccinated.
- Vaccination is safe and effective. It protects against four of the five most common strains (or types) of bacteria that cause meningitis. Approximately 70 to 80 percent of cases in the college age group are caused by strains that are potentially vaccine-preventable. The most commonly reported adverse reactions among adolescents and adults in clinical studies were pain at the injection site, headache, and fatigue. These respond to simple measures (ibuprofen or acetaminophen) and resolve spontaneously within a few days.

**Certification**

Please select one or both of the options below:

I have received a copy of this notice on meningococcal disease.

I have received an immunization against meningococcal disease.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**For More Information**

To learn more about meningitis and immunization, visit the websites of the American College Health Association, [www.acha.org/Topics/meningitis.cfm](http://www.acha.org/Topics/meningitis.cfm), and the Centers for Disease Control and Prevention, [www.cdc.gov/meningococcal/about/index.html](http://www.cdc.gov/meningococcal/about/index.html).



## Fee Calculation Worksheet (Appendix IA13)

**Instructions:** Use this worksheet to calculate the fee amount the institution is required to pay for Initial Authorization. Per 20 AAC 17.055(a)(2), an institution applying for Initial Authorization shall pay **\$2,750.00 for up to three programs, plus \$750 per each additional program**. The maximum amount is no more than **\$5,000**. This is **nonrefundable** and required to be submitted for the application to be considered complete.

### I. General Information:

Institution Name: \_\_\_\_\_

Individual Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. Worksheet:

		Charge	Amount	
<input type="checkbox"/>	A	<b>Initial Authorization</b> <i>(Plus Three Programs)</i>	<b>\$2,750</b>	
<input type="checkbox"/>	B	<b>Additional Program Costs</b> <i>(\$750 Per Additional Program)</i>	Number of Additional Programs: _____	Additional Cost <i>(Up to Three Programs)</i> : \$ _____

**Amount of Institutional Payment Required**  
*(Not to Exceed \$5,000):* \$ \_\_\_\_\_

### III. Certification:

I certify that all information listed in the checklist above and included as part of this application is complete and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_